

**Alabama Medicaid DUR Board Meeting Minutes Summary  
January 26, 2022**

**Members Present:** Kelli Littlejohn Newman, Crystal Deas, Dan McConaghy, Marilyn Bulloch, Danielle Powell, Mary Stallworth, Bernie Olin, Kelly Tate, Amber Clark, Christopher Stanley

**Also Present:** Lori Thomas, Clemice Hurst, Julie Jordan, Heather Vega, Alex Jenkins, LaQwanda Eddings-Haygood, ACHN Pharmacists

**Members Absent:** Nina Ford Johnson

**Call to Order:** The DUR meeting was called to order by B. Olin at approximately 1:07 p.m.

**Review and Adoption of Minutes:** The minutes of the October 27, 2021 meeting were presented, and A. Clark made a motion to approve the minutes. D. Powell seconded the motion, and the motion was approved unanimously.

**Prior Authorization and Overrides Update:** L. Thomas began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of July 2021. She reported 13,141 total manual requests and 16,607 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for July 2021, L. Thomas reported that approximately 54% of all manual PAs and 53% of all overrides were completed in less than two hours. Eighty percent of all manual PAs and 79% of all overrides were completed in less than four hours. Ninety percent of all manual PAs and 89% of all overrides were completed in less than eight hours. For the month of August 2021, L. Thomas reported 14,112 manual PA requests and 17,265 electronic PA requests were received. She reported that 25% of all manual PAs and 24% of all overrides were completed in less than two hours. Sixty-four percent of all manual PAs and 63% of all overrides were completed in less than four hours. Ninety percent of all manual PAs and 92% of all overrides were completed in less than eight hours. For the month of September 2021, L. Thomas reported 13,199 manual PA requests and 17,408 electronic PA requests. L. Thomas reported that approximately 30% of all manual PAs and 29% of all overrides were completed in less than two hours. Seventy-one percent of all manual PA requests and 72% of all overrides were completed in less than four hours. Ninety-one percent of all manual PA requests and 93% of all overrides were completed in less than eight hours.

**Program Summary Review:** L. Thomas briefly reviewed the Alabama Medicaid Program Summary for the months of January 2021 through June 2021. She reported 3,790,291 total prescriptions, 229,325 average recipients per month using pharmacy benefits, and an average paid per prescription of \$131.82.

**Cost Management Analysis:** L. Thomas reported an average cost per claim of \$130.43 for September 2021 and compared previous months contained in the table. From the 3<sup>rd</sup> Quarter 2021 Drug Analysis, L.Thomas reported 81% generic utilization, 11% brand single-source, 5% brand multi-source (those requests which required a DAW override), and 3% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 07/01/2021-09/30/2021, L.Thomas reported the top five drugs: cetirizine, albuterol sulfate HFA, amoxicillin, Pfizer Covid-19 vaccine, and azithromycin. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 07/01/2021-09/30/2021: Vyvanse<sup>®</sup>, Humira<sup>®</sup> Citrate-free, Trikafta<sup>®</sup>, Invega<sup>®</sup> Sustenna<sup>®</sup>, and Focalin XR<sup>®</sup>. From the Top 15 Therapeutic Classes by Total Cost of Claims for the same time frame, L.Thomas reported the top five classes: Antipsychotic Agents, Disease-modifying Antirheumatic Agents, Miscellaneous Anticonvulsants, Insulins, and Respiratory and CNS Stimulants.

