**Alabama Medicaid DUR Board Meeting Minutes Summary**
**July 28, 2021**

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

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

**Members Absent:** Rachel Seaman, Bernie Olin

**Call to Order:** The DUR meeting was called to order by L. Thomas at approximately 1:12 p.m. Due to the absence of Chair R. Seaman and Vice Chair B. Olin, a Chair Pro Tiem was nominated. D. McConaghy nominated M. Bulloch and D. Powell seconded the motion.

**Review and Adoption of Minutes**: The minutes of the April 28, 2021 meeting were presented, and K. Tate made a motion to approve the minutes. C. Deas 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 2021. She reported 11,842 total manual requests and 17,466 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for January 2021, L. Thomas reported that approximately 61% of all manual PAs and 63% of all overrides were completed in less than two hours. Eighty-nine to 90% of all manual PAs and overrides were completed in less than four hours. Ninety-four to 95% of all manual PAs and all overrides were completed in less than eight hours. For the month of February 2021, L. Thomas reported 11,710 manual PA requests and 14,316 electronic PA requests were received. She reported that 54% of all manual PAs and 52% of all overrides were completed in less than two hours. Eighty-two percent of all manual PAs and 81% of all overrides were completed in less than four hours. Eighty-seven percent of all manual PAs and all overrides were completed in less than eight hours. For the month of March 2021, L. Thomas reported 13,812 manual PA requests and 15,990 electronic PA requests. L. Thomas reported that approximately 60% of all manual PAs and 61% of all overrides were completed in less than two hours. Eighty-eight percent of all manual PA requests and 90% of all overrides were completed in less than four hours. Ninety-two percent of all manual PA requests and 94% 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 2020 through March 2021. She reported 3,382,217 total prescriptions, 201,550 average recipients per month using pharmacy benefits, and an average paid per prescription of $137.02.

**Cost Management Analysis:** L. Thomas reported an average cost per claim of $140.09 for March 2021 and emphasized that the table contained the average cost per claim over the past two years. From the 1st Quarter 2021 Drug Analysis, L.Thomas reported 82.74% generic utilization, 8.77% brand single-source, 4.97% brand multi-source (those requests which required a DAW override), and 3.52% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 01/01/2021 – 03/31/2021, L.Thomas reported the top five drugs: cetirizine, albuterol sulfate HFA, amoxicillin, montelukast sodium, and gabapentin. L. Thomas mentioned that this was identical to 4th Quarter 2020. L. Thomas pointed out that there were previously 24,610 claims for hydrocodone-APAP. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 01/01/2021 – 03/31/2021: Vyvanse®, Focalin XR®, Humira® Citrate-free, Invega® Sustenna®, 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,

Disease-modifying Antirheumatic Agents, Respiratory and CNS Stimulants, Insulins, and Miscellaneous Anticonvulsants.

**RDUR Intervention Report:** L. Thomas presented the RDUR Activity Report for January 2021. She reported 503 profiles reviewed and 542 letters sent with 36 responses received as of the date of the report. She reported 46 of 67 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 benzodiazepines); 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 55 criteria to the Board and instructed the Board members to mark their ballots. Of the 55 proposed criteria, results from the criteria vote returned 55 approved.

**Medicaid Update:** K. Newman reminded the Board members that all updated Medicaid drug lists and ALERTs were provided to them electronically and are also available online. K. Newman also informed the Board members that COVID-19 vaccination information could be found on Medicaid's website along with other COVID-related information.

**P & T Committee Update:** C. Hurst began the P & T Update by informing the Board that the last meeting was held on May 5, 2021, and covered the ADHD Agents, Wakefulness Promoting Agents, and part of the Anti-infectives. The next P & T Committee meeting will be held on August 4, 2021, and will cover the second part of the Anti-infectives.

**Next Meeting Date:** K. Newman reminded the Board that the next DUR meeting will be held on October 27, 2021. A motion to adjourn the meeting was made by D. McConaghy. K. Tate seconded the motion and the meeting was adjourned at 2:18 p.m.

Respectfully submitted,

Lori Thomas, PharmD

Lori Thomas, PharmD.

