Alabama Medicaid DUR Board Meeting Minutes Summary
July 22, 2020

Members Present: Kelli Littlejohn Newman, Rachel Seaman, Crystal Deas, Kelly Tate, Bernie Olin, Dan McConaghy, Danielle Powell, Mary Stallworth, Dan McConaghy, Melinda Rowe

Also Present: Tiffany Minnifield, Lori Thomas, Clemice Hurst, Julie Jordan, Alex Jenkins, Amy Donaldson, Lacy Miller, Kristian Testerman, Kristin Kennamer, Lisa Lewis, Emily Arnold, Lydia Rather, Debbie Mullinax

Members Absent:

Call to Order: The DUR meeting was called to order by L. Thomas at approximately 1:15p.m.

Review and Adoption of Minutes: The minutes of the January 22, 2020 meeting were presented, and R. Seaman made a motion to approve the minutes. K. Tate 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 January 2020. She reported 12,408 total manual requests and 22,057 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for January 2020, L. Thomas reported that approximately 88% of all manual PAs and 87% of all overrides were completed in less than two hours. Ninety-six percent of all manual PAs and all 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 February 2020, L. Thomas reported 11,280 manual PA requests and 19,306 electronic PA requests were received. She reported that 79% of all manual PAs and all overrides were completed in less than two hours. Ninety-two percent of all manual PAs and all overrides were completed in less than four hours. Ninety-three percent of all manual PAs and all overrides were completed in less than eight hours. For the month of March 2020, L. Thomas reported 11,758 manual PA requests and 21,081 electronic PA requests. L. Thomas reported that approximately 82% of all manual PAs and 80% of all overrides were completed in less than two hours. Ninety-two percent of all manual PA requests and overrides were completed in less than four hours. Ninety-three 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 October 2019 through March, 2020. She reported 3,685,936 total prescriptions, 228,980 average recipients per month using pharmacy benefits, and an average paid per prescription of $117.23.

Cost Management Analysis: L. Thomas reported an average cost per claim of $115.22 for March 2020 and emphasized that the table contained the average cost per claim over the past two years. From the 1st Quarter 2020 Drug Analysis, L.Thomas reported 81% generic utilization, 8% brand single-source, 7% 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 01/01/2020 – 03/31/2020, L.Thomas reported the top five drugs: amoxicillin, cetirizine, oseltamivir phosphate, and ProAir® HFA. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 01/01/2020 – 03/31/2020: Vyvanse®, Focalin XR®, Invega® Sustenna®, Concerta®, and Suboxone®. 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, Respiratory and CNS Stimulants, Insulins, Miscellaneous Anticonvulsants, and Amphetamines.

Proposed Criteria: L.Thomas presented the proposed set of 40 criteria to the Board. T. Minnifield instructed the Board members to mark their ballots. Of the 40 proposed criteria, results from the criteria vote returned 38 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 October 28, 2020. A vote to elect a new Vice Chair was taken. Results of the vote elected Bernie Olin as Vice Chair.

P & T Committee Update: C. Hurst began the P & T Update by informing the Board that the last meeting was held on May 6, 2020, and covered the Respiratory Agents; Intranasal Corticosteroids; Eye, Ear, Nose, and Throat Preparations; Androgens; and Complement Inhibtors for Hereditary Angioedema. The next P & T Committee meeting will be held on August 5, 2020 and will cover the Skeletal Muscle Relaxants; Opiate Agonists; Opiate Partial Agonists; Antiemetics; Proton Pump Inhibitors; and Calcitonin Gene-related Peptide Antagonists.

Next Meeting Date: A motion to adjourn the meeting was made by R. Seaman. K. Tate seconded the motion and the meeting was adjourned at 1:57 p.m.

Respectfully submitted,

Lori Thomas, PharmD

Lori Thomas, PharmD.

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS

1. Aclidinium/Formoterol / Therapeutic Appropriateness ___√____ _____ _____

Alert Message: The safety and effectiveness of Duaklir Pressair (aclidinium/formoterol) have not been established in the pediatric population.

