

**Alabama Medicaid DUR Board Meeting Minutes  
October 23, 2019**

**Members Present:** Kelli Littlejohn Newman, Rachel Seaman, Bernie Olin, Melinda Rowe, Mary Stallworth, Jessica Jackson, Dan McConaghy, Crystal Deas, Clinton Martin, Danielle Powell

**Also Present:** Tiffany Minnifield, Lori Thomas, Clemice Hurst, Julie Jordan, Heather Vega, Alex Jenkins

**Present via Conference Call:** Lacy Miller, Kristian Testerman, Kristin Kenamer, Lisa Lewis, Emily Arnold

**Members Absent:** Kelly Tate, Kenny Murray

**Call to Order:** The DUR meeting was called to order by B. Olin at approximately 1:03p.m.

**Review and Adoption of Minutes:** The minutes of the July 24, 2019 meeting were presented and R. Seaman made a motion to approve the minutes. D. McConaghy 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 April 2019. She reported 12,892 total manual requests and 29,771 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for April 2019, L. Thomas reported that approximately 82% of all manual PAs and 80% of all overrides were completed in less than two hours. Ninety-five percent of all manual PAs and 94% of all overrides were completed in less than four hours. Ninety-six percent of all manual PAs and all overrides were completed in less than eight hours. For the month of May 2019, L. Thomas reported 12,178 manual PA requests and 24,671 electronic PA requests were received. She reported that 91% of all manual PAs and 89% of all overrides were completed in less than two hours. Ninety-six percent of all manual PAs and overrides were completed in less than four hours. Ninety-seven percent of all manual PAs and all overrides were completed in less than eight hours. For the month of June 2019, L. Thomas reported 10,754 manual PA requests and 20,002 electronic PA requests. L. Thomas reported that approximately 91% of all manual PAs and 88% of all overrides were completed in less than two hours. Ninety-six percent of all manual PA requests and overrides were completed in less than four hours. Ninety-seven percent of all manual PA requests and 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 2019 through June 2019. She reported 3,596,172 total prescriptions, 220,134 average recipients per month using pharmacy benefits, and an average paid per prescription of \$117.92.

**Cost Management Analysis:** L.Thomas reported an average cost per claim of \$124.85 for June 2019 and emphasized that the table contained the average cost per claim over the past two years. From the 2nd Quarter 2019 Drug Analysis, L.Thomas reported 80% generic utilization, 8% brand single-source, 8% brand multi-source (those requests which required a DAW override), and 4% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 04/01/2019 – 06/30/2019, L.Thomas reported the top five drugs: cetirizine, amoxicillin, montelukast sodium, ProAir<sup>®</sup> HFA, and gabapentin. K. Newman reported that the number of hydrocodone claims had almost been decreased in half over the past four years. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 04/01/2019 – 06/30/2019: Vyvanse<sup>®</sup>, Focalin XR<sup>®</sup>, Invega<sup>®</sup> Sustenna<sup>®</sup>, Concerta<sup>®</sup>, and Suboxone<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, Miscellaneous Anticonvulsants, Respiratory and CNS Stimulants, Amphetamines, and Insulins.

**Review of Palivizumab Utilization for the 2018 – 2019 Season:** The 2018 – 2019 RSV season ended March 31, 2019. L. Thomas provided an update which compared the results of the 2018-19 season to previous seasons. L. Thomas referred to Alabama RSV data from the CDC which supported Alabama Medicaid's policy of limiting the Synagis® timeframe to October 2018 – March 2019. L. Thomas reminded the Board that each recipient could receive a maximum of 5 doses per season and that all policies relating to Synagis® were based on clinical literature and recommendations. For the 2018-19 season, there were 2,580 claims for 518 recipients. The average cost per claim was \$2,452 while the average cost per recipient was \$12,213. L. Thomas pointed out that there were 1,465 prior authorizations requested over the course of the season, with an approval rate of 65%. 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® per RSV season.

**RDUR Intervention Report:** L. Thomas presented the RDUR Activity Report for July 2019. She reported 509 profiles reviewed and 756 letters sent with 18 responses received as of the date of the report. She reported 41 of 58 physicians indicated that they found the RDUR letters "useful" or "extremely useful". The criteria for the cycle of intervention letters included Drug-Drug Interaction (Support Act criteria – pure opioid agonists and antipsychotics); Appropriate Use (concurrent use of buprenorphine and pure opiate agonists).

