Alabama Medicaid DUR Board Meeting Minutes
October 23, 2013

Members Present: Denyse Thornley-Brown, Paula Thompson, Kelli Littlejohn, Bernie Olin, Jared Johnson, Frank Pettyjohn, Rhonda Harden

Also Present: Tiffany Minnifield, Clemice Hurst, Lori Thomas, Heather Vega, Monica Postage, Jordan Cochran, John Moulton, Joseph Drake

Present via Conference Call: Kristian Testerman, Holley Rice

Members Absent: Donald Marks, Dan McConaghy, Jimmy Jackson, Robert Moon

Call to Order: The DUR meeting was called to order by P. Thompson at approximately 1:10 p.m.

Review and Adoption of Minutes: The minutes of the July 25, 2013 meeting were presented and reviewed. Frank Pettyjohn made a motion to approve the minutes as presented and Denyse Thornley-Brown seconded the motion. 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 May 2013. She reported 8,925 total PA and override requests. She then reported 19,259 electronic PA requests for the same time frame. From the Prior Authorization and Override Response Time Ratio report for May 2013, L.Thomas reported that approximately 75-76% of all manual PAs and overrides were responded to in less than two hours, about 96-97% in less than four hours and 99% in less than eight hours. L. Thomas reminded the Board Members that 75% of PAs and overrides must be completed in less than 8 hours to meet contractual requirements. For the month of June 2013, L.Thomas reported 7,769 manual requests and 17,284 electronic PA requests. She reported that 88% of manual PAs and 90% of overrides were responded to in less than two hours, approximately 98% in less than four hours and 99% in less than eight hours. For the month of July 2013, L.Thomas reported 9,411 manual requests and 19,441 electronic PA requests for the same time frame. For January, L.Thomas reported that 77% of PAs and overrides were approved in less than two hours, approximately 95% in less than four hours and 99% approved in less than eight hours.

Program Summary Review: L.Thomas briefly reviewed the Alabama Medicaid Program Summary. She reported 4,487,464 total prescriptions, 230,302 average recipients per month and an average paid per prescription of $60.95 for the first and second quarter of 2013.

Cost Management Analysis: L.Thomas reported an average cost per claim of $62.94 for June 2013. From the 2nd Quarter 2013 Drug Analysis, L.Thomas reported 77.6% generic utilization, 9.8% brand single-source, 4.15% brand multi-source (those requests which required a DAW override) and 8.43% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 04/01/2013 – 06/30/2013, L.Thomas reported the top five drugs: hydrocodone-acetaminophen, montelukast sodium, omeprazole and cetirizine. L. Thomas informed the Board that this was slightly different than what was usually reported. She then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 04/01/2013 – 06/30/2013: Abilify®, Vyvanse®, Focalin XR®, Invega Sustenna® and Adderall XR®. L. Thomas pointed out that Abilify remained at the top and that Synagis season ended on March 31, 2013. 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, Corticosteroids (Respiratory Tract), Amphetamines, Hemostatics, and Respiratory and CNS Stimulants. L. Thomas reminded the Board that this list was identical to what was last reported.

UPDATES

Review of Annual CMS Report: L. Thomas reviewed the cost-savings portion of the Annual Report that is submitted to the Centers of Medicare and Medicaid Services (CMS). This report tracks the Agency's DUR activities and projected cost savings for Fiscal Year 2012. The total estimated drug savings for the time period October 1, 2011 to September 30, 2012, was $697,462. For each $1 spent, the State saved an additional $8.02 or 802%. L. Thomas reported that four intervention cycles were run during FY12, and that a total of 2,675 letters were sent to providers. A total of 503 responses were received (approximately 19%). L. Thomas reviewed the Cost Savings table and noted a cost savings of 15.4% for single interventions. She also reported that a total of 12,206 prescriptions were saved.

Proposed Criteria: L.Thomas presented the proposed set of 31 criteria to the Board. T.Minnifield instructed the Board members to mark their ballots. Of the 31 criteria, results from the criteria vote returned 28 approved, 2 approved as amended, and 1 rejected.

