

**Alabama Medicaid DUR Board Meeting Minutes Summary
October 27, 2021**

Members Present: Kelli Littlejohn Newman, Crystal Deas, Dan McConaghy, Marilyn Bulloch, Danielle Powell, Mary Stallworth, Bernie Olin, Nina Ford Johnson, Christopher Stanley

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

Members Absent: Kelly Tate, Amber Clark

Call to Order: The DUR meeting was called to order by L. Thomas at approximately 1:02 p.m.

Review and Adoption of Minutes: The minutes of the July 28, 2021 meeting were presented, and M. Bulloch made a motion to approve the minutes. D. McConaghy 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 2021. She reported 12,848 total manual requests and 15,868 total electronic requests. From the Prior Authorization and Override Response Time Ratio report for April 2021, L. Thomas reported that approximately 72% of all manual PAs and 70% of all overrides were completed in less than two hours. Ninety-one percent of all manual PAs and 92% of all overrides were completed in less than four hours. Ninety-three percent of all manual PAs and 94% of all overrides were completed in less than eight hours. For the month of May 2021, L. Thomas reported 12,172 manual PA requests and 14,525 electronic PA requests were received. She reported that 71% of all manual PAs and 72% of all overrides were completed in less than two hours. Ninety-two 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 97% of all overrides were completed in less than eight hours. For the month of June 2021, L. Thomas reported 13,331 manual PA requests and 15,261 electronic PA requests. L. Thomas reported that approximately 64% of all manual PAs and 63% of all overrides were completed in less than two hours. Eighty-eight percent of all manual PA requests and 89% of all overrides were completed in less than four hours. Ninety-two percent of all manual PA requests and 93% of all overrides were completed in less than eight hours.

Program Summary Review: L. Thomas briefly reviewed the Alabama Medicaid Program Summary for the months of January 2021 through June 2021. She reported 3,577,737 total prescriptions, 213,938 average recipients per month using pharmacy benefits, and an average paid per prescription of \$134.94.

Cost Management Analysis: L. Thomas reported an average cost per claim of \$136.04 for June 2021 and emphasized that the table contained the average cost per claim over the past two years. From the 2nd Quarter 2021 Drug Analysis, L. Thomas reported 81.9% generic utilization, 8.7% brand single-source, 5.6% brand multi-source (those requests which required a DAW override), and 3.9% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 04/01/2021-06/30/2021, L. Thomas reported the top five drugs: cetirizine, amoxicillin, albuterol sulfate HFA, fluticasone propionate, and montelukast sodium. L. Thomas mentioned that this was very similar to 1st Quarter 2021. L. Thomas also pointed out that hydrocodone-APAP claims had increased slightly, but that the medication decreased to the 10th position. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 04/01/2021-06/30/2021: Vyvanse[®], Humira[®] Citrate-free, Invega[®] Sustenna[®], Focalin XR[®], and Suboxone[®]. From the Top 15 Therapeutic Classes by Total Cost of Claims for the same time frame, L. Thomas reported the top five classes: Antipsychotic Agents, Disease-modifying Antirheumatic Agents, Insulins, Respiratory and CNS Stimulants, and Miscellaneous Anticonvulsants.

Synagis Season 2020-2021: L. Thomas and K. Newman briefly discussed the atypical nature of the 2020-2021 Synagis Season. CDC RSV data was shown to the DUR Board Members. Further data will be presented at the January 2022 DUR Board meeting.

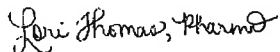
Proposed Criteria: L. Thomas presented the proposed set of 38 criteria to the Board and instructed the Board members to mark their ballots. Of the 38 proposed criteria, results from the criteria vote returned 37 approved and 1 approved as amended.

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

P & T Committee Update: A. Jenkins began the P & T Update by informing the Board that the August 4, 2021 meeting was canceled due to lack of quorum. The next P & T meeting will be held on November 3, 2021 and will cover the anti-infective agents, estrogens, prenatal vitamins, antidiabetic agents, first generation antihistamines, multiple sclerosis agents, gout agents, and genitourinary smooth muscle relaxants.