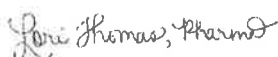
**Proposed Criteria:** L. Thomas presented the proposed set of 45 criteria to the Board. T. Minnifield instructed the Board members to mark their ballots. Of the 45 proposed criteria, results from the criteria vote returned 43 approved and 2 approved as amended.

**Medicaid Update:** T. Minnifield reminded the Board members that all updated Medicaid drug lists and ALERTs were provided to them electronically and are also available online. T. Minnifield also reminded the Board members that the next DUR Meeting would be January 22, 2020. K. Newman reviewed the Morphine Milligram Equivalent (MME) Edit implemented in May 2019 and mentioned that L. Thomas would continue to review the two RDUR criteria that were developed with language from the Support Act of 2018.

**P & T Committee Update:** C. Hurst began the P & T Update by informing the Board that the last meeting was held on August 7, 2019 and covered the First Generation Antihistamines; Estrogens; Diabetic agents; Prenatal Vitamins; and Multiple Sclerosis agents. C. Hurst also informed the Board that the Antigout agents were added to the PDL on October 1, 2019. The next P & T Committee meeting will be held on November 6, 2019 and will cover the Oral Anticoagulants; Cardiac agents; and the Antihyperlipidemic agents.

**Next Meeting Date:** B. Olin reminded the Board that the next DUR meeting will be held on January 22, 2020. A motion to adjourn the meeting was made by D. McConaghy. J. Jackson seconded the motion and the meeting was adjourned at 2:28 p.m.

Respectfully submitted,



Lori Thomas, PharmD.

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

***Criteria Recommendations***

***Accepted Approved Rejected  
As  
Amended***

**1. Fluoroquinolones / Therapeutic Appropriateness**

\_\_\_\_\_ **v** \_\_\_\_\_

Alert Message: The FDA has issued a safety alert warning that systemic (oral, injectable) fluoroquinolone use can increase the occurrence of aortic dissections or ruptures. Unless there are no other treatment options available, the use of systemic fluoroquinolones should be avoided in patients with an increased risk for developing an aortic aneurysm, including patients with peripheral atherosclerotic vascular disease, hypertension, genetic disorders involving blood vessel changes, and the elderly.

Conflict Code: TA – Therapeutic Appropriateness  
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Ciprofloxacin		Aortic Aneurysm
Delafloxacin		Peripheral Atherosclerosis
Gemifloxacin		Hypertension
Levofloxacin		Marfan’s Syndrome
Moxifloxacin		Ehlers-Danlos Syndrome
Ofloxacin		

References:

Food and Drug Administration. FDA Drug Safety Communication: FDA warns about increased risk of ruptures or tears in the aorta blood vessel with fluoroquinolone antibiotics in certain patients. [12-20-2018].  
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

**2. Fluoroquinolones / Blood Glucose Disturbances**

\_\_\_\_\_ **v** \_\_\_\_\_

Alert Message: Fluoroquinolone antibiotics may cause significant disturbances in blood glucose and certain mental health side effects. The low blood glucose levels can result in serious problems, including coma, particularly in older people and patients with diabetes who are taking medicines to reduce blood glucose.

Conflict Code: TA – Therapeutic Appropriateness  
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ciprofloxacin		
Delafloxacin		
Gemifloxacin		
Levofloxacin		
Moxifloxacin		
Ofloxacin		

References:

Food and Drug Administration. FDA Drug Safety communication: FDA reinforces safety information about serious low blood sugar levels and mental health side effects with fluoroquinolone antibiotics; requires label changes. [07-10-2018].  
Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**3. Fluoroquinolones / Antidiabetic Medications**

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

Alert Message: Disturbances of blood glucose, including symptomatic hyperglycemia and hypoglycemia, have been reported in diabetic patients receiving concomitant treatment with a fluoroquinolone and an antidiabetic agent. Severe cases of hypoglycemia resulting in coma or death have been reported. Careful monitoring of blood glucose is recommended when these agents are coadministered. Stop the fluoroquinolone immediately if a patient reports glucose disturbances and switch to a non-fluoroquinolone antibiotic if possible.