RDUR Intervention Report: L. Thomas presented the RDUR Activity Report for July 2013. She reported 504 profiles reviewed and 518 letters sent with 85 responses received as of the date of the report. She reported 36 of 53 physicians indicated that they found the RDUR letters "useful" or "extremely useful". The criteria for the cycle of intervention letters was overutilization and drug/disease interactions.

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. T. Minnifield discussed the changes that were implemented on October 1, 2013. T. Minnifield mentioned that recipient notices were sent and that a video series is posted on the Agency's website. T. Minnifield also reminded the Board that a new Synagis season began on October 1, 2013. K. Littlejohn discussed the maintenance supply and the prescription limit. K. Littlejohn elaborated that the prescription limit will be effective January 1, 2014, and will be 5 total prescriptions, of which 4 can be name brand medications. K. Littljohn informed the Board that pharmacies are receiving informational edits relating to the prescription limit at this time and that HID and HP representatives have visited physician offices, hospitals and Alabama Pharmacy Association (APA) meetings throughout the State. K. Littlejohn gave a brief overview of the Pharmacy Study Commission and stated that their findings are due to the Governor by December 1, 2013.

P & T Committee Update: C. Hurst began the P & T Update by informing the Board that the last meeting was held on August 14, 2013, and covered the Androgens; Respiratory agents; EENT agents; and Intranasal corticosteroids. The next P & T meeting is scheduled for November 13, 2013, at 9am and will cover Proton-Pump Inhibitors; Opiate Agonists; Skeletal Muscle Relaxants; and Antiemetics.

New Business: T. Minnifield notified the Board that the next DUR meeting will be held on January 22, 2014. P. Thompson made a motion to adjourn the meeting. The motion was seconded by D. Thornley-Brown. A voice vote to adjourn was unanimous. The meeting was adjourned at 2:40p.m.

Next Meeting Date: The next DUR Board meeting will be held on January 22, 2014.

Respectfully submitted,

Lori Thomas, PharmD

Lori Thomas, PharmD

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS

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

1. Valproate / Pregnancy / Pregnancy (Negating) ____/____ _____ _____

Alert Message: Valproate sodium and related products, valproic acid and divalproex sodium, should only be prescribed in pregnant women if other medications are not otherwise acceptable. A recent study has shown that valproate can cause decreased IQ scores in children whose mothers took these agents while pregnant. Valproate products are pregnancy category D for treating epilepsy and manic episodes with bipolar disorder but pregnancy category X for migraine prevention in pregnant women.

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

Util A	Util B	Util C **(Negating)**
Valproate Agents	Pregnancy	Miscarriage
		Delivery
		Abortion

Gender: Females
Age Range: 11 – 50 yoa

References:
FDA Drug Safety Communication: Valproate Anti-seizure Products Contraindicated for Migraine Prevention in Pregnancy Women due to Decreased IQ Scores in Exposed Children. Drug Safety Communications. [05-06-2013].

2. Valproate / Migraine / Epilepsy (Negating) ____/____ _____ _____

Alert Message: A recent study has shown that valproate sodium and related products, valproic acid and divalproex sodium, can cause decreased IQ scores in children whose mothers took these agents while pregnant. Valproate products are contraindicated and should not be taken by pregnant women for prevention of migraines. Valproate products are pregnancy category X for migraine prevention in pregnant women. All non-pregnant women of childbearing age taking valproate products should use effective birth control.

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

Util A	Util B	Util C **(Negating)**
Valproate Agents	Migraine	Epilepsy

Gender: Females
Age Range: 11 – 50 yoa

References:
FDA Drug Safety Communication: Valproate Anti-seizure Products Contraindicated for Migraine Prevention in Pregnancy Women due to Decreased IQ Scores in Exposed Children. Drug Safety Communications. [05-06-2013].