**Review of Palivizumab Utilization for the 2020 - 2021 Season:** Due to the atypical nature of the 2020 – 2021 RSV season with statistically significant virus positivity rates into the summer of 2021, the COVID-

19 pandemic, and after discussion with pediatric and pulmonary experts throughout the state, Alabama Medicaid allowed Synagis<sup>®</sup> dosing beyond the typical October through March timeframe. For this utilization report, the 2020-2021 Synagis<sup>®</sup> season was defined as October 2020 through September 2021. L. Thomas explained that during a typical RSV season, RSV activity in Alabama becomes significant in September or October. The season usually peaks in December and becomes statistically non-significant in January or February. According to the National Respiratory and Enteric Virus Surveillance System (NREVSS) website, RSV activity in Alabama became significant in the week ending 09/19/2020, peaked week ending 04/03/2021, and became statistically non-significant week ending 07/27/2021. L. Thomas reminded the Board that each recipient could receive a maximum of 5 doses per season and that all policies relating to Synagis<sup>®</sup> were based on clinical literature and recommendations. For the 2020-21 season, there were 3,120 claims for 660 recipients. The average cost per claim was \$2,721 while the average cost per recipient was \$12,864. L. Thomas pointed out that there were 2,692 prior authorizations requested over the course of the season, with an approval rate of 57%. L. Thomas briefly reviewed the top dispensing pharmacies and the top PA denial reasons. L. Thomas also reviewed the graphs comparing the total spend of all drugs compared to the total spend of Synagis<sup>®</sup> per RSV season.

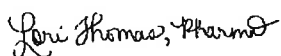
**Proposed Criteria:** L. Thomas presented the proposed set of 33 criteria to the Board and instructed the Board members to mark their ballots. Of the 33 proposed criteria, results from the criteria vote returned 33 approved.

**Medicaid Update:** K. Newman reminded the Board members that all updated Medicaid drug lists and ALERTs were provided to them electronically and are also available online. K. Newman reviewed the at-home COVID test ALERT and also informed the Board members that all COVID-related information is still available on Medicaid's website. A vote to elect a new Vice Chair was taken. Results of the vote elected Danielle Powell as Vice Chair.

**P & T Committee Update:** C. Hurst began the P & T Update by informing the Board that the last P & T meeting was held on November 3, 2021 and covered the anti-infective agents, estrogens, prenatal vitamins, antidiabetic agents, first generation antihistamines, multiple sclerosis agents, gout agents, and genitourinary smooth muscle relaxants. The next P & T Committee meeting will be held on February 9, 2022 and will cover the oral anticoagulants, cardiac agents, the antihyperlipidemic agents, and antidepressants.

**Next Meeting Date:** B. Olin reminded the Board that the next DUR meeting will be held on April 27, 2022. A motion to adjourn the meeting was made by C. Stanley. D. McConaghy seconded the motion and the meeting was adjourned at 2:00 p.m.

Respectfully submitted,



Lori Thomas, PharmD.

**ALABAMA MEDICAID  
RETROSPECTIVE DRUG UTILIZATION REVIEW  
CRITERIA RECOMMENDATIONS**

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**1. Ozanimod / Overuse**

Alert Message: Zeposia (ozanimod) may be overutilized. The recommended maximum maintenance dose after the initial 7-day titration is 0.92 mg once daily.

\_\_\_\_\_v\_\_\_\_\_

Drugs/Diseases

Util A

Util B

Util C

Ozanimod

Max Dose: 0.92 mg/day

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**2. Ozanimod / Therapeutic Appropriateness**

Alert Message: The safety and effectiveness of Zeposia (ozanimod) in pediatric patients have not been established.

\_\_\_\_\_v\_\_\_\_\_

Drugs/Diseases

Util A

Util B

Util C

Ozanimod

Age Range: 0 – 17 yoa

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**3. Ozanimod / Ozanimod Contraindications**

Alert Message: Zeposia (ozanimod) is contraindicated in patients who, in the last 6 months, have experienced a myocardial infarction, unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization, or Class III or IV heart failure. Ozanimod is also contraindicated in patients who have the presence of Mobitz type II second-degree, third-degree atrioventricular (AV) block, sick sinus syndrome, or sino-atrial block unless the patient has a functioning pacemaker.