Conflict Code: DD – Drug/Drug Interaction  
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ciprofloxacin	Insulin	
Delafloxacin	Antidiabetic Medications	
Gemifloxacin		
Levofloxacin		
Moxifloxacin		
Ofloxacin		

## References:

Food and Drug Administration. FDA Drug Safety communication: FDA reinforces safety information about serious low blood sugar levels and mental health side effects with fluoroquinolone antibiotics; requires label changes. [07-10-2018].

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**4. Fluoroquinolones / Psychiatric Adverse Reactions**

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

Alert Message: Fluoroquinolone antibiotics have been associated with an increased risk of psychiatric adverse reactions (e.g., disturbances in attention, memory impairment, delirium, nervousness, agitation, disorientation, hallucinations, and self-injurious behavior). These adverse reactions can occur after just one dose. Stop the fluoroquinolone immediately if a patient reports any central nervous system side effects, including psychiatric reactions and switch to a non-fluoroquinolone antibiotic if possible.

Conflict Code: MC – Drug (Actual) Disease Warning  
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ciprofloxacin	Altered mental Status	
Delafloxacin	Hallucinations	
Gemifloxacin	Intentional Self Harm	
Levofloxacin	Nervousness	
Moxifloxacin	Disorientation	
Ofloxacin	Agitation	

## References:

Food and Drug Administration. FDA Drug Safety communication: FDA reinforces safety information about serious low blood sugar levels and mental health side effects with fluoroquinolone antibiotics; requires label changes. [07-10-2018].

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**5. Proton Pump Inhibitors / Fundic Gland Polyps**

  v                      

Alert Message: PPI use is associated with an increased risk of fundic gland polyps that increase with long-term use, especially beyond one year. Most PPI users who developed fundic gland polyps were asymptomatic, and fundic gland polyps were identified incidentally on endoscopy. Use the shortest duration of PPI therapy appropriate to the condition being treated.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Dexlansoprazole		Polyps of Stomach and Duodenum
Omeprazole		
Esomeprazole		
Rabeprazole		
Lansoprazole		
Pantoprazole		

References:

Clinical Pharmacology. 2018, Elsevier/Gold Standard.  
Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**6. Proton Pump Inhibitors / PPI Negating**

  v                      

Alert Message: Our records do not indicate a supporting diagnosis for the use of a proton pump inhibitor (PPI). PPIs are very effective agents but are not without adverse effects especially with long-term use. The agents have been associated with increased risk of Clostridium difficile, bone fractures and hospital- and community-acquired pneumonia. Consider the risks and benefits of proton pump inhibitor therapy and fully inform patients of side effects before prescribing.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Dexlansoprazole		Ulcers
Omeprazole		GERD
Esomeprazole		Heartburn
Rabeprazole		Barrett’s Esophagus
Lansoprazole		Perforation of Esophagus
Pantoprazole		Esophagitis

References:

Clinical Pharmacology. 2018, Elsevier/Gold Standard.  
Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**7. Proton Pump Inhibitors / PPI Negating**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Our records do not indicate a supporting diagnosis for the long-term use of a proton pump inhibitor (PPI). PPIs are very effective agents to treat several gastrointestinal conditions. The maximum duration of therapy for most patients is up to 60 days for GERD and acute ulcers. Long-term use of PPIs has been associated with increased risk of fractures. Consider the risks and benefits for prolonged use in this patient.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Dexlansoprazole		Ulcers
Omeprazole		GERD
Esomeprazole		Heartburn
Rabeprazole		Barrett’s Esophagus
Lansoprazole		Perforation of Esophagus
Pantoprazole		Esophagitis

References:

Clinical Pharmacology, 2018, Elsevier/Gold Standard.  
Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**8. Atomoxetine / Pheochromocytoma**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Strattera (atomoxetine) is contraindicated in patients with pheochromocytoma or a history of pheochromocytoma. Serious reactions, including elevated blood pressure and tachyarrhythmia, have been reported in patients with pheochromocytoma or a history of pheochromocytoma who received atomoxetine.

