

**Alabama Medicaid DUR Board Meeting Minutes**  
**October 24, 2018**

**Members Present:** Kelli Littlejohn Newman, Rachel Seaman, Bernie Olin, Kenny Murray, Marilyn Bulloch, Dan McConaghy, Chris Phung

**Also Present:** Tiffany Minnifield, Lori Thomas, Clemice Hurst, Whitney Hughley, and Melinda Rowe

**Present via Conference Call:** Kristian Testerman, Lauren Ward, Allana Alexander, Samir Hadid, Lydia Rather, Joshua Lee, Amy Donaldson, Angela Lowe

**Members Absent:** Robert Moon, Denyse Thornley-Brown, Paula Thompson, PJ Hughes

**Call to Order:** The DUR meeting was called to order by M. Bulloch at approximately 1:02p.m.

**Review and Adoption of Minutes:** The minutes of the July 25, 2018 meeting were presented and R. Seaman made a motion to approve the minutes. K. Murray seconded the motion and the motion was approved unanimously.

**Prior Authorization and Overrides Update:** L. Thomas began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of April 2018. She reported 11,250 total manual requests and 24,260 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for April 2018, L. Thomas reported that approximately 67% of all manual PAs and 66% of all overrides were completed in less than two hours. Eighty-seven percent of all manual PAs and all overrides were completed in less than four hours. Ninety percent of all manual PAs and all overrides were completed in less than eight hours. For the month of May 2018, L. Thomas reported 11,607 manual PA requests and 20,557 electronic PA requests were received. She reported that 71% of all manual PAs and 89% 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 all overrides were completed in less than eight hours. For the month of June 2018, L. Thomas reported 10,543 manual PA requests and 16,827 electronic PA requests. L. Thomas reported that approximately 74% of all manual PAs and 77% of all overrides were completed in less than two hours. Eighty-six percent of all manual PA requests and 87% of all overrides were completed in less than four hours. Eighty-nine percent of all manual PA requests and overrides were completed in less than eight hours.

**Program Summary Review:** L.Thomas briefly reviewed the Alabama Medicaid Program Summary for the months of January 2018 through June 2018. She reported 3,667,514 total prescriptions, 221,763 average recipients per month using pharmacy benefits, and an average paid per prescription of \$109.17.

**Cost Management Analysis:** L.Thomas reported an average cost per claim of \$115.22 for June 2018 and emphasized that the table contained the average cost per claim over the past two years. From the 2<sup>nd</sup> Quarter 2018 Drug Analysis, L.Thomas reported 79% generic utilization, 9% brand single-source, 7.5% brand multi-source (those requests which required a DAW override), and 4.4% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 04/01/2018 – 06/30/2018, L.Thomas reported the top five drugs: cetirizine, amoxicillin, hydrocodone-acetaminophen, ProAir<sup>®</sup> HFA, and montelukast sodium. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 04/01/2018 – 06/30/2018: Vyvanse<sup>®</sup>, Focalin XR<sup>®</sup>, Invega<sup>®</sup> Sustenna<sup>®</sup>, Concerta<sup>®</sup>, and Lyrica<sup>®</sup>. She reminded the Board that Vyvanse<sup>®</sup> and Focalin XR<sup>®</sup> are preferred agents and that these were very similar 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, Amphetamines, Respiratory and CNS Stimulants, Miscellaneous Anticonvulsants, and Insulins.

**Review of Palivizumab Utilization for the 2017 – 2018 Season:** The 2017 – 2018 RSV season ended March 31, 2018. L. Thomas provided an update which compared the results of the 2017-18 season to previous seasons. L. Thomas referred to Alabama RSV data from the CDC which supported Alabama Medicaid’s policy of limiting the Synagis® timeframe to October 2017 – March 2018. L. Thomas reminded the Board that each recipient could receive a maximum of 5 doses per season and that all policies relating to Synagis® were based on clinical literature and recommendations. For the 2017-18 season, there were 2,422 claims for 504 recipients. The average cost per claim was \$2,467 while the average cost per recipient was \$11,854. L. Thomas pointed out that there were 1,438 prior authorizations requested over the course of the season, with an approval rate of 62%. L. Thomas briefly reviewed the top dispensing pharmacies and the top PA denial reasons. L. Thomas also reviewed the graphs comparing the total spend of all drugs compared to the total spend of Synagis® per RSV season.