\_\_\_\_\_v\_\_\_\_\_

Drugs/Diseases

Util A

Util B

Util C (Include)

Ozanimod

Heart Failure

Heart Block

Myocardial Infarction

Stroke

Transient Ischemic Attack

Unstable Angina

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**4. Ozanimod / Sleep Apnea**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Zeposia (ozanimod) is contraindicated in patients who have severe untreated sleep apnea.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ozanimod	Sleep Apnea	

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**5. Ozanimod / Monoamine Oxidase Inhibitors**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Zeposia (ozanimod) is contraindicated in patients who taking MAO inhibitors (e.g., selegiline, phenelzine, linezolid). At least 14 days should elapse between discontinuation of ozanimod and initiation of treatment with MAO inhibitors. The potential for a clinical interaction with MAO inhibitors has not been studied; however, the increased risk of nonselective MAO inhibition may lead to a hypertensive crisis.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ozanimod	Isocarboxazid Linezolid Phenelzine Rasagiline Safinamide Selegiline Tranylcypromine	

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**6. Ozanimod / Hepatic Impairment**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: The use of Zeposia (ozanimod) in patients with hepatic impairment is not recommended. Elevations of aminotransferases may occur in patients receiving ozanimod. Patients who develop symptoms suggestive of hepatic dysfunction, such as unexplained nausea, vomiting, abdominal pain, fatigue, anorexia, or jaundice and/or dark urine, should have hepatic enzymes checked, and ozanimod should be discontinued if significant liver injury is confirmed.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ozanimod	Hepatic Impairment	

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**7. Ozanimod / Infections**

Alert Message: Zeposia (ozanimod) may increase the susceptibility to infections, some serious in nature. Life-threatening and rare fatal infections have occurred in patients receiving ozanimod. Consider interruption of treatment with ozanimod if a patient develops a serious infection. Because the elimination of ozanimod after discontinuation may take up to 3 months, continue monitoring for infections throughout this period.

\_\_\_\_\_v\_\_\_\_\_

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ozanimod	Infections	

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**8. Ozanimod / Hypertension / Antihypertensives (Negating)**

Alert Message: In a clinical study, hypertension was reported as an adverse reaction in patients treated with Zeposia (ozanimod). Blood pressure should be monitored during treatment with ozanimod and managed appropriately.

\_\_\_\_\_v\_\_\_\_\_

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ozanimod	Hypertension	Antihypertensives

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**9. Ozanimod / Macula Edema**

Alert Message: Sphingosine 1-phosphate (S1P) receptor modulators, including Zeposia (ozanimod), have been associated with an increased risk of macular edema. An ophthalmic evaluation of the fundus, including the macula, is recommended in all patients at any time if there is any change in vision while taking ozanimod. Continuation of ozanimod therapy in patients with macular edema has not been evaluated and potential benefits must outweigh risks for the individual patient.

\_\_\_\_\_v\_\_\_\_\_

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ozanimod	Macula Edema	

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**10. Ozanimod / CYP2C8 Inhibitors**

Alert Message: The co-administration of Zeposia (ozanimod), a CYP2C8 substrate, with a strong CYP2C8 inhibitor may increase the exposure of the active metabolites of ozanimod, which may increase the risk of ozanimod-related adverse reactions. Co-administration of ozanimod with strong CYP2C8 inhibitors (e.g., gemfibrozil) is not recommended.

\_\_\_\_v\_\_\_\_

Drugs/Diseases

Util A                      Util B                      Util C  
Ozanimod                      Gemfibrozil

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**11. Ozanimod / CYP2C8 Inducer**

Alert Message: The co-administration of Zeposia (ozanimod), a CYP2C8 substrate, with a strong CYP2C8 inducer may decrease the exposure of the active metabolites of ozanimod, which may decrease the ozanimod efficacy. Co-administration of ozanimod with strong CYP2C8 inducers (e.g., rifampin) is not recommended.

\_\_\_\_v\_\_\_\_

Drugs/Diseases

Util A                      Util B                      Util C  
Ozanimod                      Rifampin

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**12. Ozanimod / Drugs that Increase Serotonin or Norepinephrine**

Alert Message: The co-administration of Zeposia (ozanimod) with medications that can increase norepinephrine or serotonin (e.g., opioid drugs, SSRIs, SNRIs, and tricyclics) is not recommended. Ozanimod has an active metabolite that is an MOA-B inhibitor and there is a potential for serious adverse reactions, including hypertensive crisis with coadministration of ozanimod with these medications.