Next Meeting Date: B. Olin reminded the Board that the next DUR meeting will be held on January 26, 2022. A motion to adjourn the meeting was made by D. McConaghy. C. Stanley seconded the motion and the meeting was adjourned at 2:20 p.m.

Respectfully submitted,



Lori Thomas, PharmD.

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

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

1. Tolvaptan / Therapeutic Appropriateness

_ √ _____

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

Drugs/Diseases

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

Age Range: 0 – 17 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

2. Tolvaptan / Therapeutic Appropriateness

_ √ _____

Alert Message: Jynarque (tolvaptan) is contraindicated in patients with a history, signs or symptoms of significant liver impairment or injury. Tolvaptan can cause serious and potentially fatal liver injury. This contraindication does not apply to uncomplicated polycystic liver disease.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negate)</u>
Tolvaptan	Liver Impairment	Cystic Liver Disease

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

3. Tolvaptan / Contraindicated Conditions

_ √ _____

Alert Message: Jynarque (tolvaptan) is contraindicated in patients with uncorrected abnormal blood sodium concentrations, unable to sense or respond to thirst, hypovolemia, uncorrected urinary outflow obstruction, or anuria. Tolvaptan increases free water clearance and, as a result, may cause dehydration, hypovolemia, and hypernatremia.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Tolvaptan	Anuria	
	Hypovolemia	
	Urinary Tract Obstruction	

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

4. Tolvaptan / Strong CYP3A Inhibitors

_____ ✓ _____

Alert Message: The coadministration of Jynarque (tolvaptan) with strong CYP3A inhibitors is contraindicated. Tolvaptan is a CYP3A4 substrate, and concurrent use with a strong CYP3A inhibitor has been shown to increase tolvaptan exposure, increasing the risk of tolvaptan-related adverse effects.

Drugs/Diseases

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

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

5. Tolvaptan / Moderate CYP3A Inhibitors

_____ ✓ _____

Alert Message: The coadministration of Jynarque (tolvaptan) with moderate CYP3A inhibitors should be avoided. If concurrent use cannot be avoided, reduce the tolvaptan dose per the official prescribing information. Tolvaptan is a CYP3A substrate, and concurrent use with a moderate CYP3A inhibitor can result in increased tolvaptan exposure, increasing the risk of tolvaptan-related adverse effects.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Tolvaptan	Atazanavir Aprepitant Cimetidine Ciprofloxacin Crizotinib Cyclosporine	Diltiazem Verapamil Dronedarone Erythromycin Fluconazole Fluvoxamine Imatinib

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

6. Tolvaptan / Strong CYP3A4 Inducers

_____ ✓ _____

Alert Message: The coadministration of Jynarque (tolvaptan) with strong CYP3A4 inducers should be avoided. Tolvaptan is a CYP3A4 substrate, and coadministration with a CYP3A4 inducer can lead to a reduction in the plasma concentration of tolvaptan and decreased effectiveness of treatment.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Tolvaptan	Apalutamide Carbamazepine Enzalutamide Mitotane Phenobarbital Phenytoin Primidone Rifampin	

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Accepted Approved Rejected
As
Amended

7. Tolvaptan / Pregnancy / Pregnancy Negating

√ _____

Alert Message: Available data with Jynarque (tolvaptan) use in pregnant women are insufficient to determine if there is a drug-associated risk of adverse developmental outcomes. In animal studies, tolvaptan has been shown to have adverse effects on the fetus when given to pregnant animals at maternally toxic doses. Advise pregnant patients of the potential risk to the fetus.

Drugs/Diseases

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

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

8. Tolvaptan / Therapeutic Appropriateness

√ _____

Alert Message: There are no data on the presence of Jynarque (tolvaptan) in human milk, the effects on the breastfed infant, or the effects on milk production. Tolvaptan is present in rat milk. When a drug is present in animal milk, it is possible that the drug will be present in human milk, but relative levels may vary. Because of the potential for serious adverse reactions, including liver toxicity, electrolyte abnormalities (e.g., hypernatremia), hypotension, and volume depletion in breastfed infants, advise women not to breastfeed during treatment with tolvaptan.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Tolvaptan	Lactation	

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Jynarque Prescribing Information, Oct. 2020, Otsuka America Pharmaceuticals, Inc.

