

Alabama Medicaid DUR Board Meeting Minutes
January 27, 2016

Members Present: Kelli Littlejohn Newman, Robert Moon, Melinda Rowe, Paula Thompson, Bernie Olin, Frank Pettyjohn, Richard Glaze, Chris Phung, Marilyn Bulloch, P.J. Hughes, Dan McConaghy, Donald Kern

Also Present: Tiffany Minnifield, Clemice Hurst, Lori Thomas, Kristin Marvin

Present via Conference Call: Kristian Testerman, Lauren Ward, Samir Hadid, Joshua Lee, Amy Donaldson, Holly Rice, Michelle Stiles

Members Absent: Sandra Parker, Christopher Randolph, Denyse Thornley-Brown

Call to Order: The DUR meeting was called to order by P. Thompson at approximately 1:06 p.m.

Review and Adoption of Minutes: The minutes of the October 28, 2015 meeting were presented and P. Thompson made a motion to update the Time Ratio for January 2015. F. Pettyjohn seconded the motion and the motion was approved unanimously.

Prior Authorization and Overrides Update: L. Thomas began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of July 2015. She reported 9,690 total manual requests. She then reported 22,532 electronic requests for the same time frame. From the Prior Authorization and Override Response Time Ratio report for July 2015, L. Thomas reported that approximately 64% of all manual PAs and overrides were completed in less than two hours. Approximately 86-87% percent of all manual PAs and overrides were completed in less than four hours. Ninety-four percent of all manual PAs and 95% of all overrides were completed in less than eight hours. For the month of August 2015, L. Thomas reported 8,999 manual PA requests and 22,607 electronic PA requests. She reported that 80% of manual PAs and 81% of overrides were completed in less than two hours. Ninety-three percent of all manual PAs and 94% of all overrides were completed in less than four hours. Ninety-five percent of all manual PAs and 96% of all overrides were completed in less than eight hours. For the month of September 2015, L. Thomas reported 9,493 manual PA requests and 21,095 electronic PA requests. L. Thomas reported that approximately 65% of all manual PAs and 64% 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-three percent of all manual PA requests and 95% of all overrides were completed in less than eight hours.

Program Summary Review: L. Thomas briefly reviewed the Alabama Medicaid Program Summary. She reported 3,584,412 total prescriptions, 218,051 average recipients per month using pharmacy benefits and an average paid per prescription of \$93.68 for the months of April 2015 through September 2015.

Cost Management Analysis: L. Thomas reported an average cost per claim of \$94.16 for September 2015. B. Olin asked why there was an increase in cost per claim for the month of May 2015. K. Newman responded that there was not a particular reason for this and that one hemophilia patient could cause a significant change in the cost per claims. From the 3rd Quarter 2015 Drug Analysis, L. Thomas reported 82.5% generic utilization, 910.33% brand single-source, 3.42% brand multi-source (those requests which required a DAW override), and 3.8% OTC and "other". R. Moon asked about the percentage of claims for the OTC claims. K. Newman and C. Hurst reminded the Board that nutritionals and some insulin products were considered OTC. From the Top 25 Drugs Based on Number of Claims from 07/01/2015-09/30/2015, L. Thomas reported the top five drugs: hydrocodone-acetaminophen, amoxicillin, ProAir®

HFA, cetirizine, and montelukast sodium. M. Bulloch asked if the amount paid included the dispensing fee and K. Newman responded that this report does include the dispensing fee. L. Thomas reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 07/01/2015-9/30/2015: Vyvanse[®], aripiprazole, Focalin XR[®], Invega[®] Sustenna[®], and Harvoni[®]. K. Newman informed the Board members that the Agency is following the price of aripiprazole (generic Abilify[®]) and the price has decreased. 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, Amphetamines, Miscellaneous Anticonvulsants, Hemostatics, and Respiratory and CNS Stimulants.