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol		

Age Range: 0 – 17 yoa

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

2. Aclidinium/Formoterol / Overuse ___√____ _____ _____

Alert Message: Duaklir Pressair (aclidinium/formoterol) may be over-utilized. The manufacturer's maximum recommended dose is one oral inhalation (400 mcg/12 mcg) twice daily. Clinically significant cardiovascular effects and fatalities have been reported in association with excessive use of inhaled sympathomimetic drugs.

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol		

Max Dose: 800 mcg/24 mcg daily

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

3. Aclidinium/Formoterol / Therapeutic Appropriateness __√_____ _____ _____

Alert Message: Duaklir Pressair (aclidinium/formoterol) is indicated for maintenance treatment of patients with chronic obstructive pulmonary disease (COPD) and is not indicated for the relief of acute bronchospasm or for the treatment of asthma. The safety and efficacy of aclidinium/formoterol in patients with asthma have not been established.

Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Aclidinium/Formoterol	Asthma	COPD

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

4. Aclidinium/Formoterol / Cardiovascular, Convulsive Disorders, Thyrotoxicosis & Diabetes ___√___ _____ _____

Alert Message: Duaklir Pressair (aclidinium/formoterol) should be used with caution in patients with cardiovascular or convulsive disorders, thyrotoxicosis, diabetes mellitus, or sensitivity to sympathomimetic drugs. The formoterol component is a sympathomimetic amine and can exacerbate these conditions.

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol	Hypertension	
	Arrhythmias	
	Heart Failure	
	Diabetes	
	Seizures	
	Epilepsy	

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

5. Aclidinium/Formoterol / Narrow Angle Glaucoma ___√___ _____ _____

Alert Message: Duaklir Pressair (aclidinium/formoterol) should be used with caution in patients with narrow-angle glaucoma. Aclidinium is an anticholinergic agent and may worsen this condition. Prescribers and patients should be alert for signs and symptoms of acute narrow-angle glaucoma (e.g., eye pain or discomfort, blurred vision, or visual halos).

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol	Narrow-Angle Glaucoma	

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

6. Aclidinium/Formoterol / Urinary Retention ___√___ _____ _____

Alert Message: Duaklir Pressair (aclidinium/formoterol) should be used with caution in patients with urinary retention or bladder neck obstruction. Aclidinium is an anticholinergic agent which may worsen urinary retention. Prescribers and patients should be alert for signs and symptoms of urinary retention (e.g., difficulty passing urine, painful urination), especially in patients with prostatic hyperplasia or bladder neck obstruction. Instruct patients to consult a physician immediately should any of these signs or symptoms develop.

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol	Urinary Retention	
	Prostatic Hyperplasia	
	Bladder-Neck Obstruction	

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

7. Aclidinium/Formoterol / Paradoxical Bronchospasm ___√___ _____ _____

Alert Message: Inhaled medicines, including Duaklir Pressair (aclidinium/formoterol), may cause paradoxical bronchospasm, which may be life-threatening. If paradoxical bronchospasm occurs following dosing with aclidinium/formoterol, it should be treated immediately with an inhaled, short-acting bronchodilator. Aclidinium/formoterol should be discontinued immediately, and alternative therapies should be instituted.

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol	Bronchospasm	

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

8. Aclidinium/Formoterol / Anticholinergic Drugs ___√___ _____ _____

Alert Message: The concurrent use of Duaklir Pressair (aclidinium/formoterol) with anticholinergic medications should be avoided. The aclidinium component of the combination medication is an anticholinergic drug, and use with another anticholinergic agent may result in additive anticholinergic adverse effects.

Drugs/Diseases

Util A	Util B	Util C
Aclidinium/Formoterol	Anticholinergics	

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

9. Aclidinium/Formoterol / Adrenergic Drugs ___√___ _____ _____

Alert Message: Caution should be exercised when Duaklir Pressair (aclidinium/formoterol) is prescribed concurrently with other adrenergic sympathomimetic agents, administered by any route, because the sympathetic effects of the formoterol component of the combination product may be potentiated.