# ALABAMA MEDICAID
# RETROSPECTIVE DRUG UTILIZATION REVIEW
# CRITERIA RECOMMENDATIONS

| *Criteria Recommendations* | *• Accepted* | *Approved As Amended* | *Rejected* |
|---|---|---|---|
| **1. Upadacitinib / Overuse**<br>Alert Message: Rinvoq (upadacitinib) may be over-utilized. The recommended dose of upadacitinib is 15 mg once daily.<br><br>Drugs/Diseases<br>Util A: Upadacitinib<br><br>Max Dose: 15 mg/day<br><br>References:<br>Clinical Pharmacology, 2020 Elsevier/Gold Standard.<br>Rinvoq Prescribing Information, July 2020, AbbVie Inc. | √ | | |
| **2. Upadacitinib / Therapeutic Appropriateness**<br>Alert Message: The safety and efficacy of Rinvoq (upadacitinib) in children and adolescents aged 0 to less than 18 years have not yet been established.<br><br>Drugs/Diseases<br>Util A: Upadacitinib<br><br>Age Range: 0 – 17 yoa<br><br>References:<br>Clinical Pharmacology, 2020 Elsevier/Gold Standard.<br>Rinvoq Prescribing Information, July 2020, AbbVie Inc. | √ | | |
| **3. Upadacitinib / Therapeutic Appropriateness**<br>Alert Message: Rinvoq (upadacitinib) use is not recommended in patients with severe hepatic impairment (Child-Pugh C). Upadacitinib undergoes hepatic metabolism. Upadacitinib was not studied in patients with severe hepatic impairment.<br><br>Drugs/Diseases<br>Util A: Upadacitinib<br>Util B: Cirrhosis<br><br>References:<br>Clinical Pharmacology, 2020 Elsevier/Gold Standard.<br>Rinvoq Prescribing Information, July 2020, AbbVie Inc. | √ | | |

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

**4. Upadacitinib / Serious Infection (Black Box Warning)** ___√___ _____ _____

Alert Message: Serious and sometimes fatal infections have been reported in patients receiving Rinvoq (upadacitinib). The most frequent serious infections reported with upadacitinib included pneumonia and cellulitis. Avoid use of upadacitinib in patients with an active, serious infection, including localized infections. Closely monitor patients for the development of signs and symptoms of infection during and after treatment with upadacitinib. Interrupt upadacitinib if a patient develops a serious or opportunistic infection.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Upadacitinib | Serious Infections | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**5. Upadacitinib / Tuberculosis (Black Box Warning)** ___√___ _____ _____

Alert Message: Patients should be screened for tuberculosis (TB) before starting Rinvoq (upadacitinib) therapy. Upadacitinib should not be given to patients with active TB. Anti-TB therapy should be considered prior to initiation of upadacitinib in patients with previously untreated latent TB or active TB in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent TB but who have risk factors for TB infection.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Upadacitinib | Tuberculosis | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**6. Upadacitinib / Thrombosis (Black Box Warning)** ___√___ _____ _____

Alert Message: Thrombosis, including deep venous thrombosis, pulmonary embolism, and arterial thrombosis, have occurred in patients treated for inflammatory conditions with Janus kinase (JAK) inhibitors, including Rinvoq (upadacitinib). Many of these adverse events were serious and some resulted in death. Consider the risks and benefits of upadacitinib treatment prior to treating patients who may be at increased risk of thrombosis. If symptoms of thrombosis occur, patients should be evaluated promptly and treated appropriately.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Upadacitinib | Thrombosis | |
| | Pulmonary Embolism | |
| | Arterial Thrombosis | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

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

**7. Upadacitinib / Malignancy** ___√___ _____ _____

Alert Message: Malignancies were observed in clinical studies of Rinvoq (upadacitinib). Consider the risks and benefits of upadacitinib treatment prior to initiating therapy in patients with a known malignancy other than a successfully treated non-melanoma skin cancer (NMSC) or when considering continuing upadacitinib in patients who develop a malignancy.