Conflict Code: MC – Drug (Actual) Disease Precaution/Warning

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atomoxetine	Pheochromocytoma	

Reference:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**9. Ribociclib / Overutilization**

v \_\_\_\_\_

Alert Message: The recommended dose of Kisqali (ribociclib) is 600 mg (three 200 mg film-coated tablets) taken orally, once daily for 21 consecutive days followed by 7 days off treatment resulting in a complete cycle of 28 days. Ribociclib can be taken with or without food.

Conflict Code: ER - Overutilization

Drugs/Diseases

Util A                      Util B                      Util C  
Ribociclib

Max Dose: 600 mg/day

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**10. Ribociclib / Strong CYP3A4 Inhibitors**

v \_\_\_\_\_

Alert Message: Concurrent use of Kisqali (ribociclib), a CYP3A4 substrate, with a strong CYP3A4 inhibitor may increase exposure to ribociclib, increasing the risk of ribociclib toxicity (e.g., QT prolongation). Consider alternative therapies that do not strongly inhibit CYP3A4. If coadministration of ribociclib with a strong CYP3A4 inhibitor cannot be avoided, reduce the dose of ribociclib to 400 mg once daily.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

Util A                      Util B                      Util C  
Ribociclib                      Clarithromycin      Nefazodone  
   Cobicistat                      Ketoconazole  
   Conivaptan                      Itraconazole  
   Ritonavir                      Posaconazole  
   Saquinavir                      Voriconazole  
   Indinavir                      Nelfinavir

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**11. Ribociclib / Strong CYP3A4 Inducers**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Concurrent use of Kisqali (ribociclib), a CYP3A4 substrate, with a strong CYP3A4 inducer should be avoided as concomitant use may result in decreased ribociclib concentrations and reduced efficacy. Consider an alternative concomitant medication with no or minimal potential to induce CYP3A4.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

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

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**12. Ribociclib / CYP3A4 Substrates with NTI**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Caution is recommended when Kisqali (ribociclib) is administered with CYP3A4 substrates with a narrow therapeutic index. The dose of a sensitive CYP3A4 substrate with a narrow therapeutic index may need to be reduced as ribociclib can increase their exposure.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ribociclib	Cyclosporine	
	Dihydroergotamine	
	Ergotamine	
	Everolimus	
	Fentanyl	
	Pimozide	
	Quinidine	
	Sirolimus	
	Tacrolimus	
	Midazolam	

References:

IBM Micromedex DRUDEX (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA, 2018.

Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.



**13. Ribociclib / QT Prolongation**

v

Alert Message: Avoid using Kisqali (ribociclib) with drugs known to prolong the QT interval due to an increased risk of QT prolongation. Ribociclib has been shown to prolong the QT interval in a concentration-dependent manner.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>				<u>Util C</u>
Ribociclib	Albuterol	Disopyramide	Imipramine	Pazopanib	Vardenafil
	Alfuzosin	Deutetrabenazine	Pentamidine	Tizanidine	Venlafaxine
	Amantadine	Dolasetron	Pimavanserin	Tolterodine	Ziprasidone
	Amiodarone	Doxepin	Itraconazole	Posaconazole	
	Amitriptyline	Ketoconazole	Procainamide	TMP/SMZ	
	Amphetamine	Lapatinib	Propafenone	Trimipramine	
	Arsenic Trioxide	Efavirenz	Levalbuterol	Protriptyline	
	Asenapine	Eliglustat	Levofloxacin	Quetiapine	
	Atazanavir	Erythromycin	Lithium	Quinidine	
	Atomoxetine	Escitalopram	Metaproterenol	Ranolazine	
	Azithromycin	Felbamate	Methadone	Risperidone	
	Ceritinib	Flecainide	Midostaurin	Ritonavir	
	Chloroquine	Fluconazole	Moxifloxacin	Salmeterol	
	Chlorpromazine	Fluoxetine	Maprotiline	Sertraline	
	Ciprofloxacin	Foscarnet	Nilotinib	Solifenacin	
	Citalopram	Fosphenytoin	Dofetilide	Sotalol	
	Clarithromycin	Galantamine	Nortriptyline	Sunitinib	
	Clomipramine	Gemifloxacin	Octreotide	Tacrolimus	
	Clozapine	Granisetron	Ofloxacin	Tamoxifen	
	Dasatinib	Haloperidol	Ondansetron	Terbutaline	
	Desipramine	Mexiletine	Paliperidone	Trazodone	
	Diphenhydramine	Iloperidone	Paroxetine	Vandetanib	