Drugs/Diseases

Util A	Util B			
Aclidinium/Formoterol	Ephedrine	Metaproterenol	Lisdexamfetamine	Oxymetazoline
	Epinephrine	Terbutaline	Diethylpropion	Tetrahydrozoline
	Pseudoephedrine	Methamphetamine	Benzphetamine	
	Phenylephrine	Methylphenidate	Phentermine	
	Albuterol	Amphetamine	Phendimetrazine	
	Pirbuterol	Dextroamphetamine	Naphazoline	

References:
Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

10. Aclidinium/Formoterol / Xanthine Derivatives & Steroids _____ ___√____ _____

Alert Message: Caution should be exercised when Duaklir Pressair (aclidinium/formoterol) is prescribed concurrently with xanthine derivatives or steroids because concomitant administration may potentiate the hypokalemic effect of the formoterol component of the combination agent.

Drugs/Diseases

Util A	Util B	
Aclidinium/Formoterol	Theophylline	Hydrocortisone
	Aminophylline	Methylprednisolone
	Dyphylline	Prednisone
	Betamethasone	Prednisolone
	Budesonide	Dexamethasone
	Cortisone	

References:

Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

11. Aclidinium/Formoterol / Non-Potassium Sparing Diuretics ___√____ _____ _____

Alert Message: Caution should be exercised when Duaklir Pressair (aclidinium/formoterol), a beta2-agonist containing combo agent, is prescribed concurrently with non-potassium sparing diuretics because concomitant administration may potentiate the ECG changes or hypokalemia that may result from the administration of the diuretic.

Drugs/Diseases

Util A	Util B		Util C
Glycopyrrolate/Formoterol	Furosemide	Indapamide	
	Bumetanide	Methyclothiazide	
	Torsemide	Metolazone	
	Chlorothiazide	HCTZ	
	Chlorthalidone		

References:

Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

12. Aclidinium/Formoterol / Nonselective Beta Blockers ___√____ _____ _____

Alert Message: Beta-adrenergic receptor antagonists (beta-blockers) and Duaklir Pressair (aclidinium/formoterol) may antagonize the effect of each other when administered concurrently. Beta-blockers not only block the therapeutic effects of beta2-agonists, such as formoterol, but may produce severe bronchospasm in COPD patients. Therefore, patients with COPD should not normally be treated with beta-blockers. If therapy is warranted, cardioselective beta-blockers could be considered, although they should be administered with caution.

Drugs/Diseases

Util A	Util B	Util C (Negating)
Glycopyrrolate/Formoterol	Carvedilol	Acebutolol
	Nadolol	Atenolol
	Labetalol	Betaxolol
	Penbutolol	Bisoprolol
	Pindolol	Metoprolol
	Propranolol	Nebivolol
	Sotalol	
	Timolol	

References:

Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

13. Aclidinium/Formoterol / MAOIs, TCA & Other QT Prolong Meds _____ ___√____ _____

Alert Message: Duaklir Pressair (aclidinium/formoterol), as with other drugs containing beta2-agonists, should be administered with caution to patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or other drugs known to prolong the QTc interval, because the action of adrenergic agonists on the cardiovascular system may be potentiated by these agents. Drugs that are known to prolong the QTc interval have an increased risk of ventricular arrhythmias.