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

3. Dabigatran / Anticoagulant Replacement - Black Box Warning _____ ___√___ _____

Alert Message: Discontinuing Pradaxa (dabigatran) places patients at an increased risk of thrombotic events. If anticoagulation with dabigatran must be discontinued for a reason other than pathological bleeding, consider coverage with another anticoagulant or antiplatelet.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Dabigatran		Heparin
		Dalteparin
		Enoxaparin
		Fondaparinux
		Warfarin
		Ticlopidine
		Cilostazol
		Clopidogrel
		Prasugrel
		Ticagrelor
		Rivaroxaban

References:
Pradaxa Prescribing Information, April 2013, Boehringer Ingelheim Pharmaceuticals, Inc.
Clinical Pharmacology, 2013 Elsevier/Gold Standard.

4. Dabigatran / Heart Valve Replaced by Other Means ___√___ _____ _____

Alert Message: Pradaxa (dabigatran) is contraindicated in patients with mechanical prosthetic heart valves. The use of dabigatran for the prophylaxis of thromboembolic events in patients with atrial fibrillation in the setting of other forms of valvular heart disease, including the presence of a bioprosthetic heart valve, has not been studied and is not recommended.

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

Util A	Util B	Util C
Dabigatran	Heart Valve Replaced by Other Means	

References:
Pradaxa Prescribing Information, April 2013, Boehringer Ingelheim Pharmaceuticals, Inc.
Clinical Pharmacology, 2013 Elsevier/Gold Standard.

5. Bupropion / Seizures ___√___ _____ _____

Alert Message: Bupropion is contraindicated in patients with a seizure disorder. The risk of seizures appears to be strongly associated with dose as the estimated seizure incidence for bupropion increases almost tenfold between 450 mg and 600 mg/day.

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

Util A	Util B	Util C
Bupropion	Epilepsy Seizures	

References:
Clinical Pharmacology, 2013 Elsevier/Gold Standard.
Facts & Comparisons, 2013 Wolters Kluwer Health.

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

6. Vardenafil ODT / Overutilization ____√____ _____ _____

Alert Message: Staxyn (vardenafil orally disintegrating tablets, ODT) may be over-utilized. The manufacturer's recommended maximum dose of vardenafil ODT is one 10 mg tablet per day.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Vardenafil ODT		

Max Dose: 10mg/day

References:
Staxyn Prescribing Information, March 2011, Bayer Healthcare Pharmaceuticals.
Facts & Comparisons, 2013 Updates.
Clinical Pharmacology, 2013 Elsevier/Gold Standard.

7. Vardenafil ODT / Potent & Moderate CYP3A4 Inhibitors ____√____ _____ _____

Alert Message: Do not use Staxyn (vardenafil orally disintegrating tablets, ODT) in patients taking potent or moderate CYP3A4 inhibitors. Vardenafil is primarily metabolized via CYP3A4/5 isoenzymes and to a lesser extent by CYP2C9. Concurrent use of vardenafil with these agents would be expected to reduce vardenafil clearance increasing the risk of vardenafil-related adverse events.

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

Util A	Util B			Util C
Vardenafil ODT	Nefazodone	Saquinavir	Telaprevir	
	Ketoconazole	Ritonavir	Verapamil	
	Itraconazole	Indinavir	Diltiazem	
	Fluconazole	Nelfinavir	Aprepitant	
	Voriconazole	Atazanavir	Lapatinib	
	Posaconazole	Fosamprenavir	Crizotinib	
	Clarithromycin	Darunavir	Ciprofloxacin	
	Telithromycin	Tipranavir		
	Erythromycin	Boceprevir		

References:
Staxyn Prescribing Information, April 2011, Bayer Healthcare Pharmaceuticals.

8. Vardenafil ODT / Alpha-adrenergic Blockers / Levitra (Negating) ____√____ _____ _____

Alert Message: Patients taking alpha-blockers who have previously used vardenafil film-coated tablets may change to Staxyn (vardenafil orally disintegrating tablets, ODT) at the advice of their healthcare provider. In patients taking alpha-blockers, do not initiate vardenafil therapy with vardenafil ODT. Lower doses of vardenafil film-coated tablets should be used as initial therapy in these patients.