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**14. Ribociclib / Tamoxifen**

v

Alert Message: Kisqali (ribociclib) is not indicated for concomitant use with tamoxifen. In a randomized clinical trial, an increase in the QTcF interval of greater than 60 msec from baseline occurred in 16% of patients receiving ribociclib plus tamoxifen compared with 7% of those who received ribociclib plus a non-steroidal aromatase inhibitor (NSAI).

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ribociclib	Tamoxifen	

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

15. Ribociclib / QT Prolongation

  v                    

Alert Message: Avoid the use of Kisqali (ribociclib) in patients who already have or who are at significant risk of developing QT prolongation. Ribociclib has been shown to prolong the QT interval in a concentration-dependent manner. Based on the observed QT prolongation during treatment, ribociclib may require dose interruption, reduction, or discontinuation.

Conflict Code: MC – Drug (Actual) Disease Precaution  
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Ribociclib		Long QT Syndrome Congestive Heart Failure Unstable Angina Bradyarrhythmias Myocardial Infarction Hypomagnesemia Hypokalemia

References:  
Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

16. Ribociclib / Therapeutic Appropriateness

  v                    

Alert Message: Based on findings from animal studies and the mechanism of action, Kisqali (ribociclib) can cause fetal harm when administered to a pregnant woman. Advise women of reproductive potential to use effective contraception during therapy with ribociclib and for at least 3 weeks after the last dose.

Conflict Code: TA - Therapeutic Appropriateness  
Drugs/Diseases

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

Gender: Female  
Age Range: 11 – 50 yoa

References:  
Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**17. Ribociclib / Lactation**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: It is not known if Kisqali (ribociclib) is present in human milk. There are no data on the effects of ribociclib on the breastfed infant or on milk production. Ribociclib and its metabolites readily passed into the milk of lactating rats. Because of the potential for serious adverse reactions in breastfed infants from ribociclib, advise lactating women not to breastfeed while taking ribociclib and for at least 3 weeks after the last dose.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

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

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**18. Ribociclib / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The safety and efficacy of Kisqali (ribociclib) in pediatric patients have not been established.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

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

Age Range: 0 – 17 yoa

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Kisqali Prescribing Information, July 2018, Novartis Pharmaceuticals Corp.

**19. Dupilumab / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The safety and efficacy of Dupixent (dupilumab) in pediatric patients less than 12 years of age with asthma have not been established.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Dupilumab		Asthma

Age Range: 0 – 11 yoa

References:

Dupilumab Prescribing Information, Oct. 2018, Regeneron Pharmaceuticals, Inc.

**20. Ramelteon / Donepezil**

  v                    

Alert Message: The concurrent use of a donepezil-containing agent with ramelteon may result in increased ramelteon exposure. In a drug interaction study, the AUC0-inf and Cmax of ramelteon increased by approximately 100% and 87%, respectively, upon coadministration of donepezil with ramelteon. Patients should be closely monitored when ramelteon is coadministered with a donepezil-containing agent.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ramelteon	Donepezil	
	Donepezil/Memantine	

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

IBM Micromedex DRUGDEX (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. 2018.

**21. Ramelteon / Doxepin**

  v                    

Alert Message: The concurrent use of doxepin with ramelteon may result in increased ramelteon exposure. In a drug interaction study, the AUC0-inf and Cmax of ramelteon increased by approximately 66% and 69%, respectively, upon coadministration of doxepin with ramelteon. Patients should be closely monitored when ramelteon is coadministered with doxepin.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ramelteon	Doxepin	

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

IBM Micromedex DRUGDEX (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. 2018.