Drugs/Diseases

Util A	Util B				Util C
Aclidinium/Formoterol	Rasagiline	Disopyramide	Imipramine	Pazopanib	Thioridazine
	Alfuzosin	Dofetilide	Indapamide	Pentamidine	Tizanidine
	Amantadine	Dolasetron	Isradipine	Pimozide	Tolterodine
	Amiodarone	Doxepin	Itraconazole	Posaconazole	Trazodone
	Amitriptyline	Dronedarone	Ketoconazole	Procainamide	TMP/SMZ
	Amphetamine	Droperidol	Lapatinib	Propafenone	Trimipramine
	Arsenic Trioxide	Ephedrine	Levalbuterol	Protriptyline	Vandetanib
	Asenapine	Epinephrine	Levofloxacin	Quetiapine	Vardenafil
	Atazanavir	Erythromycin	Lithium	Quinidine	Venlafaxine
	Atomoxetine	Escitalopram	Metaproterenol	Ranolazine	Ziprasidone
	Azithromycin	Felbamate	Methadone	Risperidone	Zolmitriptan
	Chloral Hydrate	Flecainide	Moexipril/HCTZ	Ritonavir	Ezogabine
	Chloroquine	Fluconazole	Moxifloxacin	Salmeterol	Isocarboxazid
	Chlorpromazine	Fluoxetine	Nicardipine	Saquinavir	Phenelzine
	Ciprofloxacin	Foscarnet	Nilotinib	Sertraline	Tranylcypromine
	Citalopram	Fosphenytoin	Norfloxacin	Solifenacin	Linezolid
	Clarithromycin	Galantamine	Nortriptyline	Sotalol	Rasagiline
	Clomipramine	Gemifloxacin	Octreotide	Sunitinib	
	Clozapine	Granisetron	Ofloxacin	Tacrolimus	
	Dasatinib	Haloperidol	Ondansetron	Tamoxifen	
	Desipramine	Ibutilide	Paliperidone	Telithromycin	
	Diphenhydramine	Iloperidone	Paroxetine	Terbutaline	

References:

Duaklir Pressair Prescribing Information, March 2019, AstraZeneca.
Clinical Pharmacology, 2019 Elsevier/Gold Standard.

14. Aclidinium/Formoterol / Non-adherence ___√____ _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Duaklir Pressair (aclidinium/formoterol). Non-adherence 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
Aclidinium/Formoterol		

References:

van Boven JF, Chavannes NH, van der Molen T, et al. Clinical and Economic Impact of Non-adherence in COPD: A Systematic Review. Respir Med. 2015 Jan;108(1):103-113.
Restrepo RD, Alvarez MT, Wittnebel LD, et al., Medication Adherence Issues in Patients Treated for COPD. International Journal of COPD. 2008;3(3):371-384.
Simoni-Wastila L, Wei Y, Qian J, et al., Association of Chronic Obstructive Pulmonary Disease Maintenance Medication Adherence With All-Cause Hospitalization and Spending in a Medicare Population. Am Jrnl Geriatr Pharmacother. 2012 Jun;10(3):201-210.
Lareau SC, Yawn BP. Improving Adherence with Inhaler Therapy in COPD. International Journal COPD. 2010 Nov 24;5:401-406.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

15. Halobetasol/Tazarotene / Pregnancy / Pregnancy Negating ___√___ _____ _____

Alert Message: Duobrii (halobetasol/tazarotene lotion) is contraindicated in pregnancy. Based on data from animal reproduction studies, retinoid pharmacology, and the potential for systemic absorption, halobetasol/tazarotene lotion may cause fetal harm when administered to a pregnant female. Tazarotene elicits teratogenic and developmental effects associated with retinoids after topical or systemic administration in rats and rabbits.

Drugs/Diseases

Util A	Util B	Util C (Negating)
Halobetasol/Tazarotene	Pregnancy	Miscarriage
		Delivery
		Abortion

Age Range: 11 – 50 yoa
Gender: Female

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.
Duobrii Prescribing Information, April 2019, Bausch Health Companies Inc.

16. Halobetasol/Tazarotene / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Duobrii (halobetasol/tazarotene lotion) and any potential adverse effects on the breastfed child from halobetasol/tazarotene lotion. There are no data on the presence of tazarotene, halobetasol propionate or its metabolites in human milk, the effects on the breastfed infant, or the effects on milk production after treatment with halobetasol/tazarotene lotion.

Drugs/Diseases

Util A	Util B	Util C
Halobetasol/Tazarotene	Lactation	

Age Range: 11 – 50 yoa
Gender: Female

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.
Duobrii Prescribing Information, April 2019, Bausch Health Companies Inc.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

17. Halobetasol/Tazarotene / Contraceptives ___v___ _____ _____

Alert Message: Females of reproductive potential should be warned of the potential risk to a fetus if they were to become pregnant while on Duobrii (halobetasol/tazarotene lotion) therapy. The patient should be advised to use effective birth control measures during treatment with halobetasol/tazarotene lotion. A negative pregnancy test should be obtained within 2 weeks prior to halobetasol/tazarotene lotion therapy. Treatment should be initiated during a menstrual period.

Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Halobetasol/Tazarotene		Contraceptives

Age Range: 11 – 50 yoa
Gender: Female

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.
Duobrii Prescribing Information, April 2019, Bausch Health Companies Inc.

18. Halobetasol/Tazarotene / Therapeutic Appropriateness ___v___ _____ _____

Alert Message: The safety and effectiveness of Duobrii (halobetasol/tazarotene lotion) in pediatric patients under the age of 18 years have not been evaluated. Because of higher skin surface area to body mass ratios, pediatric patients are at a greater risk than adults of HPA axis suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of adrenal insufficiency during or after withdrawal of treatment. Adverse reactions, including striae, have been reported with the use of topical corticosteroids in infants and children.

Drugs/Diseases

Util A	Util B	Util C
Halobetasol/Tazarotene		

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.
Duobrii Prescribing Information, April 2019, Bausch Health Companies Inc.

19. Rizatriptan / Therapeutic Appropriateness ___v___ _____ _____

Alert Message: The safety and effectiveness of rizatriptan in pediatric patients under 6 years of age have not been established.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Rizatriptan		

Age Range: 0 - 5 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

20. Baricitinib / Overutilization ___√___ _____ _____

Alert Message: Olumiant (baricitinib) may be over-utilized. The recommended dose of baricitinib in patients with moderate renal impairment (estimated glomerular filtration rate (GFR) between 30 and 60 mL/min/1.73 m2) is 1 mg once daily. Baricitinib is not recommended for use in patients with severe renal impairment (estimated GFR of less than 30 mL/min/1.73 m2).

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Baricitinib 2mg	CKD 3	

Max Dose: 1 mg/day

References:
Olumiant Prescribing Information, Oct. 2019, Eli Lilly and Company.

21. Tenapanor / Overuse ___√___ _____ _____

Alert Message: The recommended maximum daily dose of Ibsrela (tenapanor) is 50 mg twice daily.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Tenapanor		

Max Dose: 100 mg/day

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Ibsrela Prescribing Information, Sept. 2019 Ardelyx, Inc.

22. Tenapanor / Gastrointestinal Obstruction ___√___ _____ _____

Alert Message: Ibsrela (tenapanor) is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction.

Conflict Code: MC - Drug/Disease Precaution
Drugs/Diseases

Util A	Util B	Util C
Tenapanor	Gastrointestinal Obstruction Impaction of Intestine Paralytic Ileus	

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Ibsrela Prescribing Information, Sept. 2019 Ardelyx, Inc.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

23. Tenapanor / Therapeutic Appropriateness ___v___ _____ _____

Alert Message: Ibsrela (tenapanor) is contraindicated in patients less than 6 years of age. The use of tenapanor should be avoided in patients 6 years to less than 12 years of age. In young juvenile rats (less than 1 week old; approximate human age equivalent of less than 2 years of age), decreased body weight and deaths occurred, presumed to be due to dehydration, following oral administration of tenapanor. There are no data available in older juvenile rats (human age equivalent of 2 years to less than 12 years). The safety and effectiveness of tenapanor in patients less than 18 years of age have not been established.

Conflict Code: TA - Therapeutic Appropriateness (Black Box)
Drugs/Diseases
Util A Util B Util C
Tenapanor
Age Range: 0 – 5 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Ibsrela Prescribing Information, Sept. 2019 Ardelyx, Inc.

24. Tenapanor / Therapeutic Appropriateness ___v___ _____ _____

Alert Message: The safety and effectiveness of Ibsrela (tenapanor) in patients less than 18 years of age have not been established. In young juvenile rats (less than 1 week old; approximate human age equivalent of less than 2 years of age), decreased body weight and deaths occurred, presumed to be due to dehydration, following oral administration of tenapanor. There are no data available in older juvenile rats (human age equivalent of 2 years to less than 12 years). The use of tenapanor should be avoided in patients 6 years to less than 12 years of age. Tenapanor is contraindicated in patients less than 6 years of age.