**Proposed Opioid Edits:** K. Newman discussed the Short-Acting Opioid Naïve Limit edit that is scheduled to begin on November 1, 2018. K. Newman also mentioned the recipient handout that is available on Medicaid’s website, as well as the ALERT and override form.

**RDUR Intervention Report:** L. Thomas presented the RDUR Activity Report for July 2018. She reported 545 profiles reviewed and 605 letters sent with 118 responses received as of the date of the report. She reported 64 of 112 physicians indicated that they found the RDUR letters “useful” or “extremely useful”. The criteria for the cycle of intervention letters included Overuse Precaution (appropriate use of immediate-release opioids); Drug-Disease Precaution (use of narcotics/opioids and history of drug abuse); Appropriate Use (concurrent use of buprenorphine and pure opiate agonists).

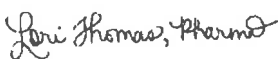
**Proposed Criteria:** L. Thomas presented the proposed set of 35 criteria to the Board. T. Minnifield instructed the Board members to mark their ballots. Of the 35 proposed criteria, results from the criteria vote returned 35 approved.

**Medicaid Update:** T. Minnifield reminded the Board members that all updated Medicaid drug lists and the Short-Acting Opioid Naïve Limit ALERT were provided to them electronically and is also available online. T. Minnifield also reminded the Board members that the next DUR Meeting would be January 23, 2019.

**P & T Committee Update:** C. Hurst began the P & T Update by informing the Board that the last meeting was held on August 8, 2018 and covered the Alzheimer’s Agents; Antidepressants; Cerebral Stimulants; Anxiolytics, Sedatives, and Hypnotics; Genitourinary Smooth Muscle Relaxants; and Disease-Modifying Antirheumatic Agents. The next meeting will be held on November 7<sup>th</sup> and will cover the Skin and Mucous Membrane Agents. C. Hurst also informed the Board that the preferred insulins are now included in the Maintenance Supply Program.

**Next Meeting Date:** M. Bulloch reminded the Board that the next DUR meeting will be held on January 23, 2019. A motion to adjourn the meeting was made by K. Murray. R. Seaman seconded the motion and the meeting was adjourned at 2:16 p.m.

Respectfully submitted,



Lori Thomas, PharmD.

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

**Criteria Recommendations**

**Accepted    Approved    Rejected  
As  
Amended**

**1. Naldemedine / Overutilization**

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

Alert Message: Symproic (naldemedine) may be over-utilized. The manufacturer's recommended dosage of naldemedine for the treatment of opioid-induced constipation in patients with chronic non-cancer pain is 0.2 mg once daily.

Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C

Naldemedine

Max Dose: 0.2 mg/day

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.

Symproic Prescribing Information, March 2017, Shionogi Inc.

**2. Naldemedine / Opiate Agonists**

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

Alert Message: The review of the patient's drug history did not reveal current use of an opioid medication. Symproic (naldemedine) is approved for the treatment of opioid-induced constipation (OIC) in adults with chronic non-cancer pain. Naldemedine should be discontinued if treatment with the opioid medication is discontinued.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C (Negating)

Naldemedine

Meperidine  
Morphine  
Codeine  
Hydrocodone  
Oxycodone  
Oxymorphone  
Levorphanol  
Fentanyl  
Tramadol  
Tapentadol

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.

Symproic Prescribing Information, March 2017, Shionogi Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**3. Naldemedine / Gastrointestinal Obstruction**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Symproic (naldemedine) use is contraindicated in patients with known or suspected gastrointestinal obstruction and patients at increased risk of recurrent obstruction due to the potential for gastrointestinal perforation. Monitor patients for development of severe, persistent, or worsening abdominal pain and discontinue in patients who develop this symptom.

Conflict Code: TA – Therapeutic Appropriateness (Contraindication)

Drugs/Diseases

Util A

Util B

Util C (Negating)

Naldemedine

Gastrointestinal Obstruction

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**4. Naldemedine / Reduction in GI Wall Integrity**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Symproic (naldemedine), a peripherally acting opioid antagonist, should be used with caution in patients with conditions that may result in impaired integrity of the gastrointestinal tract wall. Cases of gastrointestinal perforation have been reported in patients receiving another peripherally acting opioid antagonist who had conditions associated with localized reduction of structural integrity in the wall of the gastrointestinal tract. Monitor patients for the development of severe, persistent, or worsening abdominal pain and discontinue naldemedine in patients who develop these symptoms.