**22. Dexlansoprazole / Therapeutic Appropriateness - Age**

\_\_\_\_\_ v \_\_\_\_\_

Alert Message: The safety and effectiveness of Dexilant (dexlansoprazole) have not been established in pediatric patients less than 12 years of age. Dexlansoprazole is not recommended in pediatric patients less than 12 years of age.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Dexlansoprazole

Age Range: 0-11 yoa

References:

Dexilant Prescribing Information, June 2018, Takeda Pharmaceuticals.  
Clinical Pharmacology. 2018, Elsevier/Gold Standard.

**23. Dexlansoprazole / Overutilization**

\_\_\_\_\_ v \_\_\_\_\_

Alert Message: The recommended dose of Dexilant (dexlansoprazole) for the healing of erosive esophagitis (EE) is 60 mg once daily. For the maintenance of healed EE and relief of associated heartburn or symptomatic non-erosive GERD, the recommended dose is 30 mg once daily.

Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C (Negate)

Dexlansoprazole

Hepatic Impairment

Max Dose: 60 mg/day

References:

Dexilant Prescribing Information, June 2018, Takeda Pharmaceuticals.  
Clinical Pharmacology. 2018, Elsevier/Gold Standard.

**24. Sarilumab / Overutilization**

\_\_\_\_\_ v \_\_\_\_\_

Alert Message: Kevzara (sarilumab) may be over-utilized. The recommended dosage of sarilumab is 200 mg once every two weeks, administered as a subcutaneous injection.

Drugs/Diseases

Util A

Util B

Util C

Sarilumab

Max Dose: 2 pens/28 days

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**25. Sarilumab / Serious Infection Black Box Warning**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Serious and sometimes fatal infections due to bacterial, mycobacterial, invasive fungal, viral or other opportunistic pathogens have been reported in rheumatoid arthritis patients receiving Kevzara (sarilumab). If a serious infection develops, interrupt sarilumab therapy until the infection is controlled.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Sarilumab	Pneumonia Herpes Zoster Urinary Tract Infection Esophageal Candidiasis Pneumocystosis Acute Histoplasmosis Cryptococcosis Cytomegalovirus Hepatitis	

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**26. Sarilumab / Therapeutic Appropriateness (0 – 17 yoa)**

  v      \_\_\_\_\_    \_\_\_\_\_

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

Drugs/Diseases

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

Age Range: 0 - 17 yoa

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**27. Sarilumab / GI Perforations Risk Factors** v

Alert Message: Kevzara (sarilumab) should be used with caution in patients who may be at increased risk for gastrointestinal perforation (e.g., patients with a history of diverticulitis, use of corticosteroids or NSAIDs). Events of gastrointestinal perforation have been reported in clinical studies with sarilumab. Patients presenting with new onset abdominal symptoms should be evaluated promptly for early identification of gastrointestinal perforation.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Sarilumab	Diverticulitis	Methylprednisolone
	NSAIDS	Prednisolone
	Budesonide	Prednisone
	Cortisone	Deflazacort
	Deflazacort	Dexamethasone
	Hydrocortisone	

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**28. Sarilumab / Tuberculosis** v

Alert Message: Evaluate patients for tuberculosis (TB) risk factors and test for latent infection prior to initiating treatment with Kevzara (sarilumab). Treat patients with latent TB with standard antimycobacterial therapy before initiating sarilumab. Consider anti-TB therapy prior to initiation of sarilumab in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent TB but having risk factors for TB infection. Closely monitor patients for active tuberculosis during sarilumab treatment, even if the initial latent TB test is negative.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Sarilumab		Tuberculosis
		History of Tuberculosis

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**29. Sarilumab / Nonadherence**

    v                              

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

Drugs/Diseases

Util A

Util B

Util C

Sarilumab

References:

Osterberg L, Blaschke T. Adherence to Medication. *N Engl J Med*. 2005; 353(5):487-497.  
Marengo MF, Suarez-Almazor ME. Improving Treatment Adherence in Patients with Rheumatoid Arthritis: What are the Options? *International Journal of Clinical Rheumatology*. 2015;10(5):345-356.  
van den Bemt BJ, Zwikker HE, van den Ende CH. Medication Adherence in Patients with Rheumatoid Arthritis: A Critical Appraisal of the Existing Literature. *Expert Rev Clin Immunol*. 2012;8(4):337-351.

