

Advantage Health Solutions Formulary

2010 STEP THERAPY SUMMARY PAGE

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A Medicare Advantage organization with a Medicare contract.

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Advantage 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).

Advantage 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).

Advantage 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).

Advantage 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;">Advantage Step Therapy Protocol</p>

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).