Drugs/Diseases

| Util A | Util B | Util C (Include) |
|---|---|---|
| Upadacitinib | | Malignancy |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**8. Upadacitinib / Gastrointestinal Perforation** ___√___ _____ _____

Alert Message: Events of gastrointestinal perforation have been reported in clinical studies with Rinvoq (upadacitinib), although the role of JAK inhibition in these events is not known. In these studies, many patients with rheumatoid arthritis were receiving background therapy with Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). Upadacitinib should be used with caution in patients who may be at increased risk for gastrointestinal perforation (e.g., patients with a history of diverticulitis or taking NSAIDs). Patients presenting with new onset abdominal symptoms should be evaluated promptly for early identification of gastrointestinal perforation.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Upadacitinib | Diverticulitis | Hydrocortisone | |
| | NSAIDS | Methylprednisolone | |
| | Budesonide | Prednisolone | |
| | Cortisone | Prednisone | |
| | Dexamethasone | | |
| | Deflazacort | | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**9. Upadacitinib / Potent Immunosuppressants** ___√___ _____ _____

Alert Message: The use of Rinvoq (upadacitinib) in combination with other JAK Inhibitors, biologic DMARDs, or potent immunosuppressants is not recommended. Concurrent use of upadacitinib with these agents may put the patient at increased risk for serious adverse effects.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Upadacitinib | JAK Inhibitors | |
| | Biologic DMARDs | |
| | Azathioprine | |
| | Cyclosporine | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

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

**10. Upadacitinib / Strong CYP3A4 Inhibitors** ___√___ _____ _____

Alert Message: Rinvoq (upadacitinib) should be used with caution in patients receiving chronic treatment with strong CYP3A4 inhibitors. Upadacitinib is a CYP3A4 substrate, and the use with strong CYP3A4 inhibitors will result in increased upadacitinib exposure.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Upadacitinib | Clarithromycin | Nelfinavir | |
| | Cobicistat | Posaconazole | |
| | Indinavir | Ritonavir | |
| | Itraconazole | Saquinavir | |
| | Ketoconazole | Voriconazole | |
| | Nefazodone | | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**11. Upadacitinib / Strong CYP3A4 Inducers** ___√___ _____ _____

Alert Message: The co-administration of Rinvoq (upadacitinib) with strong CYP3A4 inducers is not recommended. Upadacitinib is a CYP3A4 substrate, and concurrent use with a strong CYP3A4 inducer will result in decreased upadacitinib exposure, which may lead to reduced therapeutic effect of upadacitinib.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Upadacitinib | Apalutamide | Phenobarbital | |
| | Carbamazepine | Phenytoin | |
| | Enzalutamide | Primidone | |
| | Mitotane | Rifampin | |

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**12. Upadacitinib / Pregnancy / Pregnancy Negating** ___√___ _____ _____

Alert Message: Based on findings in animal studies, Rinvoq (upadacitinib) may cause fetal harm when administered to a pregnant patient. Administration of upadacitinib to rats and rabbits during organogenesis caused increases in fetal malformations. Advise pregnant patients of the potential risk to a fetus. Advise patients of reproductive potential to use effective contraception during treatment with upadacitinib and for 4 weeks following completion of therapy.

Drugs/Diseases

| Util A | Util B | Util C (Negate) |
|---|---|---|
| Upadacitinib | Pregnancy | Abortion |
| | | Delivery |
| | | Miscarriage |

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

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

**13. Upadacitinib / Lactation** ___√___ _____ _____

Alert Message: There are no data on the presence of Rinvoq (upadacitinib) in human milk, the effects on the breastfed infant, or the effects on milk production. Available pharmacodynamic/toxicological data in animals have shown excretion of upadacitinib in milk. When a drug is present in animal milk, it is likely that the drug will be present in human milk. Because of the potential for serious adverse reactions in the breastfed infant, advise patients that breastfeeding is not recommended during treatment with upadacitinib, and for 6 days (approximately 10 half-lives) after the last dose.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Upadacitinib | Lactation | |

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**14. Upadacitinib / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: Advise patients of reproductive potential to use effective contraception during treatment with Rinvoq (upadacitinib) and for 4 weeks following completion of therapy. Based on findings in animal studies, upadacitinib may cause fetal harm when administered to a pregnant patient.

Drugs/Diseases

| Util A | Util B | Util C (Negate) |
|---|---|---|
| Upadacitinib | | Contraceptives |

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Rinvoq Prescribing Information, July 2020, AbbVie Inc.

**15. Upadacitinib / Non-adherence** ___√___ _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Rinvoq (upadacitinib). 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 |
|---|---|---|
| Upadacitinib | | |

References:
Osterberg, L Blaschke T. Adherence to Medication, N Engl J Med. 2005;353:487-97.
Marengo MF, Suarez-Almazor ME. Improving Treatment Adherence in Patients with Rheumatoid Arthritis: What are the Options? Internat Jrnl Clin Rheum. 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 May;8(4):337-351.