Conflict Code: TA - Therapeutic Appropriateness (Black Box)
Drugs/Diseases
Util A Util B Util C
Tenapanor

Age Range: 6 – 17 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Ibsrela Prescribing Information, Sept. 2019 Ardelyx, Inc.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

25. Tenapanor / Diarrhea ___√___ _____ _____

Alert Message: Ibsrela (tenapanor) has been shown to cause severe diarrhea. Diarrhea was the most common adverse reaction in two randomized, double-blind, placebo-controlled trials of IBS-C. Severe diarrhea was reported in 2.5% of tenapanor-treated patients. If severe diarrhea occurs, suspend tenapanor dosing and rehydrate patient.

Conflict Code: MC - Drug/Disease Precaution
Drugs/Diseases

Util A	Util B	Util C
Tenapanor	Diarrhea	

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Ibsrela Prescribing Information, Sept. 2019 Ardelyx, Inc.

26. Ibuprofen/Famotidine / CKD 3, 4, & 5 ___√___ _____ _____

Alert Message: Avoid the use of Duexis (ibuprofen/famotidine) in patients with advanced renal disease unless the benefits are expected to outweigh the risk of worsening renal failure. The ibuprofen component of the combination product can cause renal injury. Additionally, the famotidine component of the combination product has been associated with CNS adverse effects in patients with moderate to severe renal insufficiency.

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

Util A	Util B	Util C
Ibuprofen/Famotidine	CKD 3	
	CKD 4	
	CKD 5	

References:
Duexis Prescribing Information, June 2019, Horizon Pharma USA.
Clinical Pharmacology, 2019 Elsevier/gold Standard.

27. Ibuprofen/Famotidine / Geriatric ___√___ _____ _____

Alert Message: Duexis (ibuprofen/famotidine) should be used with caution in the elderly. Elderly patients, compared to younger patients, are at greater risk for NSAID-associated adverse reactions. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection and dosing interval. Famotidine is substantially excreted by the kidney, and risk of famotidine-related adverse reactions may be greater in patients with impaired renal function.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Ibuprofen/Famotidine		

Age Range: ≥ 65 yoa

References:
Duexis Prescribing Information, June 2019, Horizon Pharma USA.
Clinical Pharmacology, 2019 Elsevier/gold Standard.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

28. Ibuprofen/Famotidine / Overutilization ___√___ _____ _____

Alert Message: The recommended daily dose of Duexis (ibuprofen/famotidine) is one tablet (ibuprofen 800 mg/famotidine 26.6 mg) 3 times daily.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Ibuprofen/Famotidine		

Max Dose: 3 tablets/day

References:
Duexis Prescribing Information, June 2019, Horizon Pharma USA.
Clinical Pharmacology, 2019 Elsevier/gold Standard.

29. Glasdegib / Overutilization ___√___ _____ _____

Alert Message: The recommended dose of Daurismo (glasdegib) is 100 mg orally once daily on days 1 to 28 in combination with cytarabine 20 mg subcutaneously twice daily on days 1 to 10 of each 28-day cycle in the absence of unacceptable toxicity or loss of disease control. For patients without unacceptable toxicity, treat for a minimum of 6 cycles to allow time for clinical response.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Glasdegib		

Max Dose: 100 mg/day

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

30. Glasdegib / Pregnancy / Pregnancy Negating ___√___ _____ _____

Alert Message: Based on its mechanism of action and findings from animal embryo-fetal developmental toxicity studies, Daurismo (glasdegib) can cause embryo-fetal death or severe birth defects when administered to a pregnant woman.

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

Util A	Util B	Util C **(Negating)**
GlasdegibPregnancy	Delivery	
		Miscarriage
		Abortion

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

31. Glasdegib / Males ___√___ _____ _____

Alert Message: Advise males of the potential risk of exposure through semen and to use condoms with a pregnant partner or a female partner of reproductive potential during treatment with Daurismo (glasdegib) and for at least 30 days after the last dose to avoid potential drug exposure.

