

## Alabama Medicaid DUR Board Meeting Minutes

April 24, 2019

**Members Present:** Kelli Littlejohn Newman, Rachel Seaman, Bernie Olin, Melinda Rowe, Mary Stallworth, Jessica Jackson, Paula Thompson, Kenny Murray

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

**Present via Conference Call:** Kristian Testerman, Lauren Ward, Allana Alexander, Joshua Lee, Amy Donaldson, Angela Lowe, Tammy Dubuc

**Members Absent:** Denyse Thornley-Brown, Dan McConaghy, Clinton Martin

**Call to Order:** The DUR meeting was called to order by P. Thompson at approximately 1:05p.m.

**Review and Adoption of Minutes:** The minutes of the January 23, 2019 meeting were presented and P. Thompson made a motion to approve the minutes. R. Seaman 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 October 2018. She reported 13,112 total manual requests and 22,064 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for October 2018, L. Thomas reported that approximately 69% of all manual PAs and 66% of all overrides were completed in less than two hours. Eighty-nine percent of all manual PAs and overrides were completed in less than four hours. Ninety-two percent of all manual PAs and overrides were completed in less than eight hours. For the month of November 2018, L. Thomas reported 10,810 manual PA requests and 19,255 electronic PA requests were received. She reported that 59% of all manual PAs and 53% of all overrides were completed in less than two hours. Eighty-three percent of all manual PAs and 81% of all overrides were completed in less than four hours. Ninety percent of all manual PAs and overrides were completed in less than eight hours. For the month of December 2018, L. Thomas reported 10,191 manual PA requests and 16,154 electronic PA requests. L. Thomas reported that approximately 59% of all manual PAs and 53% of all overrides were completed in less than two hours. Eighty-five percent of all manual PA requests and 83% of all overrides were completed in less than four hours. Ninety-one percent of all manual PA requests and 90% 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 October 2018 through December 2018. She reported 3,585,398 total prescriptions, 216,015 average recipients per month using pharmacy benefits, and an average paid per prescription of \$112.37.

**Cost Management Analysis:** L. Thomas reported an average cost per claim of \$113.60 for December 2018 and emphasized that the table contained the average cost per claim over the past two years. From the 4<sup>th</sup> Quarter 2018 Drug Analysis, L. Thomas reported 79% generic utilization, 8% brand single-source, 8.5% 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 10/01/2018 – 12/31/2018, L. Thomas reported the top five drugs: amoxicillin, cetirizine, ProAir<sup>®</sup> HFA, montelukast sodium, and hydrocodone-acetaminophen. L. Thomas reviewed previous hydrocodone-acetaminophen claims from 3<sup>rd</sup> Quarter 2018 and 4<sup>th</sup> Quarter 2017 and indicated there has been a significant reduction in hydrocodone-acetaminophen claims. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 10/01/2018 – 12/31/2018: Vyvanse<sup>®</sup>, Focalin XR<sup>®</sup>, Invega<sup>®</sup> Sustenna<sup>®</sup>, Concerta<sup>®</sup>, and ProAir<sup>®</sup> HFA. She reminded the Board that Vyvanse<sup>®</sup> and Focalin XR<sup>®</sup> are preferred agents and that this

list was identical to the top 5 last quarter. 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, Amphetamines, Insulins, and Miscellaneous Anticonvulsants.

**Opioid Edits:** K. Newman reviewed the Short-Acting Opioid Naïve Limit edit that began on November 1, 2018. K. Newman also reviewed the upcoming Morphine Milligram Equivalent (MME) Edit that will be phased in beginning May 1, 2019. K. Newman also gave a brief overview of the Support Act of 2018 and indicated that more information was forthcoming from CMS. She also mentioned that L. Thomas would review two RDUR criteria that were developed with language from the Support Act of 2018.

**RDUR Intervention Report:** L. Thomas presented the RDUR Activity Report for January 2019. She reported 525 profiles reviewed and 290 letters sent with 18 responses received as of the date of the report. She reported 13 of 18 physicians indicated that they found the RDUR letters “useful” or “extremely useful”. The criteria for the cycle of intervention letters included Overuse Precaution (overutilization of stimulants) and Appropriate Use (concurrent use of buprenorphine and pure opiate agonists).

