



Windsor Classic
2010 STEP THERAPY
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Windsor Classic 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. Zyprexa up to 20mg 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. Risperidone. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
3. Seroquel. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
4. Zyprexa. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).

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Celebrex® (*celecoxib*)

FDA-APPROVED INDICATIONS

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

DOSE

The recommended dose of Celebrex® is:

- A. Up to 800 mg per day

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).

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Duragesic® (*fentanyl*)

FDA-APPROVED INDICATIONS

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

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 a 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).

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Non-Sedating Antihistamines (NSAH)

FDA-APPROVED INDICATIONS

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

DOSE

The recommended doses are:

- A. Allegra-D: 60-180 mg (of Fexofenadine product) once daily
- B. Ceterizine: 5-10 mg daily
- C. Fexofenadine: 30 or 60 mg twice daily OR 180 mg daily
- D. Semprex-D: 8 mg-60 mg up to 4 times per day
- E. 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. Cetirizine. Clinical Pharmacology. Gold Standard Inc. 2010. <http://classic.clinicalpharmacology-ip.com/>. (May 19, 2010).
4. Semprex. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
5. Xyzal. Clinical Pharmacology. Gold Standard Inc. 2008. <http://classic.clinicalpharmacology-ip.com/>. (April 7, 2008).

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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).

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Zetia® (*ezetimibe*)

FDA-APPROVED INDICATIONS

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

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).