\_\_\_\_v\_\_\_\_

Drugs/Diseases

Util A                      Util B                      Util C  
Ozanimod                      Amphetamines  
   Opioids  
   SNRIs  
   SSRIs  
   Tricyclic Antidepressants

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**13. Ozanimod / Calcium Channel Blockers / Beta Blockers**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: The co-administration of Zeposia (ozanimod) with both a beta-blocker and a calcium channel blocker has not been studied. The triple-drug combination of ozanimod, a beta-blocker, and a calcium channel blocker could potentially have an additive effect on the heart rate. Initiation of ozanimod may result in a transient decrease in heart rate and atrioventricular conduction delays. Treatment with ozanimod should generally not be initiated in patients who are concurrently treated with both a heart rate lowering calcium channel blocker (e.g., verapamil, diltiazem) and beta-blocker. If treatment initiation with ozanimod is considered in patients on both a heart rate lowering calcium channel blocker and beta-blocker, advice from a cardiologist should be sought.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>	
Ozanimod	Diltiazem	Acebutolol	Nadolol
	Verapamil	Atenolol	Nebivolol
		Betaxolol	Pindolol
		Bisoprolol	Propranolol
		Carvedilol	Sotalol
		Labetalol	Timolol
		Metoprolol	

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**14. Ozanimod / Pregnancy / Pregnancy Negating**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: There are no adequate data on the developmental risk associated with the use of Zeposia (ozanimod) in pregnant women. In animal studies, administration of ozanimod during pregnancy produced adverse effects on development, including embryolethality, an increase in fetal malformations, and neurobehavioral changes, in the absence of maternal toxicity. In rabbits, fetal blood vessel malformations occurred at clinically relevant maternal ozanimod and metabolite exposures. The receptor affected by ozanimod (sphingosine1-phosphate) has been demonstrated to have an important role in embryogenesis, including vascular and neural development.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ozanimod	Pregnancy	Abortion
		Delivery
		Miscarriage

Gender: Female

Age Range: 11 – 50 yoa

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**Criteria Recommendations****Accepted Approved Rejected  
As  
Amended****15. Ozanimod / QT prolongation Drugs**

Alert Message: Zeposia (ozanimod) has not been studied in patients taking QT prolonging drugs. Because of the potential additive effects on heart rate, treatment with ozanimod should generally not be initiated in patients who are concurrently treated with QT-prolonging drugs with known arrhythmogenic properties. If treatment initiation with ozanimod is considered in patients on QT-prolonging drugs, advice from a cardiologist should be sought.