9. Secukinumab / Overutilization

√ _____

Alert Message: Cosentyx (secukinumab) may be over-utilized. The recommended maximum dose of secukinumab is 300 mg every 4 weeks.

Drugs/Diseases

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

Max Dose: 300 mg/4 weeks

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

10. Secukinumab / Serious Infection

Alert Message: Cosentyx (secukinumab) may increase the risk of infections. In clinical trials, a higher rate of infections was observed in secukinumab treated subjects compared to placebo-treated subjects. Exercise caution when considering the use of secukinumab in patients with a chronic infection or a history of recurrent infection. If a patient develops a serious infection, the patient should be closely monitored, and secukinumab should be discontinued until the infection resolves.

_____√_____

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Secukinumab	Herpes West Nile Virus Cytomegalovirus Candida Aspergillus Nocardia Listeria monocytogenes Mycobacterium Tuberculosis	

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Cosentyx Prescribing Information, June 2020. Novartis Pharmaceuticals Corp.

11. Secukinumab / Therapeutic Appropriateness (0 – 17 yoa)

Alert Message: The safety and effectiveness of Cosentyx (secukinumab) in pediatric patients have not been evaluated.

_____√_____

Drugs/Diseases

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

Age Range: 0 – 17 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Cosentyx Prescribing Information, June 2020. Novartis Pharmaceuticals Corp.

12. Secukinumab / Inflammatory Bowel Disease

Alert Message: Caution should be used when prescribing Cosentyx (secukinumab) to patients with inflammatory bowel disease. Exacerbations, in some cases serious, occurred in secukinumab treated patients during clinical trials in plaque psoriasis, psoriatic arthritis, and ankylosing spondylitis. In addition, new-onset inflammatory bowel disease cases occurred in clinical trials with secukinumab. Patients who are treated with secukinumab should be monitored for signs and symptoms of inflammatory bowel disease.

_____√_____

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Secukinumab		Inflammatory Bowel Disease

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

13. Secukinumab / CYP3A4 Substrates w/ NTI

Alert Message: Upon initiation or discontinuation of Cosentyx (secukinumab) in patients who are receiving concomitant CYP450 substrates, particularly those with a narrow therapeutic index, consider monitoring for therapeutic effect or drug concentration and consider dosage adjustment as needed. The formation of CYP450 enzymes can be altered by increased levels of certain cytokines (e.g., IL-1, IL-6, IL-10, TNF α , IFN) during chronic inflammation. Thus, the formation of CYP450 enzymes could be normalized during secukinumab administration.

_____√_____

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>					<u>Util C</u>
Secukinumab	Avanafil	Eletriptan	Lurasidone	Simvastatin	Vardenafil	
	Budesonide	Eplerenone	Maraviroc	Sirolimus		
	Buspirone	Everolimus	Midazolam	Tacrolimus		
	Carbamazepine	Felodipine	Naloxegol	Ticagrelor		
	Darifenacin	Ibrutinib	Nisoldipine	Tipranavir		
	Darunavir	Lomitapide	Quetiapine	Tolvaptan		
	Dronedarone	Lovastatin	Sildenafil	Triazolam		

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Cosentyx Prescribing Information, June 2020. Novartis Pharmaceuticals Corp.

14. Secukinumab / Nonadherence

Alert Message: Based on refill history, your patient may be under-utilizing Cosentyx (secukinumab). Nonadherence to the prescribed dosing regimen may result in subtherapeutic effects, which may lead to decreased patient outcomes and additional healthcare costs.