**30. Sarilumab / Hepatic Impairment**

    v                              

Alert Message: Treatment with Kevzara (sarilumab) is not recommended in patients with active hepatic disease or hepatic impairment, as treatment with sarilumab was associated with transaminase elevations.

Drugs/Diseases

Util A

Util B

Util C (Include)

Sarilumab

Hepatic Impairment

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**31. Sarilumab / Pregnancy / Pregnancy Negating**

    v                              

Alert Message: The limited human data with Kevzara (sarilumab) in pregnant women are not sufficient to inform drug-associated risk for major birth defects and miscarriage. Monoclonal antibodies, such as sarilumab, are actively transported across the placenta during the third trimester of pregnancy and may affect immune response in the in utero exposed fetus. Sarilumab should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus.

Drugs/Diseases

Util A

Util B

Util C (Negating)

Sarilumab

Pregnancy

Miscarriage  
Delivery  
Abortion

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.



**32. Sarilumab / Lactation**

  v                      

Alert Message: No information is available on the presence of Kevzara (sarilumab) in human milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production. The lack of clinical data during lactation precludes clear determination of the risk of sarilumab to an infant during lactation. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for sarilumab and the potential adverse effects on the breastfed child from sarilumab or from the underlying maternal condition.

Drugs/Diseases

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

Gender: Female  
Age Range: 11 – 50 yoa

References:  
Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**33. Sarilumab / Biological DMARDs**

  v                      

Alert Message: Avoid using Kevzara (sarilumab) with biological DMARDs because of the possibility of increased immunosuppression and increased risk of infection. The concurrent use of sarilumab with biological DMARDs such as TNF antagonists, IL-1R antagonist, anti-CD20 monoclonal antibodies and selective co-stimulation modulators has not been studied.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Sarilumab	Adalimumab	Baricitinib
	Certolizumab	Tofacitinib
	Etanercept	Rituximab
	Golimumab	Canakinumab
	Infliximab	Tocilizumab
	Abatacept	Anakinra

References:  
Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**34. Sarilumab / CYP3A4 Substrates**

  v                      

Alert Message: Caution should be exercised when Kevzara (sarilumab) is coadministered with CYP3A4 substrates (e.g., oral contraceptives or statins) as there may be a reduction in substrate exposure, which may reduce the substrate efficacy. Sarilumab is an IL-6 antagonist and modulation of IL-6 can influence the expression and activity of CYP enzymes. The effect of sarilumab on CYP450 enzyme activity may persist for several weeks after stopping therapy.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Sarilumab	Oral Contraceptives	
	Lovastatin	
	Atorvastatin	
	Simvastatin	
	Theophylline	

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
Kevzara Prescribing Information, April 2018, Sanofi-Aventis.

**35. Amantadine ER / Overutilization**

  v                      

Alert Message: The manufacturer's recommended maximum daily dose of Osmolex ER (amantadine extended-release) is 322 mg taken in the morning.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Amantadine ER		CKD 3, 4, & 5
		ESRD

Max Dose: 322 mg/day

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

**36. Amantadine ER / Overutilization Moderate Renal Impairment**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The manufacturer's recommended maximum daily dose of Osmolex ER (amantadine extended-release) in patients with moderate renal impairment (CrCl 30 - 59 mL/min/1.73m2) is 322 mg once every 48 hours.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Amantadine ER		CKD 3

Max Dose: 322 mg/48 hrs

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

**37. Amantadine ER / Overutilization Severe Renal Impairment**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The manufacturer's recommended maximum daily dose of Osmolex ER (amantadine extended-release) in patients with severe renal impairment (CrCl 15 - 29 mL/min/1.73m2) is 322 mg every 96 hours.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Amantadine ER		CKD 4 & 5

Max Dose: 68.5 mg/day

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

**38. Amantadine ER / End Stage Renal Disease**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The use of Osmolex ER (amantadine extended-release) in patients with end-stage renal disease (CrCl < 15 mL/min/1.73m2) is contraindicated. The clearance of amantadine is significantly reduced in patients with renal insufficiency.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Amantadine ER		ESRD