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

**16. Budesonide/Glycopyrrolate/Formoterol / Overutilization** ___√___ _____ _____

Alert Message: The manufacturer's recommended maximum daily dose of Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) is two inhalations twice daily. Excessive use of a formoterol-containing agent or use in conjunction with other medications containing a beta-2-agonist can result in clinically significant cardiovascular effects and may be fatal.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | | |

Max Dose: 4 inhalations/day

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**17. Budesonide/Glycopyrrolate/Formoterol / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: The safety and efficacy of Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) in patients with asthma have not been established. Budesonide/glycopyrrolate/formoterol is not indicated for the treatment of asthma.

Drugs/Diseases

| Util A | Util B | Util C (Include) |
|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | | Asthma |

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**18. Budesonide/Glycopyrrolate/Formoterol / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) is not indicated for use in children. The safety and effectiveness of budesonide/glycopyrrolate/formoterol have not been established in children.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Budesonide/Glycopyrrolate /Formoterol | | |

Age Range: 0 – 17 yoa

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

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

**19. Budesonide/Glycopyrrolate/Formoterol / Cardiovascular, Diabetes, Convulsive Disorders, & Thyrotoxicosis** ___√___ _____ _____

Alert Message: Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) should be used with caution in patients with cardiovascular or convulsive disorders, thyrotoxicosis, 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 |
|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Hypertension | |
| | Arrhythmias | |
| | Heart Failure | |
| | Diabetes | |
| | Seizures | |
| | Epilepsy | |
| | Thyrotoxicosis | |

References:

Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**20. Budesonide/Glycopyrrolate/Formoterol / Adrenergic Drugs** ___√___ _____ _____

Alert Message: Caution should be exercised when Breztri Aerosphere (budesonide/glycopyrrolate/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 | | Util C |
|---|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Amphetamine | Methylphenidate | |
| | Benzphetamine | Naphazoline | |
| | Dextroamphetamine | Oxymetazoline | |
| | Diethylpropion | Phenylephrine | |
| | Ephedrine | Phendimetrazine | |
| | Epinephrine | Phentermine | |
| | Lisdexamfetamine | Pseudoephedrine | |
| | Methamphetamine | Tetrahydrozoline | |

References:

Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

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

**21. Budesonide/Glycopyrrolate/Formoterol / Xanthine Derivatives & Steroids** ___√___ _____ _____

Alert Message: Caution should be exercised when Breztri Aerosphere (budesonide/glycopyrrolate/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 | | Util C |
|---|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Aminophylline | Dexamethasone | |
| | Dyphylline | Hydrocortisone | |
| | Theophylline | Methylprednisolone | |
| | Betamethasone | Prednisolone | |
| | Budesonide | Prednisone | |
| | Cortisone | | |

References:

Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**22. Budesonide/Glycopyrrolate/Formoterol / Non-Potassium Sparing Diuretics** ___√___ _____ _____

Alert Message: Caution should be exercised when Breztri Aerosphere (budesonide/glycopyrrolate/formoterol), a beta2-agonist containing combo product, is prescribed concurrently with non-potassium-sparing diuretics. The hypokalemia and/or ECG changes that may result from the administration of non-potassium sparing diuretics (such as loop or thiazide diuretics) can be acutely worsened by beta2-agonists, especially when the recommended dose of the beta2-agonist is exceeded.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Bumetanide | Indapamide | |
| | Furosemide | Metolazone | |
| | Chlorothiazide | Torsemide | |
| | Chlorthalidone | | |
| | HCTZ | | |

References:

Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

| *Criteria Recommendations* | *Accepted* | *Approved As Amended* | *Rejected* |
|---|---|---|---|
| **23. Budesonide/Glycopyrrolate/Formoterol / Nonselective Beta Blockers** | ___√___ | _____ | _____ |

Alert Message: Concurrent use of a beta-adrenergic blocker with Breztri Aerosphere (budesonide/glycopyrrolate/formoterol), a beta2-agonist containing combo product, may diminish the pulmonary effect of the beta-agonist component, formoterol. Beta-blockers not only block the therapeutic effects of beta2-agonists but may produce severe bronchospasm in patients with COPD. If concomitant therapy cannot be avoided, consider a cardioselective beta-blocker, but administer with caution.