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

Util A	Util B	Util C **(Negating)**
Vardenafil ODT	Alfuzosin	Levitra
	Doxazosin	
	Prazosin	
	Silodosin	
	Tamsulosin	
	Terazosin	

References:
Staxyn Prescribing Information, April 2011, Bayer Healthcare Pharmaceuticals.

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

9. Vardenafil ODT / Hepatic Impairment ____√____ _____ _____

Alert Message: Do not use Staxyn (vardenafil orally disintegrating tablets, ODT) in patients with moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment. Vardenafil has been shown to increase the Cmax and AUC of patients with moderate hepatic impairment by 130% and 160%, respectively, compared to healthy control subjects. Vardenafil may be used in patients with mild hepatic impairment.

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

Util A	Util B	Util C
Vardenafil ODT	Hepatic Impairment	

References:
Staxyn Prescribing Information, April 2011, Bayer Healthcare Pharmaceuticals.

10. Saxagliptin-Metformin XR / Overutilization ____√____ _____ _____

Alert Message: Kombiglyze XR (saxagliptin/metformin extended-release) may be over-utilized. The manufacturer's maximum recommended dose of extended-release saxagliptin/metformin is 5 mg saxagliptin/2000 mg metformin once daily.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C **(Negating)**		
Saxagliptin/Metformin XR		Nefazodone	Indinavir	Telaprevir
		Clarithromycin	Nelfinavir	Boceprevir
		Telithromycin	Atazanavir	
		Ketoconazole	Imatinib	
		Itraconazole	Delavirdine	
		Saquinavir	Voriconazole	
		Ritonavir	Posaconazole	

Max: 5/2000mg per day
References:
Kombiglyze XR Prescribing Information, May 2013, Bristol-Myers Scribb.
Facts & Comparisons, 2013 Updates, Wolters Kluwer Health.

11. Saxagliptin-Metformin XR / Strong CYP3A4 Inhibitors ____√____ _____ _____

Alert Message: The dose of Kombiglyze XR (saxagliptin/metformin extended-release) should be limited to 2.5 mg/1000 mg once daily when co-administered with strong CYP3A4/5 inhibitors (e.g., ketoconazole, atazanavir, clarithromycin, indinavir, itraconazole, nefazodone, ritonavir, saquinavir, and telithromycin). Concurrent use of saxagliptin with a strong 3A4/5 inhibitor may result in significantly elevated saxagliptin levels and risk of adverse events.

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

Util A	Util B			Util C
Saxagliptin/Metformin 5/500 XR	Nefazodone	Indinavir	Telaprevir	
Saxagliptin/Metformin 5/1000 XR	Clarithromycin	Nelfinavir	Boceprevir	
	Telithromycin	Atazanavir		
	Ketoconazole	Imatinib		
	Itraconazole	Delavirdine		
	Saquinavir	Voriconazole		
	Ritonavir	Posaconazole		

References:
Kombiglyze XR Prescribing Information, May 2013, Bristol-Myers Scribb.
Facts & Comparisons, 2013 Updates, Wolters Kluwer Health
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionLabeling/ucm093664.htm

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

12. Tofacitinib / Therapeutic Appropriateness ____√____ _____ _____

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

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases		
Util A	Util B	Util C
Tofacitinib		

Age Range: 0 – 18 yoa

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

13. Tofacitinib / Pregnancy / Pregnancy Negating ____√____ _____ _____

Alert Message: There are no adequate and well-controlled studies for use of Xeljanz (tofacitinib) in pregnant women. Tofacitinib (Pregnancy Category C) should only be used during pregnancy if the potential benefit justifies the potential risk to the fetus.