Hepatitis C Sustained Virologic Response (SVR): L. Thomas presented a brief overview of sustained virologic response rates to the DUR Board and she explained that the goal of Hepatitis C treatment is to eliminate the Hepatitis C virus and to decrease the risk of disease progression. L. Thomas reminded the Board members that Alabama Medicaid requires SVR results at 12 and 24 weeks post-therapy. L. Thomas provided a sample SVR result request letter that Health Information Designs (HID) mails to each prescriber of Hepatitis C medications and she informed the Board that very few prescribers have returned SVR results to HID. The floor was then opened for discussion of the best method to prompt prescribers to submit SVR results.

RDUR Intervention Report: L. Thomas presented the RDUR Activity Report for July 2015. She reported 689 profiles reviewed and 566 letters sent with 117 responses received as of the date of the report. She reported 46 of 79 physicians indicated that they found the RDUR letters “useful” or “extremely useful”. The criteria for the cycle of intervention letters included drug-disease precaution (use of diuretic agents and hyperuricemia drugs; tricyclic antidepressants and cardiac arrhythmias; cyclobenzaprine and cardiac arrhythmias) and appropriate use (concurrent use of buprenorphine and pure opiate agonist). L. Thomas then presented the RDUR Activity Report for August 2015. She reported 662 profiles reviewed and 606 letters sent with 94 responses received as of the date of the report. She reported 71 of 99 physicians indicated that they found the RDUR letters “useful” or “extremely useful”. The criteria for the cycle of intervention letters included drug-drug interaction (use of benzodiazepines and narcotics/opioids) and appropriate use (concurrent use of buprenorphine and pure opiate agonist). The September 2015 Activity Report indicated 704 profiles reviewed and 264 letters sent with 44 responses received as of the date of the report. L. Thomas reported 23 of 37 physicians indicated that they found the RDUR letters “useful” or “extremely useful”. The criteria for the cycle of intervention letters were therapeutic appropriateness (bronchodilators and cardiac arrhythmias) and appropriate use (concurrent use of buprenorphine and pure opiate agonist).

Proposed Criteria: L. Thomas presented the proposed set of 51 criteria to the Board. T. Minnifield instructed the Board members to mark their ballots. Of the 51 criteria, results from the criteria vote returned 50 approved and 1 approved as amended.

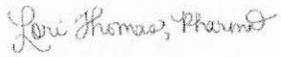
Medicaid Update: T. Minnifield began the Medicaid Update by reminding the Board members that all Medicaid information discussed is available online, as well as any new Medicaid ALERTs.

P & T Committee Update: C. Hurst began the P & T Update by informing the Board that the last meeting was held on November 4, 2015 and covered the Respiratory Agents, Intranasal Corticosteroids, and Androgens. The next P and T meeting is scheduled for February 10, 2016, at 9 am and will cover the Skeletal Muscle Relaxants, Opiate Agonists, Antiemetics, and Proton-Pump Inhibitors. C. Hurst informed the Board that ProAir[®] HFA and other rescue inhalers were temporarily changed to preferred status due to manufacturer backorder.

New Business: K. Newman mentioned that the Legislative session will begin in February and will run through May. P. Thompson notified the Board that the next DUR meeting will be held on April 27, 2016. The meeting was adjourned at 2:28 p.m.

Next Meeting Date: The next DUR Board meeting will be held on April 27, 2016.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lori Thomas, PharmD".

Lori Thomas, PharmD

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

Criteria Recommendations

Accepted Approved Rejected
As
Amended

1. Human Insulin Inhaled / Black Box

Alert Message: Afrezza (inhaled human insulin powder) use is contraindicated in patients with chronic lung disease such as asthma or COPD. Acute bronchospasm has been observed in patients with asthma and COPD using this product. Before initiating inhaled human insulin, perform a detailed medical history, physical exam, and spirometry (FEV1) to identify potential lung disease in all patients.

