

Pharmacy Policy Bulletin

Title: Clonidine extended release (Nexiclon XR™)

Policy #: FS.CLIN.111

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This pharmacy policy will be reviewed regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent

Clonidine extended release (Nexiclon XR) is indicated for the treatment of hypertension.

The use of Clonidine extended release (Nexiclon XR) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:

Clonidine stimulates alpha-adrenoreceptors in the brain stem. This action results in reduced sympathetic outflow from the central nervous system and in decreases in peripheral resistance, renal vascular resistance, heart rate, and blood pressure. Nexiclon XR is the extended release formulation of clonidine. Currently immediate release clonidine tablets are available generically.

Policy

Clonidine extended release (Nexiclon XR) is approved when all of the following inclusion criteria are met:

- Documentation of a diagnosis of hypertension
- Documentation of a trial and failure of immediate release clonidine

Guidelines

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any products that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References

Facts and Comparisons website [clonidine]. Available at www.factsandcomparisons.com. Accessed October 27, 2011.

Nexiclon XR [package insert]. Cupertino, CA. NextWave Pharmaceuticals, Inc. 2010.

Applicable Drugs

i Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Drug Name	Strength and/or formulation
Clonidine extended release (Nexiclon XR)	All

Cross References

Policy version number: 2.0
P&T approval date: 9/8/2011
Policy effective date: 12/1/2011
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