Alabama Medicaid DUR Board Meeting Minutes Summary
July 20, 2022

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

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

Members Absent: Nina Ford Johnson, Amber Clark, Rachel Seaman

Call to Order: The DUR meeting was called to order by B. Olin at approximately 1:04 p.m.

Review and Adoption of Minutes: The minutes of the April 27, 2022 meeting were presented, and M. Bulloch made a motion to approve the minutes. C. Deas seconded the motion, and the motion was approved unanimously.

Prior Authorization and Overrides Update: L. Thomas began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of January 2022. She reported 12,309 total manual requests and pointed out the number of morphine milligram equivalent overrides and opioid naïve overrides. She reminded the Board members that this edit began in August 2019 and that the MME hard edit is still set at 200MME/day. There were 15,779 total electronic requests for the month of January 2022. From the Prior Authorization and Override Response Time Ratio report for January 2022, L. Thomas reported that approximately 40% of all manual PAs and 42% of all overrides were completed in less than two hours. Seventy-eight percent of all manual PAs and 82% of all overrides were completed in less than four hours. Eighty-seven percent of all manual PAs and 90% of all overrides were completed in less than eight hours. For the month of February 2022, L. Thomas reported 13,376 manual PA requests and 15,739 electronic PA requests were received. She reported that 19% of all manual PAs and 17% of all overrides were completed in less than two hours. L. Thomas also mentioned that during this month there were 6,000 additional PAs submitted. Sixty-two percent of all manual PAs and 63% of all overrides were completed in less than four hours. Eighty-five percent of all manual PAs and 88% of all overrides were completed in less than eight hours. For the month of March 2022, L. Thomas reported 14,883 manual PA requests and 17,273 electronic PA requests. L. Thomas reported that approximately 15% of all manual PAs and 13% of all overrides were completed in less than two hours. Sixty-three percent of all manual PA requests and 60% of all overrides were completed in less than four hours. Eighty-nine percent of all manual PA and all overrides were completed in less than eight hours.

Program Summary Review: L. Thomas briefly reviewed the Alabama Medicaid Program Summary for the months of October 2021 through March 31, 2022. She reported 3,863,685 total prescriptions, 235,545 average recipients per month using pharmacy benefits, and an average paid per prescription of $132.97.

Cost Management Analysis: L. Thomas reported an average cost per claim of $146.35 for March 2022 and compared previous months contained in the table. From the 1st Quarter Drug Analysis, L. Thomas reported 82% generic utilization, 8.6% brand single-source, 5.8% brand multi-source (those requests which required a DAW override), and 3.5% OTC and “other”. From the Top 25 Drugs Based on Number of Claims from 01/01/2022-03/31/2022, L. Thomas reported the top five drugs: cetirizine, albuterol sulfate HFA, amoxicillin, azithromycin, and fluticasone propionate. She reported that this report was similar to the 4th Quarter 2021 and that the number of hydrocodone/APAP claims continue to decrease. L. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 01/01/2022-03/31/2022: Vyvanse*, Humira Citrate-free, Trikafta®, Focalin XR®, and Invenga® Sustenna*.
From the Top 15 Therapeutic Classes by Total Cost of Claims for the same time frame, L. Thomas reported the top five classes: Antipsychotic Agents, Disease-modifying Antirheumatic Agents, Respiratory and CNS Stimulants, Miscellaneous Anticonvulsants, and Insulins.

**Proposed Criteria:** L. Thomas presented the proposed set of 43 criteria to the Board and instructed the Board members to mark their ballots. Of the 43 proposed criteria, results from the criteria vote returned 39 approved and 4 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 reminded the Board members that the Agency is still preparing for the unwinding of the national COVID-19 PHE. L. Eddings-Haygood reminded the Board members that every July the Board votes on a Vice Chair. Ballots were distributed and members were asked to mark their ballots and pass them to the front. Results of the vote elected C. Deas as Vice Chair. The current Vice Chair, D. Powell, will begin her term as Chairman of the Board beginning with the October 2022 meeting.

**P & T Committee Update:** C. Hurst began the P & T Update by informing the Board that the last P & T meeting was held on May 4, 2022 and covered the remaining cardiac agents, antihypertensives, and alzheimers agents.

**Next Meeting Date:** B. Olin reminded the Board that the next DUR meeting will be held on October 26, 2022. A motion to adjourn the meeting was made by D. Powell and C. Stanley seconded the motion. The meeting was adjourned at 1:55 p.m.