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Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Human Insulin Inhaled		Asthma COPD Asthma Medications COPD Medications

References:
Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

2. Human Insulin Inhaled / Monitoring

Alert Message: Afrezza (inhaled human insulin powder) causes a decline in lung function over time as measured by FEV1. Assess pulmonary function (e.g. spirometry) at baseline, after the first 6 months of therapy, and annually thereafter, even in the absence of pulmonary symptoms.

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Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Human Insulin Inhaled		

References:
Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

3. Human Insulin Inhaled / Lung Cancer

Alert Message: Afrezza (inhaled human insulin powder) should not be used in patients with active lung cancer. In patients with prior history of lung cancer or at risk for lung cancer, the benefit of inhaled human insulin powder use should outweigh the potential risk. While data is insufficient to determine whether inhaled human insulin has an effect on lung or respiratory tract tumors, 2 cases of lung cancer occurred in patients in clinical trials and 2 additional cases of lung cancer were reported after trial completion.

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Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Human Insulin Inhaled	Lung Cancer	

References:
Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

10. Naloxegol / Moderate CYP3A4 Inhibitors

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Alert Message: Concurrent use of Movantik (naloxegol) with moderate CYP3A4 inhibitors should be avoided. If concurrent use is unavoidable the dosage of naloxegol should be reduced to 12.5 mg once daily and the patient monitored for adverse reactions. Naloxegol is a CYP3A4 substrate and use with moderate CYP3A4 inhibitors may increase exposure to naloxegol and risk of adverse effects.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Naloxegol	Diltiazem Verapamil Fluconazole Erythromycin Atazanavir Fosamprenavir Imatinib Ciprofloxacin Aprepitant	

References:

Movantik Prescribing Information, Sept. 2014, AstraZeneca.
Clinical Pharmacology, 2015, Elsevier/Gold Standard.

11. Naloxegol / Strong CYP3A4 Inducers

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Alert Message: Concurrent use of Movantik (naloxegol) with strong CYP3A4 inducers is not recommended. Naloxegol is a CYP3A4 substrate and use with strong CYP3A4 inducers can significantly decrease plasma naloxegol concentrations and may decrease the efficacy of naloxegol.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

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

References:

Movantik Prescribing Information, Sept. 2014, AstraZeneca.
Clinical Pharmacology, 2015, Elsevier/Gold Standard.

12. Naloxegol / Opioid Antagonists

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Alert Message: Movantik (naloxegol) is an opioid antagonist and concurrent use with other opioid antagonists should be avoided due to the potential for additive effect and increased risk of opioid withdrawal.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Naloxegol	Naloxone/Oxycodone Naloxone/Buprenorphine Naloxone/Pentazocine Naltrexone	

References:

Movantik Prescribing Information, Sept. 2014, AstraZeneca.
Clinical Pharmacology, 2015, Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

18. Ivabradine / Strong CYP3A4 Inducers

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Alert Message: Concurrent use of Corlanor (ivabradine) with strong CYP3A4 inducers should be avoided. Ivabradine undergoes extensive CYP3A4-mediated hepatic metabolism and concomitant use with a strong CYP3A4 inducer may result in decreased ivabradine plasma concentrations and loss of therapeutic effect.

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

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

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

19. Ivabradine / Moderate CYP3A4 Inhibitors

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Alert Message: Concurrent use of Corlanor (ivabradine) with moderate CYP3A4 inhibitors should be avoided. Ivabradine undergoes extensive CYP3A4-mediated hepatic metabolism and concomitant use with a moderate CYP3A4 inhibitor may result in increased ivabradine plasma concentrations and exacerbation of bradycardia and conduction disturbances.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ivabradine	Aprepitant	Amiodarone
	Ciprofloxacin	Imatinib
	Erythromycin	
	Fluconazole	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