Conflict Code: MC – Drug/Diagnosis Precaution/Warning/Contraindication

Drugs/Diseases		
Util A	Util B	Util C **(Negating)**
Tofacitinib	Pregnancy ICD-9s	Delivery
		Miscarriage
		Abortion

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

14. Tofacitinib / Overuse ____√____ _____ _____

Alert Message: Xeljanz (tofacitinib) may be over-utilized. The manufacturer's maximum recommended dose is 5 mg twice daily.

Conflict Code: ER - Overutilization

Drugs/Diseases				
Util A	Util B	Util C **(Negating)**		
Tofacitinib		Moderate/Severe Renal Insufficiency	Ketoconazole	Nefazodone
		Moderate Hepatic Impairment	Clarithromycin	Nelfinavir
		Ritonavir	Saquinavir	Boceprevir
		Indinavir	Telithromycin	Fluvoxamine
		Telaprevir	Voriconazole	Fluconazole
		Delavirdine	Posaconazole	
		Imatinib	Itraconazole	

Max Dose: 10 mg per day

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionLabeling/ucm093664.htm

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

15. Tofacitinib / Overuse in Specific Diseases States or w/ Certain Drugs ____√____ _____ _____

Alert Message: The dosage of Xeljanz (tofacitinib) should be reduced to 5 mg once daily in patients with moderate or severe renal insufficiency, moderate hepatic impairment (Child-Pugh Class B) or those patients receiving concomitant therapy with potent inhibitors of CYP3A4 (e.g., ketoconazole).

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C **(Include)**		
Tofacitinib		Moderate/Severe Renal Insufficiency	Ketoconazole	Nefazodone
		Moderate Hepatic Impairment	Clarithromycin	Nelfinavir
		Ritonavir	Saquinavir	Boceprevir
		Indinavir	Telithromycin	
		Telaprevir	Voriconazole	
		Delavirdine	Posaconazole	
		Imatinib	Itraconazole	

Max Dose: 5 mg per day

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionLabeling/ucm093664.htm

16. Tofacitinib / Fluconazole _____ ____√____ _____

Alert Message: The dosage of Xeljanz (tofacitinib) should be reduced to 5 mg once daily in patients receiving concomitant therapy with a potent inhibitor of CYP2C19 and a moderate inhibitor of CYP3A4 (e.g., fluconazole).

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C **(Include)**
Tofacitinib		Fluconazole

Max Dose: 5mg per day

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionLabeling/ucm093664.htm

17. Tofacitinib / Fluvoxamine _____ _____ ____√____

Alert Message: The dosage of Xeljanz (tofacitinib) should be reduced to 5 mg once daily in patients receiving concomitant therapy with a potent inhibitor of CYP2C19 and a moderate inhibitor of CYP3A4 (e.g., fluvoxamine).

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C **(Include)**
Tofacitinib		Fluvoxamine

Max Dose: 5mg per day

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors and Inducers. Available at:
http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionLabeling/ucm093664.htm

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

18. Tofacitinib / Ticlopidine / Moderate CYP3A4 Inhibitors ____√____ _____ _____

Alert Message: The dosage of Xeljanz (tofacitinib) should be reduced to 5 mg once daily in patients receiving concomitant therapy with a potent inhibitor of CYP2C19 (e.g., ticlopidine) and a moderate inhibitor of CYP3A4.

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

Util A	Util B	Util C (Include)		
Tofacitinib	Ticlopidine	Erythromycin	Amiodarone	Aprepitant
		Diltiazem	Verapamil	Darunavir
		Atazanavir	Crizotinib	Lapatinib
		Ciprofloxacin	Fosamprenavir	

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

19. Tofacitinib / Severe Hepatic Impairment ____√____ _____ _____

Alert Message: The safety and efficacy of Xeljanz (tofacitinib) have not been studied in patients with severe hepatic impairment (Child-Pugh Class C) or in patients with positive hepatitis B virus or hepatitis C virus serology and is not recommended for use in these populations.