Conflict Code: TA – Therapeutic Appropriateness (Warning)

Drugs/Diseases

Util A

Util B

Util C (Include)

Naldemedine

Crohn’s Disease  
Peptic, Gastric, Duodenal & Gastrojejunal Ulcer Disease  
Perforation of Intestine  
Diverticular Disease of Intestine  
Malignant Neoplasm of Intestine  
Malignant Neoplasm of Stomach

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**5. Naldemedine / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Safety and effectiveness of Symproic (naldemedine) have not been established in pediatric patients.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Naldemedine

Age Range: 0 – 17 yoa

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**Criteria Recommendations**

**Accepted Approved Rejected**

**As  
Amended**

**6. Naldemedine / Severe Hepatic Impairment**

  v                    

Alert Message: Symproic (naldemedine) has not been studied in patients with severe hepatic impairment and use should be avoided in these patients. No dose adjustment of naldemedine is required in patients with mild or moderate hepatic impairment.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Naldemedine		Severe Hepatic Impairment

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**7. Naldemedine / Strong CYP3A4 Inducers**

  v                    

Alert Message: Concomitant use of Symproic (naldemedine) with strong CYP3A4 inducers (e.g., phenytoin, rifampin, and carbamazepine) should be avoided. Naldemedine is a CYP3A4 substrate and concomitant use with a strong CYP3A4 inducer may result in decreased exposure of naldemedine leading to reduced efficacy.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Naldemedine	Phenobarbital Primidone Phenytoin Carbamazepine Rifampin Rifabutin Rifapentine	

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**8. Naldemedine / Other Opioid Antagonists**

  v                    

Alert Message: The concurrent use of opioid antagonists should be avoided. Concomitant use of these agents may have an additional effect of opioid receptor antagonism 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>
Naldemedine	Methylnaltrexone Naloxegol	

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**9. Naldemedine / Moderate & Strong CYP3A4 inhibitors**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The concurrent use of Symproic (naldemedine), a CYP3A4 substrate, with a moderate or strong CYP3A4 inhibitor may result in increased naldemedine plasma concentrations. Monitor patients on concurrent therapy for naldemedine-related adverse reactions (e.g., gastroenteritis, diarrhea, abdominal pain).

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Naldemedine	Nefazodone	Fluconazole
	Clarithromycin	Aprepitant
	Telithromycin	Diltiazem
	Itraconazole	Verapamil
	Ketoconazole	Fosamprenavir
	Voriconazole	Idelalisib
	Posaconazole	Cimetidine
	Saquinavir	Ciprofloxacin
	Ritonavir	Erythromycin
	Indinavir	Dronedarone
	Nelfinavir	Fluvoxamine
	Cobicistat	Crizotinib
	Atazanavir	

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.

Symproic Prescribing Information, March 2017, Shionogi Inc.

FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors\and Inducers. Available at:

<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/Drug\InteractionalLabeling/ucm093664.htm>

**10. Naldemedine / P-Glycoprotein Inhibitors**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The concurrent use of Symproic (naldemedine), a P-gp substrate, with a P-gp inhibitor (e.g., amiodarone, verapamil, and ranolazine) may result in increased naldemedine plasma concentrations. Monitor patients on concurrent therapy for naldemedine-related adverse reactions (e.g., gastroenteritis, diarrhea, abdominal pain).

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Naldemedine	Amiodarone	Propafenone
	Captopril	Quinidine
	Carvedilol	Ranolazine
	Clarithromycin	Ritonavir
	Cyclosporine	Verapamil
	Dronedarone	Itraconazole
	Lapatinib	Ketoconazole

References:

Facts & Comparisons, 2017 Wolters Kluwer Health.

Symproic Prescribing Information, March 2017, Shionogi Inc.

FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors\and Inducers. Available at:

<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/Drug\InteractionalLabeling/ucm093664.htm>

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**11. Naldemedine / Pregnancy / Pregnancy Negating**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: There is no available data with Symproic (naldemedine) in pregnant women to inform a drug-associated risk of major birth defects and miscarriage. There is a potential for opioid withdrawal in a fetus when naldemedine is used in pregnant women. Naldemedine should be used during pregnancy only if the potential benefit justifies the potential risk.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negate)</u>
Naldemedine	Pregnancy	Delivery Miscarriage Abortion

Gender: Female  
Age Range 11 – 50 yoa

References:  
Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**12. Naldemedine / Lactation & Disorders of Lactation**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: There is no information regarding the presence of Symproic (naldemedine) in human milk. Naldemedine has been shown to be present in the milk of rats. Because of the potential for serious adverse reactions, including opioid withdrawal in breastfed infants, a decision should be made to discontinue breastfeeding or discontinue the drug, considering the importance of the drug to the mother. If the drug is discontinued in order to minimize drug exposure to a breastfed infant, advise women that breastfeeding may be resumed 3 days after the final dose of naldemedine.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Naldemedine	Lactation Other Disorder of Lactation	

Gender: Female  
Age Range 11 – 50 yoa

References:  
Facts & Comparisons, 2017 Wolters Kluwer Health.  
Symproic Prescribing Information, March 2017, Shionogi Inc.

**13. Azelastine/Fluticasone Nasal / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The safety and effectiveness of Dymista (azelastine/fluticasone) nasal spray in pediatric patients below the age of 6 years have not been established.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Azelastine/fluticasone Nasal Spray		

Age Range: 0 – 5 yoa

References:  
Dymista Prescribing Information, Feb. 2015, Meda Pharmaceuticals Inc.  
Clinical Pharmacology, 2017 Elsevier Gold Standard.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**14. AirDuo Respiclick / Therapeutic Appropriateness**

  v                    

Alert Message: The safety and effectiveness of AirDuo Respiclick (fluticasone/salmeterol) in pediatric patients below the age of 12 years have not been established.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Fluticasone/Salmeterol Inhalation Powder

Age Range: 0 – 11 yoa

References:

AirDuo Prescribing Information, Jan. 2017, Teva Respiratory, LLC.  
Clinical Pharmacology, 2017 Elsevier Gold Standard.

**15. Armonair Respiclick / Therapeutic Appropriateness**

  v                    

Alert Message: The safety and effectiveness of Armonair Respiclick (fluticasone) in pediatric patients below the age of 12 years have not been established.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Fluticasone Inhalation Powder

Age Range: 0 – 11 yoa

References:

Armonair Respiclick Prescribing Information, Jan. 2017, Teva Respiratory, LLC.  
Clinical Pharmacology, 2017 Elsevier Gold Standard.

**16. Dabrafenib / Overutilization**

  v                    

Alert Message: Tafinlar (dabrafenib) may be over-utilized. The manufacturer's recommended maximum daily dose is 300 mg (150 mg orally twice daily).

Conflict Code: ER – Overutilization

Drugs/Diseases

Util A

Util B

Util C

Dabrafenib

Max Dose: 300 mg/day

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Facts & Comparisons, 2017, Wolters Kluwer Health.



**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**17. Dabrafenib / Strong CYP3A4 & CYP2C8 Inhibitors**

Alert Message: Concurrent use of Tafinlar (dabrafenib) with a strong CYP3A4 or CYP2C8 inhibitor should be avoided. Dabrafenib is a substrate of CYP3A4 and CYP2C8 and concomitant use with a strong inhibitor of either enzyme may result in increased dabrafenib concentrations and risk of adverse reactions. If co-administration is unavoidable monitor patient closely for adverse events.

  v      \_\_\_\_\_    \_\_\_\_\_

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Dabrafenib	Gemfibrozil	Indinavir
	Clopidogrel	Cobicistat
	Clarithromycin	Ketoconazole
	Telithromycin	Itraconazole
	Saquinavir	Voriconazole
	Ritonavir	Posaconazole
	Nelfinavir	Nefazodone

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Facts & Comparisons, 2017, Wolters Kluwer Health.

**18. Dabrafenib / Strong CYP3A4 & CYP2C8 Inducers**

Alert Message: Concurrent use of Tafinlar (dabrafenib) with a strong CYP3A4 or CYP2C8 inducer should be avoided. Dabrafenib is a substrate of CYP3A4 and CYP2C8 and concomitant use with a strong inducer of either enzyme may result in decreased dabrafenib concentrations. If co-administration is unavoidable monitor patient closely for loss of dabrafenib efficacy.

  v      \_\_\_\_\_    \_\_\_\_\_

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Dabrafenib	Carbamazepine	Rifapentine
	Phenobarbital	Rifampin
	Phenytoin	Rifabutin
	Primidone	

