Medication Audit Criteria and Guidelines

Clonidine (Catapres®, Kapvay®), Guanfacine (Tenex®, Intuniv®)

PEFC Approved: January 2020

Indications

- Attention deficit/hyperactivity disorder
- Symptoms related to opioid withdrawal (clonidine)

Black Box Warning

None

Contraindications

Absolute

Hypersensitivity to medication prescribed

Relative

Pregnancy/nursing mothers

Precautions

- Avoid abrupt withdrawal (rebound hypertension)
- Cerebrovascular disease
- Conduction disturbance
- Chronic liver disease (guanfacine)
- Recent myocardial infarction
- Chronic renal impairment
- Sedation, somnolence
- Severe coronary insufficiency
- Hypotension
- Bradycardia
- AV block
- Syncope or history of syncope

Adverse Reactions

Side Effects Which Require Medical Attention

- Abdominal pain
- Depression
- Difficulty in breathing
- Extreme dizziness
- Bradyarrhythmia, bradycardia
- Unusual tiredness or severe weakness; drowsiness
- Sodium and water retention or edema (clonidine)
- Raynaud's phenomenon (clonidine)
- Vivid dreams or nightmares

Pregnancy and Breastfeeding

- See relative contraindications
- Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling

Drug Interactions of Major Significance

- Tricyclic antidepressants
- Bupropion (maybe increase potential for seizures)
- Known microsomal enzyme inducer (e.g., phenobarbital, phenytoin)
- CNS depressants
- Drugs that affect sinus node function or AV nodal conduction (digitalis, calcium channel blockers, beta blockers) - clonidine

Special Populations

- Clonidine extended release and guanfacine extended release are approved for children 6 years and older
- Geriatric:
  - Clonidine - may require a reduced initial dose
  - Guanfacine – start at low end of dosing range
- Renal impairment:
  - Clonidine IR – may benefit from lower initial dose, monitor carefully
  - Clonidine ER – adjust initial dose according to degree of renal impairment, monitor carefully
  - Guanfacine IR – start at low end of dosing range
  - Guanfacine ER – dosage adjustment may be necessary in severe impairment
- Hepatic impairment:
  - Clonidine – no specific recommendations are available

    - Guanfacine – dosage adjustment may be necessary in severe impairment
- Hemodialysis:
    - Clonidine – supplemental dose following dialysis not necessary
    - Guanfacine – no dosage supplementation is required following hemodialysis or peritoneal dialysis

Patient Monitoring Parameters

- Blood pressure and heart rate – baseline, then daily for 4 days after initiation or dose increase, quarterly and as clinically indicated
- EKG – For patients with known heart disease, a personal history of syncope, a family history of sudden death at an early age (under age 40 years, especially if both parents had sudden death)

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines for clonidine.
- Exceptions to maximum dosage must be justified as per medication rule.