Conflict Code: TA - Therapeutic Appropriateness (Black Box Warning)
Drugs/Diseases

Util A	Util B	Util C
Glasdegib		

Gender: Male

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

32. Glasdegib / Females of Reproductive Potential ___√___ _____ _____

Alert Message: Daurismo (glasdegib) is not recommended for use during pregnancy. Conduct pregnancy testing in female patients of reproductive potential prior to initiating glasdegib treatment. Advise females of reproductive potential to use effective contraception during treatment with glasdegib and for at least 30 days after the last dose. Advise women not to breastfeed during treatment with glasdegib and for at least 30 days after the last dose.

Conflict Code: TA - Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Glasdegib		Contraceptives

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

33. Glasdegib / Lactation ___√___ _____ _____

Alert Message: There are no data on the presence of Daurismo (glasdegib) or its active metabolites in human milk, the effects of the drug on the breastfed child, or its effect on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women who are taking glasdegib not to breastfeed or provide breast milk to infants or children during treatment with glasdegib and for at least 30 days after the last dose.

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

Util A	Util B	Util C
GlasdegibLactation		

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

34. Glasdegib / Strong CYP3A4 Inhibitors ___√___ _____ _____

Alert Message: The concurrent use of Daurismo (glasdegib), a CYP3A4 substrate, with a strong CYP3A4 inhibitor may result in elevated glasdegib plasma concentrations, and increase the risk of adverse reactions including QTc interval prolongation. Consider alternative therapies that are not strong CYP3A4 inhibitors during treatment with glasdegib.

Conflict Code: DD – Drug Drug Interaction
Drugs/Diseases

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

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

35. Glasdegib / Strong CYP3A4 Inducers ___√___ _____ _____

Alert Message: The concurrent use of Daurismo (glasdegib) with a strong CYP3A4 inducer should be avoided. Glasdegib is a CYP3A4 substrate, and concomitant use with a CYP3A4 inducer may result in decreased glasdegib plasma concentrations and loss of therapeutic effects.

Conflict Code: DD – Drug Drug Interaction
Drugs/Diseases

Util A	Util B		Util C
Glasdegib	Carbamazepine	Mitotane	
	Enzalutamide	Primidone	
	Phenobarbital	Rifampin	
	Phenytoin		

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

36. Glasdegib / Drugs That Cause QT Prolongation ___√___ _____ _____

Alert Message: Daurismo (glasdegib) is associated with concentration-dependent QTc prolongation. The concurrent use of glasdegib with QTc prolonging drugs may increase the risk of QTc interval prolongation. Avoid co-administration of QTc prolonging drugs with glasdegib. If co-administration of a QTc prolonging drug is unavoidable, more frequent ECG monitoring is recommended. Interrupt glasdegib therapy if QTc increases to greater than 500 ms. Discontinue glasdegib permanently for patients who develop QTc interval prolongation with signs or symptoms of life-threatening arrhythmia.