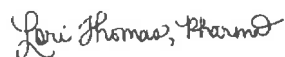
**Proposed Criteria:** L.Thomas presented the proposed set of 40 criteria to the Board. T. Minnifield instructed the Board members to mark their ballots. Of the 40 proposed criteria, results from the criteria vote returned 37 approved and 3 approved as amended.

**Medicaid Update:** K. Littlejohn gave the Medicaid update and talked to the group about ACHN. K.Littlejohn reminded the Board members that all updated Medicaid drug lists and ALERTs were provided to them electronically and are also available online. K. Littlejohn introduced a new addition to the pharmacy team and applauded longtime member Paula Thompson for her service to the board.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 February 6, 2019 and covered the first half of the Anti-infective Agents and a review of the Growth Hormone Agents. The next P & T Committee meeting will be held on May 8, 2019 and will cover the remaining Anti-infective Agents and a review of the Miscellaneous Antimigraine Agents.

**Next Meeting Date:** P. Thompson reminded the Board that the next DUR meeting will be held on July 24, 2019. A motion to adjourn the meeting was made by P. Thompson. B. Olin seconded the motion and the meeting was adjourned at 2:08 p.m.

Respectfully submitted,



Lori Thomas, PharmD.

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

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**1. Baricitinib / Overutilization**

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

Alert Message: The recommended dose of Olumiant (baricitinib) is 2 mg per day.

Conflict Code: ER - Overutilization

Drugs/Diseases

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

Max Dose: 2mg/day

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**2. Baricitinib / 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 Olumiant (baricitinib). If a serious infection develops, interrupt baricitinib therapy until the infection is controlled.

Conflict Code: MC – Drug/Disease Precaution/Warning

Drugs/Diseases

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

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**3. Baricitinib / Therapeutic Appropriateness (0 – 17 yoa)**

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

Alert Message: The safety and effectiveness of Olumiant (baricitinib) 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>
Baricitinib		

Age Range: 0- 17 yoa

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**4. Baricitinib / Thrombosis Risk Factors Black Box Warning**

  v   \_\_\_\_\_

Alert Message: Olumiant (baricitinib) should be used with caution in patients who are at increased risk for thrombosis. Thrombosis, including deep venous thrombosis (DVT) and pulmonary embolism (PE), has been observed at an increased incidence in patients treated with baricitinib compared to placebo. If clinical features of DVT/PE or arterial thrombosis occur, patients should be evaluated promptly and treated appropriately.

Conflict Code: MC – Drug/Disease Precaution

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Baricitinib	Pregnancy	
	Smoking	
	Cancer	
	Heart Failure	
	Hx of DVT or PE	
	Hypercoagulable State, Secondary	

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**5. Baricitinib / GI Perforations Risk Factors**

  v   \_\_\_\_\_

Alert Message: Olumiant (baricitinib) 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 glucocorticoids or NSAIDs). Events of gastrointestinal perforation have been reported in clinical studies with baricitinib. Patients presenting with new onset abdominal symptoms should be evaluated promptly for early identification of gastrointestinal perforation.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

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

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**6. Baricitinib / Renal Impairment**

  v   \_\_\_\_\_

Alert Message: Olumiant (baricitinib) is not recommended for use in patients with an estimated GFR of less than 60 mL/min/1.73m2. Baricitinib is excreted substantially by the kidney, and the risk of baricitinib-related adverse reactions may be greater in patients with impaired renal function.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Included)</u>
Baricitinib		CKD 3, 4, & 5 ESRD

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**7. Baricitinib / Severe Hepatic Impairment**

  v   \_\_\_\_\_

Alert Message: Olumiant (baricitinib) is not recommended in patients with severe hepatic impairment. The drug has not been studied in this population.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Included)</u>
Baricitinib		Cirrhosis Hepatic Fibrosis