\_\_\_\_\_v\_\_\_\_\_

**Drugs/Diseases**Util A

Ozanimod

Util B

Abiraterone

Alfuzosin

Amiodarone

Amitriptyline

Anagrelide

Aripiprazole

Arsenic Trioxide

Asenapine

Atazanavir

Atomoxetine

Azithromycin

Bedaquiline

Bortezomib

Bendamustine

Bosutinib

Buprenorphine

Ceritinib

Chloroquine

Chlorpromazine

Cilostazol

Ciprofloxacin

Citalopram

Clarithromycin

Clomipramine

Clozapine

Crizotinib

Dabrafenib

Dasatinib

Desipramine

Deutetrabenazine

Diphenhydramine

Disopyramide

Dofetilide

Dolasetron

Donepezil

Doxepin

Dronedarone

Droperidol

Efavirenz

Eliglustat

Encorafenib

Entrectinib

Eribulin

Erythromycin

Escitalopram

Ezogabine

Famotidine

Felbamate

Fingolimod

Flecainide

Fluconazole

Fluoxetine

Fluvoxamine

Foscarnet

Galantamine

Ganciclovir

Gemifloxacin

Gilteritinib

Glasdegib

Granisetron

Haloperidol

Hydroxychloroquine

Hydroxyzine

Ibutilide

Iloperidone

Imipramine

Indapamide

Indinavir

Ivabradine

Itraconazole

Ivosidenib

Ketoconazole

Lapatinib

Lefamulin

Lenvatinib

Leuprolide

Levofloxacin

Lithium

Lofexidine

Loperamide

Maprotiline

Methadone

Metoclopramide

Midostaurin

Mifepristone

Mirabegron

Mirtazapine

Moexipril

Moxifloxacin

Nelfinavir

Nilotinib

Nortriptyline

Ofloxacin

Ondansetron

Osimertinib

Oxaliplatin

Paliperidone

Panobinostat

Paroxetine

Pasireotide

Pazopanib

Pentamidine

Pimavanserin

Pimozide

Pitolisant

Posaconazole

Procainamide

Promethazine

Propafenone

Quetiapine

Quinidine

Quinine

Ranolazine

Ribociclib

Rilpivirine

Risperidone

Ritonavir

Romidepsin

Saquinavir

Sertraline

Siponimod

Solifenacin

Sotalol

Sunitinib

Tacrolimus

Tamoxifen

Telavancin

Tetrabenazine

Thioridazine

Tizanidine

Tolterodine

Toremifene

Tramadol

Trazodone

Trimipramine

Valbenazine

Vandetanib

Vemurafenib

Venlafaxine

Voriconazole

Util C

## References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.



**16. Ozanimod / Lactation**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: There are no data on the presence of Zeposia (ozanimod) in human milk, the effects on the breastfed infant, or the effects of the drug on milk production. In animal studies, following oral administration of ozanimod, ozanimod and/or metabolites were detected in the milk of lactating rats at levels higher than those in maternal plasma. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for ozanimod and any potential adverse effects on the breastfed infant from ozanimod or the underlying maternal condition.

Drugs/Diseases

Util A                      Util B                      Util C  
Ozanimod                      Lactation

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Facts & Comparisons, 2021 Updates, Wolters Kluwer Health.

**17. Ozanimod / Therapeutic Appropriateness**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Before initiation of Zeposia (ozanimod) treatment, women of childbearing potential should be counseled on the potential for serious risk to the fetus and the need for contraception during treatment with ozanimod. Because of the time it takes to eliminate the drug from the body after stopping treatment, the potential risk to the fetus may persist and women of childbearing age should also use effective contraception for 3 months after stopping ozanimod.

Drugs/Diseases

Util A                      Util B                      Util C (Negating)  
Ozanimod                      Contraceptives

Gender: Female

Age Range: 11 – 50 yoa

References:

Zeposia Prescribing Information, May 2021, Celgene Corporation.  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**18. Ozanimod / Non-adherence**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Based on refill history, your patient may be under-utilizing Zeposia (ozanimod). Nonadherence to the prescribed dosing regimen may result in subtherapeutic effects, which may lead to decreased patient outcomes and additional healthcare costs.

Drugs/Diseases

Util A

Util B

Util C

Ozanimod

References:

Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.

McKay KA, Tremlett H, Patten SB, et al. Determinants of Non-Adherence to Disease-Modifying Therapies in Multiple Sclerosis: A Cross-Canada Prospective Study. Mult Scler. 2016;23(4):588-596.

Higuera L, Carlin CS, Anderson S. Adherence to Disease-Modifying Therapies for Multiple Sclerosis. J Manag Care Spec Pharm. 2016;22(12):1394–1401.

**19. Ponesimod / Overuse**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Ponvory (ponesimod) may be over-utilized. The recommended maintenance dose of ponesimod is 20 mg orally once daily.

Drugs/Diseases

Util A

Util B

Util C

Ponesimod

Max Dose: 20 mg/day

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.

Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**20. Ponesimod / Therapeutic Appropriateness**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: The safety and effectiveness of Ponvory (ponesimod) in pediatric patients have not been established.

