

**RxAmerica**  
**2010 STEP THERAPY**  
**SUMMARY PAGE**

Antipsychotics	2
Celebrex	3
Duragesic	4
Non-Sedating Antihistamines (NSAH)	5
Uloric	6
Zetia	7

# RxAmerica

## Step Therapy Protocol

### Antipsychotics

#### FDA-APPROVED INDICATIONS

- A. All FDA approved indications not otherwise excluded from Part D.

#### DOSE

The recommended doses are:

- A. Abilify up to 30mg once daily
- B. Geodon up to 160mg per day given twice daily
- C. Zyprexa up to 20mg per day given once daily

#### COVERAGE POLICY

Antipsychotics will be covered for members who meet the following criteria:

- A. Patient must fill a 30-day supply of Risperidone or Seroquel within the past 90 days.

#### REFERENCES:

1. Abilify. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
2. Geodon. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
3. Risperidone. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
4. Seroquel. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
5. Zyprexa. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).

# RxAmerica

## Step Therapy Protocol

### **Celebrex®** (*celecoxib*)

#### **FDA-APPROVED INDICATIONS**

Celebrex® is indicated:

- A. For the relief of the signs and symptoms of osteoarthritis
- B. For the relief of the signs and symptoms of rheumatoid arthritis
- C. For the relief of the signs and symptoms of juvenile arthritis (JRA)
- D. For the treatment of acute moderate pain and dysmenorrhea

#### **DOSE**

The recommended dose of Celebrex® is:

- A. Either 100 mg twice daily OR 200 mg once daily

#### **COVERAGE POLICY**

Celebrex® is covered for members who meet the following criteria:

- A. Patient must fill 2 (TWO) formulary NSAIDs within the past 90 days

#### **REFERENCES:**

1. Celebrex. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).

# RxAmerica

## Step Therapy Protocol

### **Duragesic®** (*fentanyl*)

#### **FDA-APPROVED INDICATIONS**

Fentanyl is indicated:

- A. For the control of moderate to severe pain

#### **DOSE**

The recommended dose of Fentanyl is:

- A. Initially 25 mcg/hr once every three days. Titrate up based on patient need.

#### **COVERAGE POLICY**

Fentanyl is covered for members who meet the following criteria:

- A. Patient must fill formulary long-acting oral narcotic (Morphine Sulfate Extended-release or Methadone) within the past 90 days

#### **REFERENCES:**

1. Duragesic. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).

# RxAmerica

## Step Therapy Protocol

### Non-Sedating Antihistamines (NSAH)

#### FDA-APPROVED INDICATIONS

NSAH are indicated:

- A. For the treatment of perennial or seasonal allergic rhinitis
- B. For the treatment of idiopathic urticaria
- C. For the treatment of nasal congestion

#### DOSE

The recommended doses are:

- A. Allegra-D: 60-180 mg (of Fexofenadine product) once daily
- B. Fexofenadine: 30 or 60 mg twice daily OR 180 mg daily
- C. Semprex: 8 mg-60 mg up to 4 times per day
- D. Xyzal: 5 mg once daily

#### COVERAGE POLICY

NSAH are covered for members who meet the following criteria:

- A. Patient must fill 30-day supply of Loratadine-containing product within the past 90 days

*\*For Allegra-D and Semprex-D, approval will be given initially for 2 weeks and will require chart notes documenting additional patient need for additional authorization due to risk of long-term use of Pseudoephedrine.*

#### REFERENCES:

1. Allegra. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).
2. Allegra-D. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).
3. Semprex. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
4. Xyzal. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).

<p style="text-align: center;"><b>RxAmerica</b> <b>Step Therapy Protocol</b></p>
--

**Uloric®**

**FDA-APPROVED INDICATIONS**

- A. All FDA approved indications not otherwise excluded from Part D.

**DOSE**

The recommended doses are:

- A. Uloric: 40-80 mg daily

**COVERAGE POLICY**

Uloric will be covered for members who meet the following criteria:

- A. Patient must fill a 30-day supply of Allopurinol within the past 90 days.

**REFERENCES:**

1. Uloric. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (January 27, 2010).

# RxAmerica

## Step Therapy Protocol

### **Zetia®** (*ezetimibe*)

#### **FDA-APPROVED INDICATIONS**

Zetia® is indicated:

- A. For use as adjunctive therapy to diet and exercise for the reduction of elevated total cholesterol, LDL-cholesterol, and Apo-B in patients with hypercholesterolemia

#### **DOSE**

The recommended dose of Zetia® is:

- A. 10 mg once daily

#### **COVERAGE POLICY**

Zetia® is covered for members who meet the following criteria:

- A. Patient must fill 30-day supply of 2 statins (Lovastatin, Simvastatin, Pravastatin, Lipitor, Crestor) within the past 90 days.

#### **REFERENCES:**

1. Zetia. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).