

Care N' Care Formulary

2010 STEP THERAPY SUMMARY PAGE

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Care 'N Care Step Therapy Protocol

Celebrex® (*celecoxib*)

How supplied: 50 mg capsule. 100 mg capsule. 200 mg capsule. 400 mg capsule.

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).

Care 'N Care Step Therapy Protocol

Cymbalta® (*duloxetine*)

How supplied: 20 mg capsule. 30 mg capsule. 60 mg capsule.

FDA-APPROVED INDICATIONS

Cymbalta® is indicated:

- A. For the treatment of major depression
- B. For the treatment of generalized anxiety
- C. For the treatment of pain associated with diabetic neuropathy
- D. For the treatment of pain associated with fibromyalgia

DOSE

The recommended dose of Cymbalta® is:

- A. Depression:
 - a. 40-60 mg once to twice daily
- B. Anxiety/Pain:
 - a. 60 mg once daily

COVERAGE POLICY

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

- A. Patient must fill 30-day supply of TWO SSRI medications
- B. OR Patient must fill 30-day supply of BOTH of the following:
 - a. A tricyclic antidepressant
 - b. Gabapentin OR Lyrica®

REFERENCES:

1. Cymbalta. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).

Care 'N Care Step Therapy Protocol

Duragesic® (*fentanyl*)

How supplied: 12.5 mcg transdermal patch. 25 mcg transdermal patch. 50 mcg transdermal patch. 75 mcg transdermal patch. 100 mcg transdermal patch.

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).

Care 'N Care Step Therapy Protocol

Effexor XR® (*vanlafaxine*)

How supplied: 37.5 mg capsule. 75 mg capsule. 150 mg capsule.

FDA-APPROVED INDICATIONS

Effexor XR® is indicated:

- A. For the treatment of major depression
- B. For the treatment of anxiety disorder
- C. For the treatment of panic disorder

DOSE

The recommended dose of Effexor XR® is:

- A. 75 mg once daily. Titrate according to patient response.

COVERAGE POLICY

Effexor XR® is covered for members who meet the following criteria:

- A. Patient must fill 30-day supply of TWO SSRI medications

REFERENCES:

1. Effexor XR. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).

Care 'N Care

Step Therapy Protocol

Non-Sedating Antihistamines (NSAH)

How supplied:

- Allegra: 30mg tablet. 60mg tablet. 180mg tablet.
- Allegra-D: 60mg-120mg tablet. 180mg-240mg tablet.
- Clarinet: 5 mg tablet. 0.5 mg/mL syrup.
- Clarinet Reditabs: 2.5mg tablet. 5mg tablet.
- Fexofenadine: 30 mg tablet. 60 mg tablet. 180 mg tablet.
- Xyzal: 5 mg tablet. 2.5 mg/5 mL solution.

FDA-APPROVED INDICATIONS

NSAH are indicated:

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

DOSE

The recommended doses are:

- A. Allegra-D: 60-180 mg (of Fexofenadine product) once to twice daily
- B. Clarinet: 5 mg once daily
- C. Fexofenadine: 60 mg twice daily or 180 mg once daily
- D. Xyzal: 5 mg once daily

COVERAGE POLICY

NSAH are covered for members who meet the following criteria:

- A. To fill Fexofenadine, Allegra, or Allegra-D
 - a. Patient must fill 30-day supply of Loratadine-containing product within the past 90 days
- B. To fill Clarinet or Xyzal:
 - a. Patient must fill 30-day supply of Fexofenadine containing product within the past 90 days

**For Allegra-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. Clarinet. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).
4. Xyzal. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).

Care 'N Care

Step Therapy Protocol

Proton-Pump Inhibitors (PPIs)

How supplied:

Aciphex®: 20mg capsule.

Nexium®: 20mg capsule 40mg capsule.

Nexium IV®: 20mg. 40mg.

Prilosec®: 10mg capsule. 20mg capsule. 40mg capsule.

Protonix®: 20 mg tablet. 40 mg tablet.

Prevacid®: 15 mg capsule. 30 mg capsule. 15 mg oral disintegrating tablet. 30 mg oral disintegrating tablet. 15 mg granules for suspension. 30 mg granules for suspension.

Zegerid®: 20-1680 mg powder for suspension. 40-1680mg powder for suspension.

FDA-APPROVED INDICATIONS

PPIs are indicated:

- A. For the short-term treatment of symptomatic non-erosive gastroesophageal reflux (GERD)
- B. For the treatment of symptomatic erosive GERD
- C. For the long-term treatment of pathological hypersecretory conditions, including Zollinger-Ellison syndrome
- D. For treatment of active duodenal ulcer or active benign gastric ulcer
- E. For eradication of *Helicobacter pylori*
- F. For NSAID-induced ulcer prophylaxis or healing

DOSE

The recommended doses are:

- A. Aciphex®: 20 mg once daily
- B. Nexium®: 20 -40 mg once daily
- C. Prilosec®: 20 mg once daily
- D. Prevacid®: 15-30 mg once daily
- E. Protonix®: 20-40 mg once daily
- F. Zegerid: 20-40 mg (of omeprazole component) once daily

COVERAGE POLICY

PPIs are covered for members who meet the following criteria:

- A. To fill Kapidex®, Nexium®, Prevacid®, or Zegerid®:
 - a. Patient must fill 30-day supply of maximum daily dose of Omeprazole or Pantoprazole within the past 90 days
- B. To fill Aciphex®, Prilosec®, or Protonix®:
 - a. Patient must fill 30-day supply of Kapidex®, Nexium®, Prevacid®, or Zegerid®

REFERENCES:

1. Aciphex. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).
2. Kapidex. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).
3. Nexium. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).
4. Prilosec. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).
5. Prevacid. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).
6. Protonix. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).
7. Zegerid. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2009).

Care 'N Care Step Therapy Protocol

Zetia® (*ezetimibe*)

How supplied: 10 mg tablet.

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).