Drugs/Diseases

Util A

Util B

Util C

Ponesimod

Age Range: 0 – 17 yoa

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.

Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**21. Ponesimod / Therapeutic Appropriateness**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Ponvory (ponesimod) is contraindicated in patients who: have experienced myocardial infarction in the last 6 months, unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization, or Class III or IV heart failure. Ponesimod is also contraindicated in patients who have the presence of Mobitz type II second-degree, third-degree atrioventricular (AV) block, or sick sinus syndrome, or sino-atrial block, unless the patient has a functioning pacemaker.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod		Heart Failure Heart Block Myocardial Infarction Stroke Transient Ischemic Attack Unstable Angina

References:  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**22. Ponesimod / Infections**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Ponvory (ponesimod) may increase the susceptibility to infections. Initiation of treatment with ponesimod should be delayed in patients with an active infection until resolution. Effective diagnostic and therapeutic strategies should be employed in patients with symptoms of infection while on ponesimod. Consider interruption of treatment with ponesimod if a patient develops a serious infection.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod	Infections	

References:  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**23. Ponesimod / Respiratory Effects**

\_\_\_\_\_v\_\_\_\_\_

Alert Message: Ponvory (ponesimod) should be used with caution in patients with severe respiratory disease (i.e., pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease). Ponesimod has been shown to cause dose-dependent reductions in forced expiratory volume over 1 second (FEV1) and reductions in diffusion lung capacity for carbon monoxide (DLco). There is insufficient information to determine the reversibility of the decrease in FEV1 or FVC after treatment.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Ponesimod		Asthma Chronic Obstructive Pulmonary Pulmonary Fibrosis

References:  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**As  
Amended**

**24. Ponesimod / Liver Injury**

  v                    

Alert Message: Ponvory (ponesimod) is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh class B and C, respectively). Patients who develop symptoms suggestive of hepatic dysfunction, such as unexplained nausea, vomiting, abdominal pain, fatigue, anorexia, a rash with eosinophilia, or jaundice and/or dark urine during treatment, should have hepatic enzymes checked. Ponesimod should be discontinued if significant liver injury is confirmed. Obtain transaminase and bilirubin levels if not recently available (i.e., within the last 6 months) before initiation of ponesimod.

**Drugs/Diseases**

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod	Cirrhosis	
	Hepatic Failure	

**References:**

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**25. Ponesimod / Hypertension / Antihypertensives (Negating)**

  v                    

Alert Message: Ponvory (ponesimod) can cause hypertension. Blood pressure should be monitored during treatment with Ponvory (ponesimod) and managed appropriately.

**Drugs/Diseases**

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ponesimod	Hypertension	Antihypertensives

**References:**

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**26. Ponesimod /Skin Cancer**

  v                    

Alert Message: Cases of basal cell carcinoma and other skin malignancies have been reported in patients treated with S1P receptor modulators, including Ponvory (ponesimod). Providers and patients are advised to monitor for suspicious skin lesions. If a suspicious skin lesion is observed, it should be promptly evaluated.

**Drugs/Diseases**

<u>Util A</u>	<u>Util B</u>	<u>Util C (Require)</u>
Ponesimod		Skin Cancer

**References:**

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**27. Ponesimod / Strong CYP3A4 Inducers and UGT1A1 Inducers**

\_\_\_v\_\_\_

Alert Message: Coadministration of Ponvory (ponesimod) with strong CYP3A4 and UGT1A1 inducers is not recommended. In vitro assessments and limited clinical data indicated that concomitant use of strong CYP3A4 and UGT1A1 inducers (e.g., rifampin, phenytoin, carbamazepine) may decrease the systemic exposure of ponesimod. It is unclear whether this decrease in ponesimod systemic exposure would be considered of clinical relevance.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod	Apalutamide Carbamazepine Enzalutamide Mitotane Phenobarbital Phenytoin Primidone Rifampin	

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**28. Ponesimod / Beta-Blockers**