Drugs/Diseases

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

References:

Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

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

**24. Budesonide/Glycopyrrolate/Formoterol / QT Prolonging Meds** ___√___ _____ _____

Alert Message: Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) should be administered with extreme caution to patients being treated with MAOIs, TCAs, or other drugs known to prolong the QTc interval because the action of the adrenergic agonist, formoterol, on the cardiovascular system may be potentiated by these agents.

Drugs/Diseases

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

References:

Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

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

**25. Budesonide/Glycopyrrolate/Formoterol / Anticholinergics** ___√___ _____ _____

Alert Message: The concurrent use of Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) with anticholinergic agents should be avoided. The glycopyrrolate component of the combo product is an anticholinergic agent, and concomitant use with other anticholinergics may lead to an increase in anticholinergic adverse effects.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Benztropine | Oxybutynin | |
| | Darifenacin | Propantheline | |
| | Dicyclomine | Scopolamine | |
| | Fesoterodine | Solifenacin | |
| | Flavoxate | Tolterodine | |
| | Glycopyrrolate | Trihexyphenidyl | |
| | Hyoscyamine | Trospium | |
| | Methscopolamine | | |
| | Orphenadrine | | |

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**26. Budesonide/Glycopyrrolate/Formoterol / Other LABAs** ___√___ _____ _____

Alert Message: Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) should not be used in conjunction with other medications containing a LABA, as an overdose may result. 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 |
|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Arformoterol | |
| | Formoterol | |
| | Indacaterol | |
| | Olodaterol | |
| | Salmeterol | |
| | Vilanterol | |

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

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

**27. Budesonide/Glycopyrrolate/Formoterol /Strong CYP3A4 Inhibitors** ___√___ _____ _____

Alert Message: Caution should be exercised when co-administering Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) with long-term ketoconazole or other known strong CYP3A4 inhibitors. The budesonide component of the combination inhalation product is a CYP3A4 substrate, and the concurrent use with a strong CYP3A4 inhibitor can result in increased budesonide plasma concentrations and risk of budesonide-related adverse effects.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Cobicistat | Posaconazole | |
| | Indinavir | Ritonavir | |
| | Itraconazole | Saquinavir | |
| | Ketoconazole | Voriconazole | |
| | Nefazodone | | |

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**28. Osilodrostat / Overuse** ___√___ _____ _____

Alert Message: Isturisa (osilodrostat) may be over-utilized. The recommended maximum dose of osilodrostat is 30 mg twice daily. The maintenance dosage varied between 2 mg and 7 mg twice daily in clinical trials.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Osilodrostat | | |

Max Dose: 60 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.

**29. Osilodrostat / Therapeutic Appropriateness** ___√___ _____ _____

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

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Osilodrostat | | |

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.

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

**30. Osilodrostat / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: Isturisa (osilodrostat) is associated with a dose-dependent QT interval prolongation (maximum mean estimated QTcF increase of up to 5.3 ms at 30 mg), which may cause cardiac arrhythmias. Use osilodrostat with caution in patients with risk factors for QT prolongation (such as congenital long QT syndrome, congestive heart failure, bradyarrhythmias, uncorrected electrolyte abnormalities, and concomitant medications known to prolong the QT interval) and consider more frequent ECG monitoring.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Osilodrostat | QT Prolongation | |
| | Heart Failure | |
| | Bradyarrythmias | |
| | Hypomagnesemia | |
| | Hypokalemia | |

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.

**31. Osilodrostat / Strong CYP3A4 Inhibitor** ___√___ _____ _____

Alert Message: Concomitant use of Isturisa (osilodrostat) with a strong CYP3A4 inhibitor (e.g., itraconazole, clarithromycin) may cause an increase in osilodrostat plasma concentrations, increasing the risk of osilodrostat-related adverse reactions. Reduce the dose of osilodrostat by half with concomitant use of a strong CYP3A4 inhibitor.