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**8. Baricitinib / OAT3 Inhibitors**

  v   \_\_\_\_\_

Alert Message: Olumiant (baricitinib) is not recommended for use in patients taking strong organic anion transporter 3 (OAT3) inhibitors. Baricitinib is an OAT3 substrate, and concurrent use with a strong inhibitor of OAT transport may result in increased baricitinib exposure.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Baricitinib	Probenecid Teriflunomide Leflunomide	

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

9. Baricitinib / Biologics & DMARDs

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Use of Olumiant (baricitinib) in combination with other JAK inhibitors, biologic DMARDs, or with potent immunosuppressants such as azathioprine and cyclosporine is not recommended because of the potential for increased immunosuppression and increased infection risk.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Baricitinib	Tofacitinib	Guselkumab
	Cyclosporine	Infliximab
	Abatacept	Ixekizumab
	Adalimumab	Rituximab
	Anakinra	Sarilumab
	Azathioprine	Secukinumab
	Canakinumab	Ustekinumab
	Certolizumab	Golimumab
	Daclizumab	Etanercept

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

10. Baricitinib / Tuberculosis

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Serious infections leading to hospitalization or death, including tuberculosis, have occurred in patients receiving Olumiant (baricitinib). Prior to starting baricitinib, perform a test for latent tuberculosis; if it is positive, start treatment for tuberculosis prior to starting baricitinib. Monitor all patients for active tuberculosis during baricitinib treatment, even if the initial latent tuberculosis test is negative.

Conflict Code: ER - Overutilization

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Baricitinib	Tuberculosis	

References:

Olumiant Prescribing Information, May 2018, Eli Lilly and Company.

**11. Baricitinib / Nonadherence**

  v   \_\_\_\_\_

Alert Message: Based on refill history, your patient may be under-utilizing Olumiant (baricitinib). Nonadherence 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

Baricitinib

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.

**12. Benzhydrocodone/Acetaminophen / Overutilization**

  v   \_\_\_\_\_

Alert Message: Apadaz (benzhydrocodone/acetaminophen) may be over-utilized. The manufacturer recommends that the benzhydrocodone/acetaminophen dosage should not exceed 12 tablets in a 24-hour period.

Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C

Benzhydrocodone/Acetaminophen

Max Dose: 12 tabs/day

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.

**13. Benzhydrocodone/Acetaminophen / CYP3A4 Inhibitors** \_v\_

Alert Message: Concomitant use of Apadaz (benzhydrocodone/acetaminophen) with a CYP3A4 inhibitor may result in an increase in hydrocodone plasma concentrations, which could increase or prolong hydrocodone-related adverse reactions and may cause potentially fatal respiratory depression. Consider dosage reduction of benzhydrocodone/acetaminophen until stable drug effects are achieved. After stopping a CYP3A4 inhibitor, as the effects of the inhibitor decline, the hydrocodone plasma concentration will decrease, resulting in decreased opioid efficacy or a withdrawal syndrome in a patient who has developed a physical dependence on hydrocodone.

Conflict Code: DD – Drug/Drug Interaction (Black Box Warning)

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Clarithromycin	Nefazodone
	Cobicistat	Erythromycin
	Conivaptan	Ketoconazole
	Ritonavir	Itraconazole
	Saquinavir	Posaconazole
	Indinavir	Voriconazole
	Nelfinavir	Diltiazem
	Atazanavir	Verapamil
	Tipranavir	Aprepitant
	Cimetidine	Fluconazole
	Ivacaftor	Chlorzoxazone
	Ranolazine	Ranitidine
	Idelalisib	Tacrolimus
		Ticagrelor

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.

**14. Benzhydrocodone/Acetaminophen / CYP3A4 Inducers** \_v\_

Alert Message: Concurrent use of Apadaz (benzhydrocodone/acetaminophen) with a CYP3A4 inducer can cause a decrease in the hydrocodone plasma concentration, resulting in decreased efficacy or onset of a withdrawal syndrome in patients who have developed a physical dependence on hydrocodone. After stopping a CYP3A4 inducer, the hydrocodone plasma concentration will increase, which could increase or prolong both the therapeutic effects and adverse reactions, and may cause serious respiratory depression. If a CYP3A4 inducer is discontinued, consider benzhydrocodone/acetaminophen dosage reduction.