_____√_____

Drugs/Diseases

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

References:

Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005;353:487-97.
Soobraty A, Boughdady S, Selinger CP. Current Practice and Clinicians' Perception of Medication Non-adherence in Patients with Inflammatory Bowel Disease: A Survey of 98 Clinicians. World J Gastro Pharma Ther. 2017; 8(1):67-73.
McKay KA, Tremlett H, Patten SB, et al. Determinants of Non-Adherence to Disease-Modifying Therapies in Multiple Sclerosis: A Cross-Canada Prospective Study. Mult Scler. 2016;23(4):588-596.
Joplin S, van der Zwan R, Joshua F, Wong PK. Medication Adherence in Patients with Rheumatoid Arthritis: The Effect of Patient Education, Health Literacy, and Musculoskeletal Ultrasound. Biomed Res Int. 2015;2015:150658.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

15. Tacrolimus / CYP3A4 Inducers

Alert Message: The concomitant use of tacrolimus (a CYP3A4 substrate) with strong CYP3A4 inducers may increase the metabolism of tacrolimus, leading to lower whole blood trough concentrations and greater risk of rejection. Dose adjustment of tacrolimus may be necessary when administered concomitantly with CYP3A4 inducers. Closely monitor tacrolimus whole blood trough concentrations.

 v

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Tacrolimus	Apalutamide	Phenobarbital
	Carbamazepine	Phenytoin
	Enzalutamide	Primidone
	Mitotane	Rifampin

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.
Facts & Comparisons, 2021 Updates, Wolters Kluwer Health.

16. Vibegron / Overuse

Alert Message: Gemtesa (vibegron) may be over-utilized. The recommended dosage of vibegron is one 75 mg tablet orally, once daily with or without food. Swallow vibegron whole with a glass of water.

 v

Conflict Code: ER - Overutilization

Drugs/Diseases

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

Max Dose: 75 mg/day

References:

Clinical Pharmacology, 2021 Elsevier/Gold Standard.
Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

17. Vibegron / Therapeutic Appropriateness

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

 v

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

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

Age Range: 0 – 17 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

18. Vibegron / Therapeutic Appropriateness

___v___

Alert Message: Urinary retention has been reported in patients taking Gemtesa (vibegron). The risk of urinary retention may be increased in patients with bladder outlet obstruction and also in patients taking muscarinic antagonist medications for the treatment of OAB. Monitor patients for signs and symptoms of urinary retention, particularly in patients with bladder outlet obstruction and patients taking muscarinic antagonist medications for the treatment of OAB. Discontinue vibegron in patients who develop urinary retention.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C (Include)

Vibegron

Urinary Retention

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

19. Vibegron / Digoxin

___v___

Alert Message: Concomitant use of Gemtesa (vibegron) increases digoxin maximal concentrations (Cmax) and systemic exposure as assessed by area under the concentration-time curve (AUC). Serum digoxin concentrations should be monitored before initiating and during therapy with vibegron and used for titration of the digoxin dose to obtain the desired clinical effect. Continue monitoring digoxin concentrations upon discontinuation of vibegron and adjust digoxin dose as needed.

Conflict Code: DD - Drug/Drug Interaction

Drugs/Diseases

Util A

Util B

Util C

Vibegron

Digoxin

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

20. Vibegron / CKD Stage 5

___v___

Alert Message: Gemtesa (vibegron) has not been studied in patients with eGFR < 15mL/min/1.73m2 (with or without hemodialysis) and is not recommended in these patients.

Conflict Code: MC - Drug/Disease Precaution

Drugs/Diseases

Util A

Util B

Util C (Include)

Vibegron

CKD Stage 5

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

21. Vibegron / Severe Hepatic Impairment

 √ _____ _____

Alert Message: Gemtesa (vibegron) has not been studied in patients with severe hepatic impairment (Child-Pugh C) and is not recommended in this patient population.

Conflict Code: DD - Drug/Drug Interaction

Drugs/Diseases

Util A

Util B

Util C (Include)

Vibegron

Cirrhosis

Hepatic Failure

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

22. Vibegron / Lactation

 √ _____ _____

Alert Message: There are no data on the presence of Gemtesa (vibegron) in human milk, the effects of the drug on the breastfed infant, or the effects on milk production. When a single oral dose of radiolabeled vibegron was administered to postnatal nursing rats, radioactivity was observed in milk. When a drug is present in animal milk, it is likely that the drug will be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for vibegron and any potential adverse effects on the breastfed infant from vibegron or the underlying maternal condition.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Vibegron

Lactation

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gemtesa Prescribing Information, Dec. 2020, Urovant Sciences, Inc.