Drugs/Diseases

| Util A | Util B | | Util C |
|---|---|---|---|
| Osilodrostat | Clarithromycin | Nelfinavir | |
| | Cobicistat | Posaconazole | |
| | Indinavir | Ritonavir | |
| | Itraconazole | saquinavir | |
| | Ketoconazole | Voriconazole | |
| | Nefazodone | | |

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors, and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionaLabeling/ucm093664.htm

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

**32. Osilodrostat / Strong CYP3A4 and CYP2B6 Inducers** ___√___ _____ _____

Alert Message: Concomitant use of Isturisa (osilodrostat) with strong CYP3A4 and/or CYP2B6 inducers (e.g., carbamazepine, rifampin, phenobarbital) may cause a decrease in osilodrostat plasma concentrations and may reduce the efficacy of osilodrostat. During concomitant use of osilodrostat with strong CYP3A4 and CYP2B6 inducers, monitor cortisol concentrations and patient's signs and symptoms. An increase in osilodrostat dosage may be needed.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Osilodrostat | Apalutamide | |
| | Carbamazepine | |
| | Phenobarbital | |
| | Phenytoin | |
| | Primidone | |
| | Rifampin | |

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors, and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionaLabeling/ucm093664.htm

**33. Osilodrostat / CYP1A2 and CYP2C19 Substrates** ___√___ _____ _____

Alert Message: Isturisa (osilodrostat) should be used with caution when coadministered with CYP1A2 and CYP2C19 substrates with a narrow therapeutic index, such as theophylline, tizanidine, and omeprazole. In drug studies, osilodrostat has shown inhibition potential of CYP1A2 and CYP2C19 isozymes.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Osilodrostat | Alosetron | |
| | Duloxetine | |
| | Omeprazole | |
| | Ramelteon | |
| | Tasimelteon | |
| | Tizanidine | |
| | Theophylline | |

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors, and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionaLabeling/ucm093664.htm

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

**34. Osilodrostat / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: There are no available data on the presence of Isturisa (osilodrostat) in human or animal milk, the effects on the breastfed infant, or the effects on milk production. Because of the potential for serious adverse reactions (such as adrenal insufficiency) in the breastfed infant, advise patients that breastfeeding is not recommended during treatment with osilodrostat and for one week after the final dose.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Osilodrostat | Lactation | |

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.

**35. Osilodrostat / Non-adherence** ___√___ _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Isturisa (osilodrostat). 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 |
|---|---|---|
| Osilodrostat | | |

References:
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005;353:487-97.
Brown MT, Bussell J, Supmarna D, et al. Medication Adherence: Truth and Consequences. Am J Med Sci. 2016 Apr;351(4):387-399.
Iuga AO, McGuire MJ. Adherence and Health Care Costs. Risk Manag Healthc Policy. 2014 Feb 20;7:35-44.

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

**36. Osilodrostat / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: Isturisa (osilodrostat) is associated with a dose-dependent QT interval prolongation (maximum mean estimated QTcF increase of up to 5.3 ms at 30 mg), which may cause cardiac arrhythmias. Use osilodrostat with caution in patients with risk factors for QT prolongation (such as congenital long QT syndrome, congestive heart failure, bradyarrhythmias, uncorrected electrolyte abnormalities, and concomitant medications known to prolong the QT interval) and consider more frequent ECG monitoring.

Drugs/Diseases

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

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Isturisa Prescribing Information, March 2020, Recordati Rate Diseases, Inc.

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

**37. Rosuvastatin Sprinkle / Overuse** ___√___ _____ _____

Alert Message: Ezallor Sprinkle (rosuvastatin) may be over-utilized. The recommended maximum dosage of rosuvastatin is 40 mg once daily.

Drugs/Diseases

| Util A | Util B | Util C (Negating) | |
|---|---|---|---|
| Rosuvastatin sprinkle | | CKD Stage 4 & 5 | Gemfibrozil |
| | | ESRD | Glecaprevir/Pibrentasvir |
| | | Atazanavir | Lopinavir/rtv |
| | | Cyclosporine | Regorafenib |
| | | Darolutamide | Sofosbuvir/Velpatasvir |
| | | Elbasvir/Grazoprevir | Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir |

Max Dose: 40 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**38. Rosuvastatin Sprinkle / Therapeutic Appropriateness** ____√___ _____ _____

Alert Message: The safety and effectiveness of Ezallor Sprinkle (rosuvastatin) have not been established in pediatric patients.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin Sprinkle | | |

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**39. Rosuvastatin Sprinkle / Hepatic Impairment** ___√___ _____ _____

Alert Message: Ezallor Sprinkle (rosuvastatin) use is contraindicated in patients with active liver disease, which may include unexplained persistent elevations of hepatic transaminase levels.