20. Ivabradine / Verapamil & Diltiazem

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Alert Message: Concurrent use of Corlanor (ivabradine) with the calcium channel blocker (CCB) verapamil or diltiazem should be avoided. Both verapamil and diltiazem are moderate CYP3A4 inhibitors and use with ivabradine, a CYP3A4 substrate, may result in elevated ivabradine plasma concentrations and exacerbation of bradycardia and conduction disturbances. Additionally, verapamil and diltiazem can slow the heart rate further increasing the risk of bradycardia.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ivabradine	Verapamil	
	Diltiazem	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

21. Ivabradine / Negative Chronotropes

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Alert Message: Caution should be exercised in patients taking Corlanor (ivabradine) concurrently with other negative chronotropes (e.g., digoxin, amiodarone, beta blockers) due to increased risk of bradycardia. Heart rate monitoring is recommended in patients receiving ivabradine concomitantly with these agents.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ivabradine	Digoxin Amiodarone Beta Blockers	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

22. Ivabradine / Contraceptive Agents

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Alert Message: Corlanor (ivabradine) may cause fetal toxicity when administered to a pregnant woman based on animal studies. Advise females of child-bearing potential to use effective contraception when taking ivabradine.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ivabradine		Intrauterine Device Subdermal Contraceptive Device Oral Contraceptives Transdermal Patches

Age Range: 11-45
Gender: Female

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

23. Ivabradine / Pregnancy / Pregnancy Negating

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Alert Message: Pregnant patients who are started on Corlanor (ivabradine), especially during the first trimester, should be followed closely for destabilization of their congestive heart failure that could result from heart rate slowing.

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

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

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

24. Ivabradine / 2nd Degree AV Block / Pacemaker

✓ _____ _____

Alert Message: The use of Corlanor (ivabradine) should be avoided in patients with 2nd degree atrioventricular block, unless a functioning demand pacemaker is present.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Ivabradine	2nd Degree AV Block	Cardiac Pacemaker

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

25. Ivabradine / Atrial Fibrillation

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Alert Message: Corlanor (ivabradine) can cause atrial fibrillation. The manufacturer recommends regular monitoring of cardiac rhythm and discontinuation of ivabradine if atrial fibrillation develops.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ivabradine	Atrial Fibrillation	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

26. Ivabradine / Non-adherence

✓ _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Corlanor (ivabradine). 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 – Non-adherence
Drugs/Diseases

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

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

27. Palbociclib / Letrozole (Negating)

✓ _____ _____

Alert Message: A review of the patient's profile history does not show the concurrent use of Ibrance (palbociclib) with letrozole. The combination of palbociclib and letrozole increases the inhibition of Rb (retinoblastoma protein) phosphorylation, downstream signaling, and tumor growth compared to each drug alone.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Palbociclib		Letrozole

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

28. Palbociclib 125 mg / Strong CYP3A4 Inhibitors

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Alert Message: Concurrent use of Ibrance (palbociclib), a CYP3A4 substrate, with strong CYP3A4 inhibitors should be avoided. If coadministration with a strong CYP3A4 inhibitor cannot be avoided the palbociclib dose should be reduced to 75 mg once daily. If the inhibitor is discontinued, increase the palbociclib dose (after 3 - 5 half-lives of the inhibitor) to the dose used prior to initiation of the strong 3A4 inhibitor.

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

<u>Util A</u>	<u>Util B</u>		<u>Util C</u>
Palbociclib 125mg	Nefazodone	Atazanavir	Boceprevir
	Clarithromycin	Darunavir	Cobicistat
	Telithromycin	Tipranavir	
	Saquinavir	Ketoconazole	
	Ritonavir	Itraconazole	
	Indinavir	Posaconazole	
	Nelfinavir	Voriconazole	

