

Molina Step Therapy Criteria

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Molina Step Therapy Criteria

ATYPICAL ANTIPSYCHOTICS

FDA-APPROVED INDICATIONS

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

COVERAGE POLICY

Atypical antipsychotics are covered for members who meet the following criteria:

- A. The member must have a claims history of generic risperidone or Abilify 20 mg within the last 60 days.

DOSE

The recommended doses are:

- A. Abilify up to 30mg once daily
- B. Clozapine up to 900mg per day given once or twice daily
- C. Fazaclo up to 900mg per day given once or twice daily
- D. Geodon up to 160mg per day given twice daily
- E. Invega up to 12 mg/day once daily
- F. Risperdal and Risperidone
 - a. Tablets up to 8mg per day given once or twice daily
 - b. Consta 50 mg every 2 weeks
- G. Seroquel/XR up to 800mg per day given once or twice daily
- H. Zyprexa oral and injectable
 - a. Tablets up to 20mg per day given once daily
 - b. Injectable up to 30 mg per day

REFERENCES:

1. Abilify. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
2. Clozapine. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
3. Fazaclo. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 22, 2010).
4. Geodon. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
5. Invega. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (April 23, 2010).
6. Risperidone. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
7. Seroquel. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).
8. Zyprexa. Clinical Pharmacology. Gold Standard Inc. 2009. <http://classic.clinicalpharmacology-ip.com/>. (March 26, 2009).

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FENTANYL PATCHES

FDA-APPROVED INDICATIONS

Fentanyl is indicated:

- A. For the control of moderate to severe pain

COVERAGE POLICY

Fentanyl patches are covered for members who meet the following criteria:

- A. Fentanyl adjudicates if fill history of intermediate-long acting oral narcotic in past 60 days (Morphine sulfate CR, methadone). This applies to all fentanyl transdermal patches.

DOSE

The recommended dose of Fentanyl is:

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

REFERENCES:

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

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HMG-COA REDUCTASE INHIBITORS - VYTORIN, CRESTOR AND LIPITOR

FDA-APPROVED INDICATIONS

Vytorin (*ezetimibe/simvastatin*) is indicated:

- A. For use as an adjunctive therapy to diet for the reduction of elevated total cholesterol, LDL cholesterol, Apo B, triglycerides, and non-HDL cholesterol and to increase HDL cholesterol in patients with primary hypercholesterolemia or mixed hyperlipoproteinemia.
- B. For reduction of elevated total-cholesterol and LDL cholesterol in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments.

Crestor (*Rosuvastatin*) is indicated:

- A. For treatment of hypercholesterolemia, hyperlipoproteinemia, and/or hypertriglyceridemia as an adjunct to dietary control.
- B. For primary prevention of cardiovascular disease including myocardial infarction prophylaxis and stroke prophylaxis and to reduce the risk of arterial revascularization procedures in patients without evidence of coronary heart disease but who have risk factors for cardiovascular disease.

Lipitor is indicated:

- A. For use as an adjunct to diet for the treatment of hypercholesterolemia or hyperlipoproteinemia.
- B. For reducing the risk of myocardial infarction, stroke, and revascularization procedures and angina in patients without clinically evident coronary heart disease, but with multiple risk factors for CHD
- C. For myocardial infarction and stroke prophylaxis in patients with type 2 diabetes and without clinically evident CHD, but with multiple risk factors for CHD
- D. For reducing the risk of non-fatal myocardial infarction, fatal and non-fatal stroke, angina, revascularization procedures and hospitalization for CHF in patients with clinically evident CHD.

COVERAGE POLICY

HMG-COA Reductase Inhibitors are covered for members who meet the following criteria:

- A. HMG_COA Reductase Inhibitors adjudicate if claims history of any generic simvastatin within the last 60 days.

DOSE

The recommended doses are:

- A. Vytorin 10/10 mg to 10/80 mg once daily
- B. Crestor 5 to 40 mg once daily
- C. Lipitor 10 to 80 mg once daily

REFERENCES:

1. Vytorin. Clinical Pharmacology. Gold Standard Inc. 2008.
<http://classic.clinicalpharmacology-ip.com/>. (March 29, 2010).
2. Crestor. Clinical Pharmacology. Gold Standard Inc. 2008.
<http://classic.clinicalpharmacology-ip.com/> (March 29, 2010)
3. Lipitor. Clinical Pharmacology. Gold Standard Inc. 2008.
<http://classic.clinicalpharmacology-ip.com/> (March 29, 2010)

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NON SEDATING ANTIHISTAMINES_DECONGESTANTS

FDA-APPROVED INDICATIONS

NSAH are indicated:

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

COVERAGE POLICY

Non Sedating Antihistamine Decongestants are covered for members who meet the following criteria:

- A. Members must have a claim history of loratadine or cetirizine-containing product within the last 60 days.

DOSE

The recommended doses are:

- A. Allegra-D: 60-180 mg (of Fexofenadine product) once daily
- B. Allegra Suspension: 60-180 mg once daily

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).

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PROTON PUMP INHIBITORS

FDA-APPROVED INDICATIONS

Prevacid (lansoprazole)

- A. For the short-term treatment of symptomatic non-erosive gastroesophageal reflux (GERD)
- B. For the treatment of symptomatic erosive GERD, such as erosive esophagitis
- 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
- G. For the maintenance of healed duodenal ulcers

Protonix (pantoprazole)

- A. For the treatment of symptomatic erosive GERD, such as erosive esophagitis
- B. For the long-term treatment of pathological hypersecretory conditions, including Zollinger-Ellison syndrome

COVERAGE POLICY

Proton Pump Inhibitors are covered for members who meet the following criteria:

- A. Proton Pump Inhibitors adjudicate if there is claims history of any omeprazole-containing drug within past 60 days.

DOSE

The recommended doses are:

- A. Prevacid and lansoprazole:
 - a. Eradication of *Helicobacter pylori*: Up to 90 mg per day
 - b. Treatment of Zollinger-Ellison syndrome: Up to 180 mg per day
 - c. All other indications: Up to 30 mg per day
- B. Protonix and pantoprazole:
 - a. Treatment of Zollinger-Ellison syndrome: Up to 240 mg per day
 - b. All other indications: Up to 40 mg per day

REFERENCES:

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

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SIMCOR

FDA-APPROVED INDICATIONS

Simcor is indicated:

- A. For the reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B, non-HDL cholesterol, or triglyceride concentrations, and to increase HDL-cholesterol in patients with primary hypercholesterolemia and mixed dyslipidemia; or to treat Fredrickson Type IV.

COVERAGE POLICY

Simcor is covered for members who meet the following criteria:

- A. Members must have a claims history of simvastatin within the past 60 days.

DOSE

The recommended dose of Simcor is:

- A. 500 mg/20 mg to 1000 mg/20 mg once daily

REFERENCES:

1. Simcor. Clinical Pharmacology. Gold Standard Inc. 2008.
<http://classic.clinicalpharmacology-ip.com/>. (March 29, 2010).

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ZETIA

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 primary hypercholesterolemia, homozygous familial sitosterolemia, or homozygous familial hypercholesterolemia

COVERAGE POLICY

Zetia is covered for members who meet the following criteria:

- A. Members must have a claims history of simvastatin within the past 60 days.

DOSE

The recommended dose of Zetia is:

- A. 10 mg once daily

REFERENCES:

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