Drugs/Diseases

| Util A | Util B | Util C (Include) |
|---|---|---|
| Rosuvastatin sprinkle | | Hepatic Impairment |

Max Dose
References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

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

**40. Rosuvastatin Sprinkle / Severe Renal Impairment** ___√___ _____ _____

Alert Message: For patients with severe renal impairment (CLcr < 30 mL/min/1.73 m2) not on hemodialysis, dosing of Ezallor Sprinkle (rosuvastatin) should be started at 5 mg once daily and not exceed 10 mg once daily.

Drugs/Diseases

| Util A | Util B | Util C (Include) |
|---|---|---|
| Rosuvastatin sprinkle | | CKD Stage 4 & 5<br>ESRD |

Max Dose: 5 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**41. Rosuvastatin Sprinkle / Gemfibrozil** ___√___ _____ _____

Alert Message: Due to the observed increased risk of myopathy/rhabdomyolysis, the concurrent use of Ezallor Sprinkle (rosuvastatin) with gemfibrozil should be avoided. If concomitant use cannot be avoided, initiate rosuvastatin at 5 mg once daily. The dose of rosuvastatin should not exceed 10 mg once daily.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Gemfibrozil | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**42. Rosuvastatin Sprinkle / Cyclosporine** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 5 mg once daily when coadministered with cyclosporine. Rosuvastatin is a BCRP and OATP1B1 substrate, and concurrent use with cyclosporine, a BCRP and OATP1B1 transport inhibitor, has been shown to elevate rosuvastatin plasma concentrations, increasing the risk of rosuvastatin-associated adverse reactions (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Cyclosporine | |

Max Dose: 5 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

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

**43. Rosuvastatin Sprinkle / Darolutamide** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 5 mg once daily when co-administered Nubeqa (darolutamide). Rosuvastatin is a BCRP substrate, and concurrent use with darolutamide, a BCRP transport inhibitor, has been shown to elevate rosuvastatin plasma concentrations, increasing the risk of rosuvastatin-associated adverse reactions (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Darolutamide | |

Max Dose: 5 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**44. Rosuvastatin Sprinkle / Regorafenib** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg once daily when co-administered with regorafenib. Rosuvastatin is a BCRP substrate, and concurrent use with regorafenib, a BCRP transport inhibitor, has been shown to elevate rosuvastatin plasma concentrations, increasing the risk of rosuvastatin-associated adverse reactions (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Regorafenib | |

Max dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**45. Rosuvastatin Sprinkle / Lopinavir & Atazanavir** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg once daily when co-administered with lopinavir/ritonavir or ritonavir-boosted atazanavir. Lopinavir and atazanavir are OATP1B1 transport inhibitors, and concurrent use with rosuvastatin, an OATP1B1 substrate, may elevate rosuvastatin plasma concentrations and increase the risk of rosuvastatin-related adverse reactions (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Atazanavir<br>Lopinavir/Ritonavir | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

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

**46. Rosuvastatin Sprinkle / Viekira Pak** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg per day when co-administered with ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira Pak). Rosuvastatin is a BCRP, OATP1B1, and OATP1B3 substrate. The components of the antiviral combination product inhibit BCRP-, OATP1B1-, and OAT1B3-mediated transport. Concurrent use of these agents may result in increased rosuvastatin plasma concentrations and risk of rosuvastatin-related adverse effects (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Ombitasvir/paritaprevir/ritonavir/dasabuvir | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**47. Rosuvastatin Sprinkle / Elbasvir/Grazoprevir** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg once daily when co-administered with Zepatier (elbasvir/grazoprevir). Both elbasvir and grazoprevir are BCRP inhibitors, and concurrent use with rosuvastatin, a BCRP substrate, can result in elevated rosuvastatin plasma concentrations increasing the risk of rosuvastatin-associated adverse reactions (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Elbasvir/Grazoprevir | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**48. Rosuvastatin Sprinkle / Sofosbuvir/Velpatasvir** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg once daily when co-administered with Epclusa (sofosbuvir/velpatasvir). The velpatasvir component of the combination antiviral product is a BCRP and OATP1B1 transport inhibitor, and concurrent use with rosuvastatin, a BCRP and OATP1B1 substrate, can result in elevated rosuvastatin plasma concentrations increasing the risk of rosuvastatin-associated adverse reactions (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Sofosbuvir/Velpatasvir | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