23. Pralsetinib / Overuse

 √ _____ _____

Alert Message: Gavreto (pralsetinib) may be over-utilized. The recommended maintenance dose of pralsetinib is 400 mg orally once daily on an empty stomach (no food intake for at least 2 hours before and at least 1 hour after taking pralsetinib).

Drugs/Diseases

Util A

Util B

Util C

Pralsetinib

Max Dose: 400 mg/day

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

27. Pralsetinib / Hypertension

Alert Message: Do not initiate Gavreto (pralsetinib) in patients with uncontrolled hypertension. In clinical studies, hypertension occurred in 29% of patients, including Grade 3 hypertension in 14% of patients. Optimize blood pressure prior to initiating pralsetinib. Monitor blood pressure after 1 week, at least monthly thereafter, and as clinically indicated during pralsetinib therapy. Initiate or adjust anti-hypertensive therapy as appropriate. Withhold, reduce dose, or permanently discontinue pralsetinib based on the severity.

___√___ ___ ___

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Pralsetinib	Hypertension	Antihypertensive Medication

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

28. Pralsetinib / Hepatotoxicity

Alert Message: In clinical studies, serious hepatic adverse reactions occurred in 2.1% of patients treated for Gavreto (pralsetinib). Increased AST occurred in 69% of patients, including Grade 3 or 4 in 5.4% and increased ALT occurred in 46% of patients, including Grade 3 or 4 in 6%. Monitor AST and ALT prior to initiating pralsetinib, every 2 weeks during the first 3 months, then monthly thereafter and as clinically indicated. Withhold, reduce dose, or permanently discontinue pralsetinib based on severity.

___√___ ___ ___

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Pralsetinib	Liver Function Test	

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

29. Pralsetinib / Hemorrhage

Alert Message: Serious, including fatal, hemorrhagic events can occur with Gavreto (pralsetinib). In clinical studies, Grade ≥ 3 hemorrhagic events occurred in 2.5% of patients treated with pralsetinib including one patient with a fatal hemorrhagic event. Permanently discontinue pralsetinib in patients with severe or life-threatening hemorrhage.

___√___ ___ ___

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Pralsetinib	Hemorrhage	

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

30. Pralsetinib / Therapeutic Appropriateness

Alert Message: Gavreto (pralsetinib) is a kinase inhibitor that can inhibit the vascular endothelial growth factor (VEGF) signaling pathway, therefore, pralsetinib has the potential to adversely affect wound healing. Withhold pralsetinib for at least 5 days prior to elective surgery. Do not administer pralsetinib for at least 2 weeks following major surgery and until adequate wound healing. The safety of resumption of pralsetinib after resolution of wound healing complications has not been established.

 v _____

Drugs/Diseases

Util A

Util B

Util C

Pralsetinib

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

31. Pralsetinib / Certain Strong CYP3A Inhibitors

Alert Message: Avoid coadministration of Gavreto (pralsetinib) with strong CYP3A inhibitors. Coadministration of pralsetinib with a strong CYP3A inhibitor increases pralsetinib exposure, which may increase the incidence and severity of adverse reactions of pralsetinib.

 v _____

Drugs/Diseases

Util A

Util B

Util C

Pralsetinib

Nefazodone

Voriconazole

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

32. Pralsetinib / Strong Combined CYP3A Inhibitors/P-gp Inhibitors

Alert Message: Avoid coadministration of Gavreto (pralsetinib) with drugs that are known combined P-gp and strong CYP3A inhibitors. If coadministration with a combined P-gp and strong CYP3A inhibitor cannot be avoided, a pralsetinib dose reduction is recommended. If taking pralsetinib 400 mg or 300 mg once daily, reduce to 200 mg once daily. If taking 200 mg once daily, reduce to 100 mg once daily. After the inhibitor has been discontinued for 3 to 5 elimination half-lives, resume pralsetinib at the dose taken prior to initiating the combined P-gp and strong CYP3A inhibitor.