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

29. Palbociclib / Strong to Moderate CYP3A4 Inducers

✓ _____

Alert Message: Concurrent use of Ibrance (palbociclib), a CYP3A4 substrate, with moderate or strong CYP3A4 inducers should be avoided as coadministration of palbociclib with these agents may result in a significant decrease in palbociclib plasma exposure and loss of therapeutic effect.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Palbociclib	Phenytoin	Rifapentine
	Phenobarbital	Efavirenz
	Primidone	Etravirine
	Carbamazepine	Modafinil
	Oxcarbazepine	Bosentan
	Rifampin	
	Rifabutin	

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

30. Palbociclib / CYP3A4 Substrates w/ Narrow Therapeutic Index

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Alert Message: Concurrent use of Ibrance (palbociclib), a CYP3A4 inhibitor, and a CYP3A4 substrate with a narrow therapeutic index may result in increased CYP3A4 substrate plasma exposure and potential for substrate-related adverse effects. The dose of the substrate may need to be reduced when given concurrently with palbociclib.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

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

References:

Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

31. Palbociclib / Pregnancy / Pregnancy Negating

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Alert Message: Based on animal findings and mechanism of action, Ibrance (palbociclib) may cause fetal harm when administered to a pregnant woman. The use of effective contraception is recommended to avoid pregnancy during treatment and for at least 2 weeks after the last dose.

Conflict Code: Mc – Drug (Actual) Disease Precaution

Drugs/Diseases

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

References:

Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

32. Dolutegravir / Non Recommended INSTI ART Regimen Agents

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Alert Message: The patient appears to be receiving an INSTI-based ART regimen that is not recommended in treatment-naïve patients. The recommended INSTI-based regimens involving dolutegravir include: dolutegravir/abacavir/lamivudine (in HLA-B *5701 negative patients only) or dolutegravir plus tenofovir and emtricitabine. Other dolutegravir based regimens have not been shown to be as effective as the above recommended regimens.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Dolutegravir	Didanosine	Tenofovir
	Zidovudine	Emtricitabine
	Stavudine	Abacavir/Lamivudine
	Delavirdine	Abacavir
	Etravirine	Lamivudine
	Nevirapine	Abacavir/Lamivudine/Dolutegravir
	Rilpivirine	
	Efavirenz	
	Saquinavir	
	Ritonavir	
	Indinavir	
	Nelfinavir	
	Atazanavir	
	Fosamprenavir	
	Tipranavir	
	Darunavir	
	Maraviroc	
	Enfuvirtide	

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. May 1, 2014. Available at: <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.

33. Ticagrelor / Itraconazole

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Alert Message: The concurrent use of Brilinta (ticagrelor) and itraconazole is contraindicated. Coadministration of these agents may result in elevated ticagrelor plasma concentrations leading to increased risk of bleeding due to the inhibition, by itraconazole, of ticagrelor CYP3A4-mediated metabolism.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ticagrelor	Itraconazole	

References:

Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

37. Solifenacin 10 mg / Itraconazole/ Severe Renal Imp. & Hepatic Imp.

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Alert Message: The daily dose of Vesicare (solifenacin) should not exceed 5 mg once daily in patients receiving concurrent therapy with itraconazole. Coadministration of these agents may result in elevated solifenacin plasma concentrations due to the inhibition, by itraconazole, of solifenacin CYP3A4 mediated metabolism. Concurrent use of solifenacin and itraconazole is contraindicated in patients with severe renal impairment or moderate to severe hepatic impairment.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negate)</u>
Solifenacin 10 mg	Itraconazole	CKD Stage 4 & 5 ESRD Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2015 Updates, Wolters Kluwer Health.