Conflict Code: DD – Drug Drug Interaction
Drugs/Diseases

Util A	Util B			Util C
Glasdegib	Abiraterone	Efavirenz	Levofloxacin	Rilpivirine
	Alfuzosin	Eliglustat	Lithium	Risperidone
	Amiodarone	Encorafenib	Lofexidine	Ritonavir
	Amitriptyline	Entrectinib	Loperamide	Romidepsin
	Anagrelide	Eribulin	Maprotiline	Saquinavir
	Aripiprazole	Erythromycin	Methadone	Sertraline
	Arsenic Trioxide	Escitalopram	Metoclopramide	Siponimod
	Asenapine	Ezogabine	Midostaurin	Solifenacin
	Atazanavir	Famotidine	Mifepristone	Sotalol
	Atomoxetine	Felbamate	Mirabegron	Sunitinib
	Azithromycin	Fingolimod	Mirtazapine	Tacrolimus
	Bedaquiline	Flecainide	Moexipril	Tamoxifen
	Bortezomib	Fluconazole	Moxifloxacin	Telavancin
	Bendamustine	Fluoxetine	Nelfinavir	Tetrabenazine
	Bosutinib	Fluvoxamine	Nilotinib	Thioridazine
	Buprenorphine	Foscarnet	Nortriptyline	Tizanidine
	Ceritinib	Galantamine	Ofloxacin	Tolterodine
	Chloroquine	Ganciclovir	Ondansetron	Toremifene
	Chlorpromazine	Gemifloxacin	Osimertinib	Tramadol
	Cilostazol	Gilteritinib	Oxaliplatin	Trazodone
	Ciprofloxacin	Glasdegib	Paliperidone	Trimipramine
	Citalopram	Granisetron	Panobinostat	Valbenazine
	Clarithromycin	Haloperidol	Paroxetine	Vandetanib
	Clomipramine	Hydroxychloroquine	Pasireotide	Vemurafenib
	Clozapine	Hydroxyzine	Pazopanib	Venlafaxine
	Crizotinib	Ibutilide	Pentamidine	Voriconazole
	Dabrafenib	Iloperidone	Pimavanserin	
	Dasatinib	Imipramine	Pimozide	
	Desipramine	Indapamide	Pitolisant	
	Deutetrabenazine	Indinavir	Posaconazole	
	Diphenhydramine	Ivabradine	Procainamide	
	Disopyramide	Itraconazole	Promethazine	
	Dofetilide	Ivosidenib	Propafenone	
	Dolasetron	Ketoconazole	Quetiapine	
	Donepezil	Lapatinib	Quinidine	
	Doxepin	Lefamulin	Quinine	
	Dronedarone	Lenvatinib	Ranolazine	
	Droperidol	Leuprolide	Ribociclib	

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

37. Glasdegib / QT Prolongation ___√___ _____ _____

Alert Message: Daurismo (glasdegib) is associated with concentration-dependent QTc prolongation. In patients with congenital long QT syndrome, congestive heart failure, electrolyte abnormalities, or those who are taking medications known to prolong the QTc interval, more frequent ECG monitoring is recommended. Interrupt glasdegib if QTc increases to greater than 500 ms. Discontinue glasdegib permanently for patients who develop QTc interval prolongation with signs or symptoms of life-threatening arrhythmia.

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

Util A	Util B	Util C
Glasdegib	Long QT Syndrome	
	Congestive Heart failure	
	Hypokalemia	
	Hypomagnesemia	
	Bradycardia	

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

38. Glasdegib / Nonadherence ___√___ _____ _____

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

Conflict Code: LR - Nonadherence
Drugs/Diseases

Util A	Util B	Util C
Glasdegib		

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.
Greer JA, Amoyal N, Nisotel L, et al. Systemic Review of Adherence to Oral Antineoplastic Therapies. The Oncologist. 2016;21:354-376.

39. Glasdegib / Therapeutic Appropriateness ___√___ _____ _____

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

Conflict Code: TA - Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Glasdegib		

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2019 Elsevier/Gold Standard.
Daurismo Prescribing Information, Nov. 2018, Pfizer U.S.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*

40. Gabapentinoids / CNS Depressants ___√___ _____ _____

Alert Message: The FDA is warning that serious, life-threatening, and fatal respiratory depression has been reported with the use of gabapentinoids (gabapentin and pregabalin). Most cases occurred in association with co-administration of central nervous system (CNS) depressants, especially opioids, in the setting of underlying respiratory impairment, or in the elderly. When co-prescribing gabapentinoids with another CNS depressant, particularly an opioid, or in patients with underlying respiratory impairment, initiate the gabapentinoid at the lowest dose and monitor for respiratory depression and sedation.

Conflict Code: DD – Drug Drug Interaction
Drugs/Diseases

Util A	Util B	Util C
Gabapentin	CNS Depressants	
Pregabalin		

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
FDA Drug Safety Communication: FDA warns about serious breathing problems with seizure and nerve pain medicines gabapentin (Neurontin, Gralise, Horizant) and pregabalin (Lyrica, Lyrica CR) when used with CNS depressants or in patients with lung problems. 12-19-2019.

Stephanie McGee Azar, Commissioner (X) Approve ( ) Deny 8-13-2020 Date

Melinda L. Rowe, MD (X) Approve ( ) Deny 8/12/2020 Date
Melinda Rowe, M.D., Assistant Medical Director

Kathy Hall (X) Approve ( ) Deny 8/12/2020 Date
Kathy Hall, Deputy Commissioner