



**Independence
Blue Cross**

Policy Title	Clonidine extended release (Nexiclon XR™) tablets					
Policy Number	FS.CLIN.111					
<p>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 and age, gender or quantity restrictions. Individual member benefits must be verified.</p> <p>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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.</p> <p>Members are advised to use participating pharmacies in order to receive the highest level of benefits.</p>						
Policy	<p>Clonidine extended release (Nexiclon XR) tablets are indicated for the treatment of hypertension.</p> <p>The use of Clonidine extended release (Nexiclon XR) tablets requires prior authorization (i.e. clinical pharmacy and/or medical director review).</p>					
Policy description	<p>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.</p>					
Policy guideline inclusion	<p>Clonidine extended release tablets (Nexiclon XR) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> ·Documentation of a diagnosis of hypertension ·Documentation of a trial and failure of immediate release clonidine 					
Policy guideline exclusion	<p>Clonidine extended release tablets (Nexiclon XR) is denied when any of the following exclusion criteria are present:</p> <ul style="list-style-type: none"> ·No documentation of a diagnosis of hypertension ·No documentation of a trial and failure of immediate release clonidine 					
Policy List of Applicable Drugs	<table border="1"> <thead> <tr> <th>Brand Name</th> <th>Generic Name</th> </tr> </thead> <tbody> <tr> <td>Nexiclon XR tablets</td> <td>Clonidine extended release</td> </tr> </tbody> </table>	Brand Name	Generic Name	Nexiclon XR tablets	Clonidine extended release	
Brand Name	Generic Name					
Nexiclon XR tablets	Clonidine extended release					
Dosing and administration	<p>Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.</p>					
Policy references	<p>Facts and Comparisons website [clonidine]. Available at www.factsandcomparisons.com. Accessed February 1, 2011.</p> <p>Nexiclon XR [package insert]. Cupertino, CA. NextWave Pharmaceuticals, Inc. 2010.</p>					

Policy link to related policies	
Version effective date	07/01/2011

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