

## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Nexiclon XR<sup>™</sup> (clonidine)

## **Review Criteria**

Member must meet all the following criteria:

- Member must have diagnosis of hypertension
- Member must have a trial of clonidine immediate release and titrate to the desired Nexiclon dose
- Member must have a side effect or compliance issue that requires the use of the liquid or extended-release product