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Facts & Comparisons, 2017, Wolters Kluwer Health.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**19. Dabrafenib / Sensitive CYP3A4, 2C8, 2C9, 2C19 & 2B6 Substrates**

  v                    

Alert Message: Concurrent use of Tafinlar (dabrafenib) with agents that are sensitive substrates of CYP3A4, CYP2C8, CYP2C9, CYP2C19, or CYP2B6 may result in loss of efficacy of the substrate. Dabrafenib is an inducer of these enzymes and concomitant use may result in decreased concentrations of the substrates. If co-administration is unavoidable monitor patient closely for loss of substrate efficacy.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Dabrafenib	Midazolam	
	Triazolam	
	Warfarin	
	Dexamethasone	
	Desipramine	
	Dextromethorphan	
	Nebivolol	
	Repaglinide	
	Lansoprazole	
	Omeprazole	
	Hormonal Contraceptives	

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
 Facts & Comparisons, 2017, Wolters Kluwer Health.  
 FDA Drug Development and Drug Interactions: Table of Substrates, Inhibitors and Inducers. Available at:  
<https://www.fda.gov/drugs/developmentapprovalprocess/developmentresources/druginteractionslabeling/ucm093664.htm>  
 [Accessed 4/2017].

**20. Deflazacort / Therapeutic Appropriateness 0 – 4 yoa**

  v                    

Alert Message: The safety and effectiveness of Emflaza (deflazacort) for the treatment of Duchenne Muscular Dystrophy (DMD) in patients less than 5 years of age have not been established.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

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

Age Range: 0 – 4 yoa

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
 Emflaza Prescribing Information, Feb. 2017, Marathon Pharmaceuticals, LLC.

**21. Deflazacort / Moderate to Strong CYP3A4 Inhibitors**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Concurrent use of Emflaza (deflazacort), a CYP3A4 substrate, with a moderate or strong CYP3A4 inhibitor may result in increased total exposure to the active metabolite of deflazacort, 21-desDFZ. Therefore, give one third the recommended dosage of deflazacort when deflazacort is co-administered with moderate or strong CYP3A4 inhibitors.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Deflazacort	Nefazodone	Amiodarone
	Clarithromycin	Aprepitant
	Cobicistat	Conivaptan
	Erythromycin	Crizotinib
	Itraconazole	Cyclosporine
	Ketoconazole	Diltiazem
	Posaconazole	Verapamil
	Voriconazole	Dronedarone
	Saquinavir	Fosamprenavir
	Ritonavir	Imatinib
	Nelfinavir	Ceritinib
	Indinavir	
	Atazanavir	
	Darunavir	

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Emflaza Prescribing Information, Feb. 2017, Marathon Pharmaceuticals, LLC.

**22. Deflazacort / Moderate to Strong CYP3A4 Inducers**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Concurrent use of Emflaza (deflazacort) with a moderate to strong CYP3A4 inducer should be avoided. Deflazacort is a CYP3A4 substrate and concurrent use with a CYP3A4 inducer may significantly decrease the exposure of the active metabolite 21-desDFZ and reduce deflazacort efficacy.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Deflazacort	Carbamazepine	Modafinil
	Phenytoin	Bosentan
	Phenobarbital	Efavirenz
	Primidone	Etravirine
	Rifabutin	Mitotane
	Rifampin	Bexarotene
	Rifapentine	Dabrafenib
	Enzalutamide	

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Emflaza Prescribing Information, Feb. 2017, Marathon Pharmaceuticals, LLC.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**23. Deflazacort / Behavioral & Mood Disturbances**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Potentially severe psychiatric adverse reactions may occur with systemic corticosteroids, including Emflaza (deflazacort). Symptoms typically emerge within a few days or weeks of starting treatment and may be dose-related. These reactions may improve after either dose reduction or withdrawal, although pharmacologic treatment may be necessary. Inform patient or caregivers of the potential for behavioral and mood changes and encourage them to seek medical attention if psychiatric symptoms develop, especially if depressed mood or suicidal ideation is suspected.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Deflazacort	Insomnia Unspecified Mood Disorder Depression Mania Irritability Anxiety Suicidal Ideation Amnesia Hallucinations	

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Emflaza Prescribing Information, Feb. 2017, Marathon Pharmaceuticals, LLC.

**24. Cobimetinib / Overutilization**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The manufacturer's recommended dose of Cotellic (cobimetinib) is 60 mg orally once daily for the first 21 days of each 28-day cycle.