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

**49. Rosuvastatin Sprinkle / Glecaprevir/Pibrentasvir** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg per day when co-administered with Mavyret (glecaprevir/pibrentasvir). Rosuvastatin is a BCRP, OATP1B1, and OATP1B3 substrate. The components of the antiviral combination product inhibit BCRP-, OATP1B1-, and OAT1B3-mediated transport. Concurrent use of these agents may result in increased rosuvastatin plasma concentrations and risk of rosuvastatin-related adverse effects (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Glecaprevir/Pibrentasvir | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**50. Rosuvastatin Sprinkle / Atazanavir/Cobicistat** ___√___ _____ _____

Alert Message: The dose of Ezallor Sprinkle (rosuvastatin) should not exceed 10 mg once daily when co-administered with Evotaz (atazanavir/cobicistat). The components of the antiretroviral combination product inhibit BCRP-, OATP1B1-, and OAT1B3-mediated transport. Concurrent use of these agents may result in increased rosuvastatin plasma concentrations and risk of rosuvastatin-related adverse effects (e.g., myopathy and rhabdomyolysis).

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Atazanavir/Cobicistat | |

Max Dose: 10 mg/day

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**51. Rosuvastatin Sprinkle / Pregnancy / Pregnancy Negating** ___√___ _____ _____

Alert Message: Ezallor Sprinkle (rosuvastatin) is contraindicated for use in pregnant patients since safety in these patients has not been established, and there is no apparent benefit to therapy with rosuvastatin during pregnancy. Because HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, rosuvastatin may cause fetal harm when administered to pregnant patients. Rosuvastatin should be discontinued as soon as pregnancy is recognized.

Drugs/Diseases

| Util A | Util B | Util C (Negate) |
|---|---|---|
| Rosuvastatin sprinkle | Pregnancy | Abortion<br>Delivery<br>Miscarriage |

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

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

**52. Rosuvastatin Sprinkle / Therapeutic Appropriateness** ___√___ _____ _____

Alert Message: Ezallor Sprinkle (rosuvastatin) use is contraindicated during breastfeeding. Limited data indicate that rosuvastatin is present in human milk. There is no available information on the effects of the drug on the breastfed infant or the effects of the drug on milk production. Because of the potential for serious adverse reactions in a breastfed infant, advise patients that breastfeeding is not recommended during treatment with rosuvastatin.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Rosuvastatin sprinkle | Lactation | |

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Ezallor Prescribing Information, Sept. 2020, Sun Pharmaceuticals Industries.

**53. Budesonide/Glycopyrrolate/Formoterol / Narrow Angle Glaucoma** ___√___ _____ _____

Alert Message: Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) should be used with caution in patients with narrow-angle glaucoma. Glaucoma, increased intraocular pressure, and cataracts have been reported in patients with COPD following the long-term administration of ICS or with the use of inhaled anticholinergics. Prescribers and patients should be alert for signs and symptoms of acute narrow-angle glaucoma. Instruct patients to consult a physician immediately should any signs or symptoms develop. Consider referral to an ophthalmologist in patients who develop ocular symptoms.

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Budesonide/Glycopyrrolate/Formoterol | Narrow Angle Glaucoma | |

References:
Breztri Aerosphere Prescribing Information, July 2020, AstraZeneca.
Clinical Pharmacology, 2020 Elsevier/Gold Standard.

**54. Budesonide/Glycopyrrolate/Formoterol / Non-adherence** ___√___ _____ _____

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

Drugs/Diseases

| Util A | Util B | Util C |
|---|---|---|
| Budesonide/Glycopyrrolate/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.
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| *Criteria Recommendations* | *Accepted* | *Approved As Amended* | *Rejected* |
|---|---|---|---|

**55. Fostemsavir / Non-adherence** ___√____ _____ _____

Alert Message: Based on the refill history, your patient may be under-utilizing Rukobia (fostemsavir). Nonadherence to 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 |
|---|---|---|
| Fostemsavir | | |

References:

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents. Department of Health and Human Services. December 18, 2019. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf

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Stephanie McGee Azar, Commissioner — (X) Approve ( ) Deny — 8-19-2021 Date

Melinda G. Rowe, MD, MBA, MPH
Assistant Medical Director — (X) Approve ( ) Deny — 8/19/2021 Date

Ginger Wettingfeld, Deputy Commissioner — (X) Approve ( ) Deny — 8/19/21 Date