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

**39. Amantadine ER / Alcohol Dependence**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Concomitant use of Osmolex ER (amantadine extended-release) with alcohol is not recommended, as it may increase the potential for CNS effects such as dizziness, confusion, lightheadedness, and orthostatic hypotension.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Amantadine ER	Alcohol Dependence	

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

**40. Amantadine ER / Drugs Decreasing Urinary pH**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Concurrent use of Osmolex ER (amantadine extended-release) with a urinary acidifying agent may decrease amantadine serum concentrations due to increased amantadine elimination. The pH of urine influences the excretion rate of amantadine. Monitor patient for decreased amantadine efficacy.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Amantadine ER	Methenamine Potassium Phosphate Ascorbic Acid	

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

**41. Amantadine ER / Drugs Increasing Urinary pH**

\_\_\_\_\_      v      \_\_\_\_\_

Alert Message: Concurrent use of Osmolex ER (amantadine extended-release) with a urinary alkalinizing agent may lead to an accumulation of amantadine and risk of amantadine-related adverse effects. The pH of urine influences the excretion rate of amantadine. Alterations of urine pH towards the alkaline condition may lead to accumulation of the drug.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Amantadine ER	Acetazolamide Dichlorphenamide Methazolamide Potassium Citrate Sodium Citrate Calcium Acetate Sodium Bicarbonate	Chlorothiazide Chlorthalidone Hydrochlorothiazide Methyclothiazide Metolazone

References:

Facts & Comparison, 2018 Updates. Wolters Kluwer Health.  
Osmolex ER Prescribing Information, Feb. 2018, Vertical Pharmaceuticals, LLC.

As Amended

42. Ibalizumab-uiyk / Nonadherence

v \_\_\_\_\_

Alert Message: Based on refill history, your patient may be under-utilizing Trogarzo (ibalizumab-uiyk). Nonadherence to the antiretroviral therapy may result in insufficient plasma levels and partial suppression of viral load leading to the development of resistance, HIV progression, and increased mortality.

Drugs/Diseases

Util A                      Util B                      Util C  
Ibalizumab-uiyk

References:  
Trogarzo Prescribing Information, May 2018, Theratechnologies, Inc.  
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

43. Ibalizumab-uiyk / Therapeutic Appropriateness

v \_\_\_\_\_

Alert Message: A review of recent pharmacy claims reveals that the patient is not receiving an optimal background regimen (OBR) of antiretroviral medications in addition to Trogarzo (ibalizumab-uiyk). Ibalizumab-uiyk is FDA approved to be used in combination with other antiretroviral agents for the treatment of HIV-1 infection.

Drugs/Diseases

Util A                      Util B                      Util C (Negating)  
Ibalizumab-uiyk                      Antiretrovirals

References:  
Trogarzo Prescribing Information, May 2018, Theratechnologies, Inc.  
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

44. Ibalizumab-uiyk / Therapeutic Appropriateness

v \_\_\_\_\_

Alert Message: The safety and effectiveness of Trogarzo (ibalizumab-uiyk) in pediatric patients have not been established.

Drugs/Diseases

Util A                      Util B                      Util C  
Ibalizumab-uiyk

Age Range: 0 – 17 yoa

References:  
Trogarzo Prescribing Information, May 2018, Theratechnologies, Inc.  
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**45. Alectinib / Overutilization – Hepatic Impairment**

  v                              

Alert Message: The recommended daily dose of Alecensa (alectinib) in patients with severe hepatic impairment (Child-Pugh C) is 450 mg twice daily. No dose adjustment is recommended for patients with mild (Child-Pugh A) or moderate (Child-Pugh B) hepatic impairment.

Drugs/Diseases

Util A

Util B

Util C (Include)

Alectinib

Cirrhosis

Hepatic Fibrosis

Max Dose: 900 mg/day


References:

Alecensa Prescribing Information, June 2018, Genentech.  
Clinical Pharmacology, 2018 Elsevier/Gold Standard.

  
Stephanie McGee Azar, Commissioner

Approve    ( ) Deny

12-10-19  
Date

  
Robert Moon, M.D., Deputy Commissioner  
and Medical Director

Approve    ( ) Deny

12/6/19  
Date

  
Kathy Hall, Deputy Commissioner

Approve    ( ) Deny

12/5/19  
Date