Conflict Code: DD – Drug/Drug Interaction (Black Box Warning)

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Carbamazepine	Rifampin
	Phenobarbital	Bosentan
	Primidone	Rifabutin
	Phenytoin	Efavirenz
	Enzalutamide	Rifapentine
		Etravirine
		Modafinil
		Nevirapine

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.



**15. Benzhydrocodone/Acetaminophen / MAO Inhibitors**

\_\_\_\_\_ ✓ \_\_\_\_\_

Alert Message: The use of Apadaz (benzhydrocodone/acetaminophen) is not recommended for patients taking monoamine oxidase inhibitors (MAOI) or within 14 days of stopping MAOI treatment. Concurrent use may manifest as serotonin syndrome or opioid toxicity (e.g., respiratory depression and coma).

Conflict Code: DD – Drug/Drug Interaction (Black Box Warning)

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Isocarboxazid	
	Phenelzine	
	Tranlycypromine	
	Rasagiline	
	Linezolid	
	Selegiline	

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.

**16. Benzhydrocodone/Acetaminophen / Dual 3A4/2D6 Inhibitor**

\_\_\_\_\_ ✓ \_\_\_\_\_

Alert Message: Concurrent use of Apadaz (benzhydrocodone/acetaminophen) and drugs that inhibit both CYP3A4 and CYP2D6 metabolism can increase the hydrocodone plasma concentration, resulting in increased or prolonged opioid effects. Consider benzhydrocodone/acetaminophen dosage reduction until stable drug effects are achieved. After stopping a dual CYP3A4/CYP2D6 inhibitor, as the effects of the inhibitor decline, the hydrocodone plasma concentration will decrease, resulting in decreased opioid efficacy or a withdrawal syndrome in a patient who had developed a physical dependence on hydrocodone.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Fluvoxamine	

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.

**17. Benzhydrocodone/Acetaminophen / Serotonergic Agents**

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

Alert Message: Concurrent use of Apadaz (benzhydrocodone/acetaminophen) with other drugs that affect the serotonergic neurotransmitter system may result in serotonin syndrome. If concomitant use is warranted, carefully observe the patient, particularly during treatment initiation and dose adjustment. Discontinue benzhydrocodone/acetaminophen if serotonin syndrome is suspected.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	SSRIs	
	SNRIs	
	TCA's	
	Triptans	
	Mirtazapine	
	Trazodone	
	Tramadol	
	Linezolid	

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.  
 Rastogi R, Swarm RA, Patek TA. Case Scenario: Opioid Association with Serotonin Syndrome. Anesthesiology. 2011 Dec;115(6):1291-1298.  
 Gillman PK. Monoamine Oxidase Inhibitors, Opioid Analgesics and Serotonin Toxicity. Br J Anaesth. 2005;95:434-441.

**18. Benzhydrocodone/Acetaminophen / Muscle Relaxants**

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

Alert Message: Concurrent use of Apadaz (benzhydrocodone/acetaminophen) with muscle relaxants may enhance the neuromuscular blocking action of skeletal muscle relaxants and produce an increased degree of respiratory depression. Monitor the patient for signs of respiratory depression that may be greater than otherwise expected. A dosage decrease of benzhydrocodone/acetaminophen and/or the muscle relaxant may be necessary.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Baclofen	
	Carisoprodol	
	Chlorzoxazone	
	Cyclobenzaprine	
	Metaxalone	
	Methocarbamol	
	Orphenadrine	
	Tizanidine	
	Dantrolene	

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.

**19. Benzhydrocodone/Acetaminophen / Diuretics**

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

Alert Message: Concurrent use of Apadaz (benzhydrocodone/acetaminophen) with a diuretic may result in reduced diuretic efficacy due to the opioid-induced release of antidiuretic hormone. If coadministration is warranted, monitor the patient for signs and symptoms of diminished diuresis and/or decreased effects on blood pressure. Dosage adjustment of the diuretic may be necessary.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Furosemide	Chlorothiazide
	Bumetanide	Chlorthalidone
	Ethacrynic	Hydrochlorothiazide
	Torsemide	Indapamide
	Amiloride	Methyclothiazide
	Spironolactone	Metolazone
	Triamterene	
	Eplerenone	

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.