Conflict Code: MC – Drug/Diagnosis Precaution/Warning/Contraindication
Drugs/Diseases

Util A	Util B	Util C
Tofacitinib	Chronic Liver Disease	
	Cirrhosis	

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

20. Tofacitinib / Biologic DMARDS - Immunosuppressants ____√____ _____ _____

Alert Message: Xeljanz (tofacitinib) should not be used in combination with biologic DMARDs or potent immunosuppressants (e.g., azathioprine or cyclosporine).

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

Util A	Util B			Util C
Tofacitinib	Anakinra	Rituximab	Tocilizumab	
	Abatacept	Azathioprine	Cyclosporine	
	Certolizumab	Etanercept	Adalimumab	
	Infliximab	Golimumab		

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

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

21. Tofacitinib / Potent CYP3A4 Inducers ____√____ _____ _____

Alert Message: Coadministration of Xeljanz (tofacitinib) with potent inducers of CYP3A4 (e.g., rifampin) may result in loss of or reduced clinical response to tofacitinib. Consider monitoring patient for decreased tofacitinib response.

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

Util A	Util B	Util C
Tofacitinib	Rifampin	Etravirine
	Rifabutin	Carbamazepine
	Rifapentine	Phenytoin
	Nevirapine	Phenobarbital
	Efavirenz	Dexamethasone

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

22. Tofacitinib / Gastrointestinal Perforations ____√____ _____ _____

Alert Message: Xeljanz (tofacitinib) should be used with caution in patients who may be at increased risk for gastrointestinal perforation. The role of Janus kinase (JAK) inhibition in these events is not known, but episodes of GI perforation have been reported in clinical studies.

Conflict Code: MC – Drug/Diagnosis Precaution/Warning/Contraindication
Drugs/Diseases

Util A	Util B	Util C
Tofacitinib	Diverticulitis	
	Peptic Ulcer Disease	
	Ulcerative Colitis	

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

23. Tofacitinib / Malignancy (Black Box Warning) ____√____ _____ _____

Alert Message: Xeljanz (tofacitinib) may not be appropriate therapy for patients with a current or past malignancy, as studies have shown that tofacitinib may precipitate a secondary malignancy. Carefully consider the risks and benefits of tofacitinib therapy before initiating the drug in patients with a known malignancy other than a successfully treated non-melanoma skin cancer.

Conflict Code: MC – Drug/Diagnosis Precaution/Warning/Contraindication
Drugs/Diseases

Util A	Util B	Util C
Tofacitinib	Malignancy	

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

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

24. Tofacitinib / Serious Infections (Black Box Warning) ____√____ _____ _____

Alert Message: Patients treated with Xeljanz (tofacitinib) may be at increased risk for developing serious infections (including tuberculosis, invasive fungal infections and other bacterial and/or viral infections) that may lead to hospitalization or death. If a serious infection develops, interrupt tofacitinib therapy until the infection is controlled. The risks and benefits of treatment with tofacitinib should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Tofacitinib		

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

25. Tofacitinib / Tuberculosis (Black Box Warning) ____√____ _____ _____

Alert Message: Patients being treated with Xeljanz (tofacitinib) should be evaluated and tested for latent or active tuberculosis prior to initiation of tofacitinib therapy. Once therapy has been started, patients should be closely monitored for the development of signs and symptoms of tuberculosis, including patients who tested negative for latent tuberculosis infection prior to initiating therapy.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Tofacitinib		

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

26. Tofacitinib / Epstein Barr Virus (Black Box Warning) ____√____ _____ _____

Alert Message: In clinical trials, renal transplant patients being treated with Xeljanz (tofacitinib) in combination with immunosuppressant medications had an increased rate of developing Epstein Barr Virus-associated post-transplant lymphoproliferative disorder.

Conflict Code: MC – Drug/Diagnosis Precaution/Warning/Contraindication
Drugs/Diseases

Util A	Util B	Util C
Tofacitinib	Renal Transplant	

References:
Xeljanz Prescribing Information, November 2012, Pfizer, Inc.
Clinical Pharmacology, 2013 Elsevier / Gold Standard.