\_\_\_v\_\_\_

Alert Message: Caution should be exercised when Ponvory (ponesimod) is initiated in patients receiving treatment with a beta-blocker because of the additive effects on lowering heart rate; temporary interruption of the beta-blocker treatment may be needed prior to initiation of ponesimod. Beta-blocker treatment can be initiated in patients receiving stable doses of ponesimod.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod	Acebutolol Atenolol Betaxolol Bisoprolol Carvedilol Labetalol Metoprolol Nadolol Nebivolol Pindolol Propranolol Sotalol Timolol	

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**29. Ponesimod / QT Prolonging Drugs w/ Arrhythmogenic Properties**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Because of the potential additive effects on heart rate, treatment with Ponvory (ponesimod) should generally not be initiated in patients who are concurrently treated with QT-prolonging drugs with known arrhythmogenic properties, heart rate lowering calcium channel blockers (e.g., verapamil, diltiazem), or other drugs that may decrease heart rate (e.g., digoxin). If treatment with ponesimod is considered, advice from a cardiologist should be sought.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod	Amiodarone Digoxin Diltiazem Procainamide Quinidine Verapamil	

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**30. Ponesimod / Pregnancy / Pregnancy Negating**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Based on animal studies, Ponvory (ponesimod) may cause fetal harm. There are no adequate and well-controlled studies of ponesimod in pregnant women. In animal studies, administration of ponesimod during pregnancy produced adverse effects on development, including embryo lethality and fetal malformations, in the absence of maternal toxicity.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ponesimod	Pregnancy	Abortion Delivery Miscarriage

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**31. Ponesimod / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Because it takes approximately 1 week to eliminate Ponvory (ponesimod) from the body, women of childbearing potential should use effective contraception to avoid pregnancy during and for 1 week after stopping ponesimod treatment. Based on animal studies, ponesimod may cause fetal harm.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ponesimod		Contraceptives

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**32. Ponesimod / Therapeutic Appropriateness**

Alert Message: There are no data on the presence of Ponvory (ponesimod) in human milk, the effects on the breastfed infant, or the effects of the drug on milk production. When ponesimod was orally administered to female rats during pregnancy and lactation, ponesimod was detected in the plasma of the offspring, suggesting excretion of ponesimod in milk. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for ponesimod and any potential adverse effects on the breastfed infant from ponesimod or from the underlying maternal condition.

  v                    

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod	Lactation	

Gender: Female  
Age Range: 11 – 50 yoa

References:  
Clinical Pharmacology, 2021 Elsevier/Gold Standard.  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.

**33. Ponesimod / Non-adherence**

Alert Message: Based on refill history, your patient may be under-utilizing Ponvory (ponesimod). Nonadherence to the prescribed dosing regimen may result in subtherapeutic effects, which may lead to decreased patient outcomes and additional healthcare costs.

  v                    

Drugs/Diseases

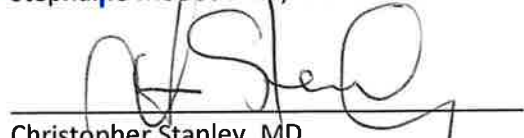
<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ponesimod		

References:  
Ponvory Prescribing Information, March 2021, Janssen Pharmaceuticals, Inc.  
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005;353:487-97.  
McKay KA, Tremlett H, Patten SB, et al. Determinants of Non-Adherence to Disease-Modifying Therapies in Multiple Sclerosis: A Cross-Canada Prospective Study. Mult Scler. 2016;23(4):588-596.  
Higuera L, Carlin CS, Anderson S. Adherence to Disease-Modifying Therapies for Multiple Sclerosis. J Manag Care Spec Pharm. 2016;22(12):1394-1401.

  
Stephanie McGee Azar, Commissioner

Approve    ( ) Deny

2/22/22  
Date

  
Christopher Stanley, MD  
Medical Director

Approve    ( ) Deny

2/17/2022  
Date

  
Ginger Wettingfield, Deputy Commissioner

Approve    ( ) Deny

2-17-22  
Date