Conflict Code: ER - Overutilization  
Drugs/Diseases

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

Max Dose: 60 mg/day

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Cotellic Prescribing Information, May 2016, Genentech.



**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**28. Cobimetinib / Moderate to Strong CYP3A Inducers**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Concurrent use of Cotellic (cobimetinib) with strong or moderate CYP3A inducers should be avoided. Co-administration of cobimetinib with a strong CYP3A inducer may decrease cobimetinib systemic exposure by more than 80% and reduce its efficacy.

Conflict Code: DD – Drug/Drug interaction

Drugs/Diseases

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

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Cotellic Prescribing Information, May 2016, Genentech.

**29. Diphenoxylate/Atropine / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: Diphenoxylate/atropine is contraindicated in pediatric patients less than 6 years of age due to the risk of respiratory and central nervous system (CNS) depression. Cases of severe respiratory depression and coma leading to permanent brain damage or death have been reported in patients less than 6 years of age who have received diphenoxylate/atropine.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Diphenoxylate/Atropine		

Age Range: 0 – 5 yoa

References:

Lomotil Prescribing Information, October 2017, Pfizer.

**30. Diphenoxylate/Atropine / Therapeutic Appropriateness**

  v      \_\_\_\_\_    \_\_\_\_\_

Alert Message: The safety and effectiveness of diphenoxylate/atropine have not been established in patients less than 13 years of age.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Diphenoxylate/Atropine		

Age Range: 6 - 12 yoa

References:

Lomotil Prescribing Information, October 2017, Pfizer.  
Facts & Comparisons, 2017 Wolters Kluwer Health.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**31. Diphenoxylate/Atropine / Obstructive Jaundice**

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

Alert Message: Diphenoxylate/atropine is contraindicated in patients with obstructive jaundice.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Diphenoxylate/Atropine	Obstruction of the Bile Duct	

References:

Lomotil Prescribing Information, October 2017, Pfizer.  
Facts & Comparisons, 2017 Wolters Kluwer Health.

**32. Dexlansoprazole / Hepatic Impairment**

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

Alert Message: The maximum recommended dosage of Dexilant (dexlansoprazole) in patients with moderate hepatic impairment (Child-Pugh Class B) is 30 mg per day. In a study, patients with moderate hepatic impairment who received a single dose of dexlansoprazole, exhibited approximately two times greater systemic exposure (AUC) compared to healthy subjects with normal hepatic function. Dexlansoprazole use is not recommended in patients with severe hepatic impairment. No dosage adjustment is necessary for mild hepatic impairment.

Conflict Code: ER – Overutilization  
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Dexlansoprazole		Hepatic Impairment

Max Dose: 30 mg/day

References:

Dexilant Prescribing Information, October 2017, Takeda Pharmaceuticals America, Inc.  
Clinical Pharmacology, 2017 Elsevier/Gold Standard.

**33. Rucaparib / Overutilization**

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

Alert Message: The manufacturer's recommended dose of Rubraca (rucaparib) is 600 mg taken orally twice daily.

Conflict Code: ER - Overutilization  
Drugs/Diseases

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

Max Dose: 1200 mg/day

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.  
Rubraca Prescribing Information, Feb. 2017, Clovis Oncology, Inc.

**Criteria Recommendations**

**Accepted Approved Rejected  
As  
Amended**

**34. Rucaparib / Therapeutic Appropriateness**

  v                    

Alert Message: Rubraca (rucaparib) can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment and for 6 months following the final dose of rucaparib. Pregnancy testing is recommended for females of reproductive potential prior to initiating rucaparib.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Rucaparib

Age Range: 11 - 50 yoa

Gender: Female

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.

Rubraca Prescribing Information, Feb. 2017, Clovis Oncology, Inc.

**35. Rucaparib / Therapeutic Appropriateness**

  v                    

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

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Rucaparib

Age Range: 0 -17 yoa

References:

Clinical Pharmacology, 2017 Elsevier/Gold Standard.

Rubraca Prescribing Information, Feb. 2017, Clovis Oncology, Inc.



*Stephanie Azar*

Stephanie McGee Azar, Commissioner

Approve ( ) Deny

12/6/18

Date

*R. Moon MD*  
*M. Rowe, MD attended for Dr. Moon*

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

Approve ( ) Deny

11/30/18

11/29/18

Date

*Kathy Hall*

Kathy Hall, Deputy Commissioner

Approve ( ) Deny

11/29/18

Date