 v _____

Drugs/Diseases

Util A

Util B

Util C

Pralsetinib

Clarithromycin

Mifepristone

Cobicistat

Nelfinavir

Indinavir

Posaconazole

Itraconazole

Ritonavir

Ketoconazole

Saquinavir

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

33. Pralsetinib / Strong CYP3A Inducers

___√___

Alert Message: Avoid coadministration of Gavreto (pralsetinib) with strong CYP3A inducers. Coadministration of pralsetinib with a strong CYP3A inducer decreases pralsetinib exposure, which may decrease the efficacy of pralsetinib. If coadministration cannot be avoided, increase the starting dose of pralsetinib to double the current pralsetinib dosage starting on Day 7 of coadministration of pralsetinib with the strong CYP3A inducer. After the inducer has been discontinued for at least 14 days, resume pralsetinib at the dose taken prior to initiating the strong CYP3A inducer.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Pralsetinib	Apalutamide	Phenobarbital
	Carbamazepine	Phenytoin
	Enzalutamide	Primidone
	Mitotane	Rifampin

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

34. Pralsetinib / Pregnancy / Pregnancy Negating

___√___

Alert Message: Based on findings from animal studies and its mechanism of action, Gavreto (pralsetinib) can cause fetal harm when administered to a pregnant patient. Oral administration of pralsetinib to pregnant rats during the period of organogenesis resulted in malformations and embryoletality at maternal exposures below the human exposure at the clinical dose of 400 mg once daily. Advise pregnant patients of the potential risk to a fetus.

Drugs/Diseases

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

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.
Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

35. Pralsetinib / Therapeutic Appropriateness .

___√___

Alert Message: There are no data on the presence of Gavreto (pralsetinib) or its metabolites in human milk or their effects on either the breastfed child or on milk production. Because of the potential for serious adverse reactions in breastfed children, advise patients not to breastfeed during treatment with pralsetinib and for 1 week after the final dose.

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Pralsetinib	Lactation	

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

36. Pralsetinib / Therapeutic Appropriateness

Alert Message: Advise patients of reproductive potential to use effective non-hormonal contraception during treatment with Gavreto (pralsetinib) and for 2 weeks after the final pralsetinib dose. Pralsetinib can cause fetal harm when administered to a pregnant patient.

___√___

Drugs/Diseases

Util A

Util B

Util C (Negating)

Pralsetinib

Contraceptives

Gender: Female

Age Range: 11 – 50 yoa

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

37. Pralsetinib / Therapeutic Appropriateness

Alert Message: Advise males with partners of reproductive potential to use effective contraception during treatment with Gavreto (pralsetinib) and for 1 week after the last dose.

___√___

Drugs/Diseases

Util A

Util B

Util C

Pralsetinib

Gender: Male

References:

Clinical Pharmacology, 2020 Elsevier/Gold Standard.

Gavreto Prescribing Information, December 2020, Blueprint Medicines Corporation.

38. Pralsetinib / Non-adherence

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

___√___

Drugs/Diseases

Util A

Util B

Util C

Pralsetinib

References:

Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med. 2005;353:487-97.

Ruddy K, Mayer E, Partridge A. Patient Adherence and Persistence with Oral Anticancer Treatment. CA Cancer J Clin 2009;59:56-66.

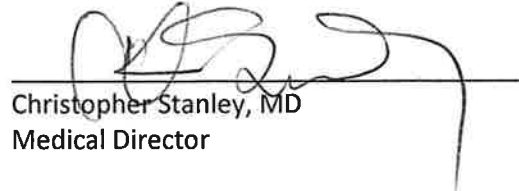
Barillet M, Prevost V, Joly F, Clarisse B. Oral Antineoplastic Agents: How do We Care About Adherence?. Br J Clin Pharmacol. 2015;80(6):1289–1302. doi:10.1111/bcp.12734

Greer JA, Amoyal N, Nisotel L, et al. Systemic Review of Adherence to Oral Antineoplastic Therapies. The Oncologist. 2016;21:354-376. Alabama Medicaid Agency


Stephanie McGee Azar, Commissioner

Approve () Deny

11-19-2021
Date


Christopher Stanley, MD
Medical Director

Approve () Deny

11/19/2021
Date


Ginger Wettingfield, Deputy Commissioner

Approve () Deny

11-19-21
Date