**20. Benzhydrocodone/Acetaminophen / Anticholinergic Agents**

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

Alert Message: Concurrent use of Apadaz (benzhydrocodone/acetaminophen) with anticholinergic drugs may increase the risk of urinary retention and severe constipation, which may lead to paralytic ileus. If concomitant use is warranted, monitor the patient for signs of urinary retention or reduced gastric motility.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Benzhydrocodone/Acetaminophen	Trifluoperazine	Thioridazine
	Trihexyphenidyl	Promethazine
	Clozapine	Orphenadrine
	Belladonna	Quetiapine
	Glycopyrrolate	Propantheline
	Flavoxate	Dicyclomine
	Tolterodine	Trospium
	Fesoterodine	Darifenacin
	Meclizine	Diphenhydramine
	Hydroxyzine	Brompheniramine
		Chlorpheniramine

References:

Apadaz Prescribing Information, Feb. 2018, KemPharm, Inc.



**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**24. Elagolix / Severe Hepatic Impairment**

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

Alert Message: Treatment with Orilissa (elagolix) is contraindicated in women with severe hepatic disease (Child-Pugh C) due to the risk of bone loss. Elagolix causes a dose-dependent decrease in bone mineral density (BMD). In a clinical study, women with severe hepatic impairment taking elagolix had approximately 7-fold higher elagolix exposure compared to women with normal hepatic function.

Conflict Code: MC –Drug Actual Disease Problem

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Elagolix		Cirrhosis Hepatic Failure

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**25. Elagolix / Pregnancy / Pregnancy Negating**

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

Alert Message: Treatment with Orilissa (elagolix) is contraindicated in women who are pregnant. Exposure to elagolix early in pregnancy may increase the risk of early pregnancy loss. Elagolix treatment should be discontinued if the patient becomes pregnant during treatment.

Conflict Code: MC –Drug Actual Disease Problem

Drugs/Diseases

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

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**26. Elagolix / Osteoporosis**

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

Alert Message: Orilissa (elagolix) use is contraindicated in women with known osteoporosis. Elagolix is a gonadotropin-releasing hormone (GnRH) receptor antagonist which causes a dose-dependent decrease in bone mineral density (BMD).

Conflict Code: MC –Drug Actual Disease Problem

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Elagolix		Osteoporosis

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**27. Elagolix / Strong OATP1B1 Inhibitors**

  v   \_\_\_\_\_

Alert Message: The concurrent use of Orilissa (elagolix) with strong OATP1B1 inhibitors is contraindicated. Elagolix is an OATP1B1 substrate and concomitant use with drugs that inhibit OATP1B1 transport may increase elagolix plasma concentrations.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix	Cyclosporine Gemfibrozil Cobicistat Clarithromycin Erythromycin Paritaprevir Eltrombopag Glecaprevir Ritonavir	

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**28. Elagolix / Digoxin**

  v   \_\_\_\_\_

Alert Message: The concurrent use of Orilissa (elagolix) with digoxin may increase digoxin exposure. Elagolix is an inhibitor of the P-glycoprotein (P-gp) efflux transporter, and digoxin is a P-gp substrate with a narrow therapeutic index. In a clinical drug interaction study, concurrent use of elagolix with digoxin resulted in an increase in the digoxin Cmax and AUC, by 71% and 26%, respectively. Clinical monitoring of digoxin is recommended when co-administered with elagolix.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix	Digoxin	