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

27. Olmesartan - All / Severe Sprue-Like Enteropathy ____√____ _____ _____

Alert Message: Olmesartan-containing products can cause severe sprue-like enteropathy which may develop months to years after starting olmesartan. Patients experience severe, chronic diarrhea with substantial weight loss. If no other etiology is identified for intestinal problems olmesartan should be discontinued and another antihypertensive therapy started.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Olmesartan-All		

References:
FDA Drug Safety Communication: FDA Approves Label Changes to Include Intestinal Problems (Sprue-Like Enteropathy) Linked to Blood Pressure Medicine Olmesartan Medoxomil. [07/03/2013].
Rubio-Tapia A, Herman ML, Ludvigsson JF et al. Severe Spruelike Enteropathy Associated with Olmesartan. Mayo Clin Proc. 2012 Aug;87(8):732-8.

28. Liptruzet / Overutilization ____√____ _____ _____

Alert Message: Liptruzet (ezetimibe/atorvastatin) may be over-utilized. The manufacturer's maximum recommended daily dose of ezetimibe/atorvastatin is 10 mg ezetimibe /80 mg atorvastatin.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C **(Negating)**	
Ezetimibe/Atorvastatin		Clarithromycin	Cyclosporine
		Itraconazole	Tipranavir
		Saquinavir	Telaprevir
		Darunavir	Boceprevir
		Fosamprenavir	Gemfibrozil
		Nelfinavir	Lopinavir/Ritonavir

Max Dose: 10/80 mg per day

References:
Liptruzet Prescribing Information, May 2013, Merck, Sharp & Dohme Corp.
Clinical Pharmacology, 2013 Elsevier/Gold Standard.
**Combo agent included in other existing atorvastatin criteria where appropriate.*

29. Ketoconazole Tablets / Therapeutic Appropriateness (Black Box) ____√____ _____ _____

Alert Message: Nizoral (ketoconazole) is not first-line treatment for any fungal infection and should be used only when other effective antifungal therapy is not available or tolerated and the potential benefits are considered to outweigh the potential risks. Ketoconazole can cause severe liver injury, adrenal gland problems and potentially life-threatening drug interactions.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Ketoconazole		

References:
Nizoral Prescribing Information, July 2013, Janssen Pharmaceuticals.

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

30. Ketoconazole Tablets / Liver Impairment ____√____ _____ _____

Alert Message: Nizoral (ketoconazole) is contraindicated in patients with acute or chronic liver disease. The agent can cause hepatotoxicity resulting in liver transplantation or death. Healthcare professionals should assess the liver status of the patient before starting oral ketoconazole and monitor serum ALT levels during treatment.

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

Util A	Util B	Util C
Ketoconazole	Liver Impairment	

References:
Nizoral Prescribing Information, July 2013, Janssen Pharmaceuticals.

31. Zubsolv / Overutilization ____√____ _____ _____

Alert Message: The maintenance dose of Zubsolv (buprenorphine/naloxone) sublingual tablet is generally in the range of 2.8 mg/0.72 mg to 17.1 mg/4.2 mg buprenorphine/naloxone per day depending on the individual patient. Dosages higher than this have not been shown to provide any clinical advantage. The recommended target dose is 11.4 mg/2.8 mg buprenorphine/naloxone per day (two 5.7 mg/1.4 mg tablets) as a single daily dose.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Zubsolv		

Max Dose: 17.1 mg/4.2 mg buprenorphine/naloxone per day

References:
Zubsolv Prescribing Information, July 2013, Orexo US, Inc.
Facts & Comparisons, 2013 Updates, Wolters Kluwer Health.

Stephanie McGee Azar, Acting Commissioner (X) Approve ( ) Deny 12-6-13 Date

R Moon MD
Robert Moon, M.D., Deputy Commissioner and Medical Director (X) Approve ( ) Deny 12-4-13 Date

Kathy Hall, Deputy Commissioner (X) Approve ( ) Deny 12/4/13 Date