38. Disopyramide / Itraconazole

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Alert Message: Concurrent use of disopyramide and itraconazole is contraindicated. Coadministration of these agents may result in elevated disopyramide plasma concentrations and risk of serious cardiovascular adverse events (e.g., QT prolongation and torsade de pointes) due to the inhibition, by itraconazole, of disopyramide CYP3A4-mediated metabolism.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Disopyramide	Itraconazole	

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

39. Methadone / Itraconazole

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Alert Message: Concurrent use of methadone and itraconazole is contraindicated. Coadministration of these agents may cause elevated methadone plasma concentrations increasing the risk of serious cardiovascular adverse events (e.g., QT prolongation and torsade de pointes) due to the inhibition, by itraconazole, of methadone CYP3A4-mediated metabolism.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Methadone	Itraconazole	

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

43. Netupitant/Palonosetron / Strong CYP3A4 Inducers

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Alert Message: Concurrent use of Akynzeo (netupitant/palonosetron) in patients who are chronically using a strong CYP3A4 inducer should be avoided. The netupitant component of the combination product is a CYP3A4 substrate and use with a potent CYP3A4 inducer can substantially decrease netupitant plasma concentrations.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Netupitant/palonosetron	Phenytoin Phenobarbital Primidone Carbamazepine Rifampin	

References:

Akynzeo Prescribing Information, April 2015, Eisai, Inc.

44. Netupitant/Palonosetron / CYP3A4 Substrates

✓ _____

Alert Message: Akynzeo (netupitant/palonosetron) should be used with caution in patients receiving concomitant medications that are primarily metabolized through CYP3A4. The netupitant component of the combination product is a moderate CYP3A4 inhibitor and its inhibitory effect on CYP3A4 metabolism can last for multiple days. Monitor patients for increased pharmacologic effects of the 3A4 substrate.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>	
Netupitant/palonosetron	Dexamethasone Midazolam Alprazolam Triazolam Docetaxel Paclitaxel Etoposide Irinotecan Cyclophosphamide Ifosfamide Imatinib Vinorelbine Vinblastine Vincristine Apixaban Bortezomib Bosutinib Buprenorphine Clomipramine Disulfiram	Eletriptan Eszopiclone Ethosuximide Galantamine Hydrocodone Loratadine Lurasidone Maraviroc Oxycodone Prasugrel Quazepam Simvastatin Lovastatin Tadalafil Tiagabine Ticagrelor Vilazodone Axitinib Cabozantinib Ceritinib	Crizotinib Dasatinib Erlotinib Ibrutinib Lapatinib Nilotinib Pazopanib Sunitinib Vandetanib Sildenafil Vardenafil Avanafil Fosamprenavir Atazanavir Tipranavir Delavirdine

References:

Akynzeo Prescribing Information, April 2015, Eisai, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

47. Netupitant/Palonosetron / Serotonergic Agents

 ✓

Alert Message: Concurrent use of Akynzeo (netupitant/palonosetron) with another serotonergic agent may result in additive serotonergic effects increasing the risk of adverse events including serotonin syndrome (e.g., mental status changes, neuromuscular symptoms, and seizures). The palonosetron component of the fixed combination product is a 5HT3 receptor antagonist which blocks serotonin.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Netupitant/Palonosetron	SSRIs SNRIs MAOIs TCAs Mirtazapine Dextromethorphan Fentanyl Lithium Linezolid Meperidine Pentazocine Rasagiline Selegiline Tramadol Triptans	

References:

Akynzeo Prescribing Information, April 2015, Eisai, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

48. Fluticasone Inhalation / Therapeutic Appropriateness

 ✓

Alert Message: The safety and efficacy of Arnuity Ellipta (fluticasone furoate inhalation) in pediatric patients younger than 12 years of age have not been established.

Conflict Code: TA – Therapeutic Appropriateness

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Fluticasone Furoate Inhalation		

Age Range: 0 – 11 yoa

References:

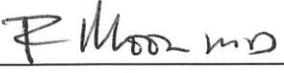
Arnuity Ellipta Prescribing Information, August 2014, GlaxoSmithKline.


Stephanie McGee Azar, Commissioner

Approve

Deny

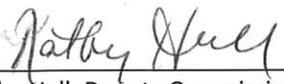
4-8-16
Date


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

Approve

Deny

4-1-16
Date


Kathy Hall, Deputy Commissioner

Approve

Deny

3/30/16
Date