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**29. Elagolix 200 mg / Strong CYP3A Inhibitors**

  v                    

Alert Message: Coadministration of Orilissa (elagolix) 200 mg twice daily and strong CYP3A inhibitors for more than 1 month is not recommended. Elagolix is a CYP3A substrate, and concurrent use with a strong CYP3A inhibitor may increase elagolix plasma concentrations.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix 200 mg	Nefazodone	Saquinavir
	Clarithromycin	Ritonavir
	Ketoconazole	Indinavir
	Itraconazole	Nelfinavir
	Posaconazole	Cobicistat
	Voriconazole	

Duration: > 30 days

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**30. Elagolix / CYP3A Inducers**

  v                    

Alert Message: The concurrent use of Orilissa (elagolix), a CYP3A substrate, with a CYP3A inducer may decrease elagolix plasma concentrations. Monitor the patient for decreased elagolix efficacy.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix	Carbamazepine	
	Phenytoin	
	Primidone	
	Phenobarbital	

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**31. Elagolix 200 mg / Rifampin**

  v                    

Alert Message: Concomitant use of Orilissa (elagolix) 200 mg twice daily and rifampin is not recommended. If concurrent therapy with rifampin and elagolix is warranted, the elagolix dose should not exceed 150 mg once daily and the duration of the combined therapy limited to 6 months.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix 200mg	Rifampin	

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**32. Elagolix / Midazolam**

  v   \_\_\_\_\_

Alert Message: The concurrent use of Orilissa (elagolix) with midazolam may decrease midazolam exposure. In a clinical drug interaction study, coadministration of elagolix with midazolam resulted in a decrease in midazolam AUC and Cmax. Consider increasing the dose of midazolam and individualize therapy based on the patient's response.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix	Midazolam	

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**33. Elagolix / Rosuvastatin**

  v   \_\_\_\_\_

Alert Message: The concurrent use of Orilissa (elagolix) with rosuvastatin may decrease rosuvastatin exposure. In a clinical drug interaction study, coadministration of elagolix with rosuvastatin resulted in a 40% decrease in rosuvastatin AUC. Monitor lipid panel and adjust rosuvastatin dose if necessary.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix	Rosuvastatin	

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

Center for Drug Evaluation and Research, Orilissa and elagolix sodium, Multi-Discipline Review Application Number 201450), 2017.

Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2018/210450Orig1s000MultiD.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2018/210450Orig1s000MultiD.pdf)

**34. Elagolix / Estrogen-Containing Contraceptives**

  v   \_\_\_\_\_

Alert Message: Based on the mechanism of action of Orilissa (elagolix), estrogen-containing contraceptives are expected to reduce the efficacy of elagolix. The effect of progestin-only contraceptive on the efficacy of elagolix is unknown. Advise women of childbearing potential to use non-hormonal contraceptives during treatment with elagolix and for one week after discontinuing elagolix.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Elagolix	Estrogen-Containing Contraceptives	

Age Range: 11 - 50

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.



**35. Elagolix / Therapeutic Appropriateness**

  v   \_\_\_\_\_

Alert Message: The safety and effectiveness of Orilissa (elagolix) in patients less than 18 years of age have not been established.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Elagolix

Age Range: 0 – 17 yoa

References:

Orilissa Prescribing Information, July 2018, AbbVie Inc.

**36. Rizatriptan / Overutilization**

  v   \_\_\_\_\_

Alert Message: For propranolol-treated pediatric patients weighing 40 kg (88 lb) or more, only a single 5 mg dose of rizatriptan is recommended (maximum dose of 5 mg in a 24-hour period). Rizatriptan should not be prescribed to propranolol-treated pediatric patients who weigh less than 40 kg (88 lb).

Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C (Include)

Rizatriptan

Propranolol

Max Dose: 5 mg/day

Age Range: 6-17 yoa

References:

Clinical Pharmacology, 2018 Elsevier/Gold Standard.

Facts & Comparisons, 2018 Updates, Wolters Kluwer Health.

**37. Abemaciclib / Moderate CYP3A4 Inhibitors**

  v   \_\_\_\_\_

Alert Message: The concurrent use of Verzenio (abemaciclib), a CYP3A4 substrate, with a moderate CYP3A4 inhibitor may increase the exposure of abemaciclib and its active metabolites, leading to abemaciclib toxicity. With concomitant use of moderate CYP3A4 inhibitors, monitor the patient for adverse reactions and consider reducing the abemaciclib dose in 50 mg decrements as demonstrated in the official package labeling, if necessary.

Conflict Code: DD - Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Abemaciclib	Amiodarone	Erythromycin
	Verapamil	Ciprofloxacin
	Diltiazem	Fluconazole
	Aprepitant	Atazanavir
	Lapatinib	Fosamprenavir
	Crizotinib	Darunavir

References:

Verzenio Prescribing Information, August 2018, Eli Lilly and Company.

**38. Deutetrabenazine / Valbenazine**

  v   \_\_\_\_\_

Alert Message: Concurrent use of Austedo (deutetrabenazine) with Ingrezza (valbenazine) is contraindicated. Both deutetrabenazine and valbenazine are VMAT2 inhibitors, and concomitant use may cause synergistic or additive toxicity.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Deutetrabenazine	Valbenazine	

References:

Austedo Prescribing Information, June 2018, Teva Pharmaceuticals.

39. Opioid / Antipsychotics

  v                              

Alert Message: The concurrent use of an opioid with an antipsychotic may cause hypotension, profound sedation, respiratory depression, coma, and death. Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. If co-administration is required, consider dosage reduction of one or both agents. The SUPPORT Act of 2018 requires that Medicaid monitor the concurrent use of opioids and antipsychotics.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Codeine	Chlorpromazine	Clozapine
Fentanyl	Fluphenazine	Iloperidone
Hydrocodone	Haloperidol	Lurasidone
Hydromorphone	Loxapine	Olanzapine
Levorphanol	Thioridazine	Paliperidone
Meperidine	Thiothixene	Pimavanserin
Methadone	Trifluoperazine	Quetiapine
Morphine	Molindone	Risperidone
Oxycodone	Perphenazine	Ziprasidone
Oxymorphone	Pimozide	Asenapine
Tapentadol	Aripiprazole	
Tramadol	Brexipiprazole	
Buprenorphine	Cariprazine	

References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
 Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.  
 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. (SUPPORT Act; P.L. 115-271, 24 October 2018).

40. Benzodiazepines / Opioids

v \_\_\_\_\_


Alert Message: Co-administration of opioids and benzodiazepines should be done with extreme caution as the combination may result in respiratory depression, hypotension, profound sedation, coma, and death. If concurrent administration is clinically warranted, consider dosage reduction of one or both agents. Re-evaluate the patient’s treatment plan on a regular basis to determine the necessity for continued concomitant use of these agents. The SUPPORT Act of 2018 requires that Medicaid monitor the concurrent use of opioids and benzodiazepines.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Alprazolam	Codeine	
Chlordiazepoxide	Fentanyl	
Clonazepam	Hydrocodone	
Clorazepate	Hydromorphone	
Diazepam	Levorphanol	
Lorazepam	Meperidine	
Oxazepam	Methadone	
Estazolam	Morphine	
Flurazepam	Oxycodone	
Quazepam	Oxymorphone	
Temazepam	Tapentadol	
Triazolam	Tramadol	
Clobazam	Buprenorphine	


References:

Clinical Pharmacology, 2019 Elsevier/Gold Standard.  
 Facts & Comparisons, 2019 Updates, Wolters Kluwer Health.  
 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. (SUPPORT Act; P.L. 115-271, 24 October 2018).  
 Sun EC, Dixit A, Humphreys K, et al., Association Between Concurrent Use of Prescription Opioids and Benzodiazepines and Overdose: Retrospective Analysis. BMJ 2017;356:j760  
 Manchikanti L, Abdi S, Atluri S, et.al. American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part 1 – Evidence Assessment. Pain Physician 2012;15:S67-S116.

  
\_\_\_\_\_  
Stephanie McGee Azar, Commissioner

Approve    ( ) Deny

5-30-19  
Date

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

Approve    ( ) Deny

5/28/19  
Date

  
\_\_\_\_\_  
Kathy Hall, Deputy Commissioner

Approve    ( ) Deny

May 28, 2019  
Date