Respectfully submitted,

[Signature]

Lori Thomas, PharmD.
1. Monomethyl Fumarate / Overuse
Alert Message: Bafiertam (monomethyl fumarate) may be over-utilized. The recommended maintenance dose after 7 days is 190 mg twice a day.

Drugs/Diseases
Util A Util B Util C
Monomethyl Fumarate

Max Dose: 380 mg/day

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.

2. Monomethyl Fumarate / Therapeutic Appropriateness
Alert Message: The safety and effectiveness of Bafiertam (monomethyl fumarate) in pediatric patients have not been established.

Drugs/Diseases
Util A Util B Util C
Monomethyl Fumarate

Age Range: 0 – 17 yoa

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.

3. Monomethyl Fumarate / Dimethyl Fumarate & Diroximel Fumarate
Alert Message: Coadministration of Bafiertam (monomethyl fumarate) with dimethyl fumarate or diroximel fumarate is contraindicated. Both dimethyl fumarate and diroximel fumarate are metabolized to monomethyl fumarate. Concurrent use of monomethyl fumarate with these drugs may lead to toxic adverse effects. Monomethyl fumarate may be initiated the day following discontinuation of either drug.

Conflict Code: DD - Drug/Drug Interaction
Drugs/Diseases
Util A Util B Util C
Monomethyl Fumarate Dimethyl Fumarate Diroximel Fumarate

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.
4. Monomethyl Fumarate / Progressive Multifocal Leukoencephalopathy
Alert Message: Progressive multifocal leukoencephalopathy (PML) has occurred in patients with MS treated with dimethyl fumarate, the prodrug of Bafiertam (monomethyl fumarate). At the first sign or symptom suggestive of PML, withhold monomethyl fumarate and perform an appropriate diagnostic evaluation. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.

Drugs/Diseases

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monomethyl Fumarate</td>
<td>Visual Disturbances</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Muscle Weakness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disorientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Altered Mental Status</td>
<td></td>
</tr>
</tbody>
</table>

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.

5. Monomethyl Fumarate / Serious Opportunistic Infections
Alert Message: Serious opportunistic infections have occurred with dimethyl fumarate, the product of Bafiertam (monomethyl fumarate), including cases of serious viral (herpes simplex virus, West Nile virus, cytomegalovirus), fungal (Candida and Aspergillus), and bacterial (Nocardia, Listeria monocytogenes, Mycobacterium tuberculosis) infections. Patients with symptoms and signs consistent with any of these infections should undergo prompt diagnostic evaluation and receive appropriate treatment. Consider withholding dimethyl fumarate treatment in patients with herpes zoster or other serious infections until the infection has resolved.

Drugs/Diseases

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monomethyl Fumarate</td>
<td>Infections</td>
</tr>
</tbody>
</table>

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.

6. Monomethyl Fumarate / Flushing / Aspirin
Alert Message: Bafiertam (monomethyl fumarate) may cause flushing (e.g., warmth, redness, itching, and/or burning sensation). Studies with dimethyl fumarate, the prodrug of monomethyl fumarate, show that administration of non-enteric coated aspirin (up to a dose of 325 mg) 30 minutes prior to dosing may reduce the incidence or severity of flushing.

Drugs/Diseases

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C (Negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimethyl Fumarate</td>
<td>Flushing</td>
<td></td>
</tr>
</tbody>
</table>

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.
7. Monomethyl Fumarate / Pregnancy / Pregnancy Negating
Alert Message: There are no adequate data on the developmental risk associated with the use of Bafiertam (monomethyl fumarate) or dimethyl fumarate (the prodrug of monomethyl fumarate) in pregnant women. Monomethyl fumarate may cause fetal harm. In animal studies, adverse effects on offspring survival, growth, sexual maturation, and neurobehavioral function were observed when dimethyl fumarate was administered during pregnancy and lactation at clinically relevant doses.

Drugs/Diseases

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C (Negate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monomethyl Fumarate</td>
<td>Pregnancy</td>
<td>Abortion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Miscarriage</td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.

8. Monomethyl Fumarate / Therapeutic Appropriateness
Alert Message: There are no data on the presence of Bafiertam (monomethyl fumarate) or dimethyl fumarate (the prodrug of monomethyl fumarate) in human milk. The effects on the breastfed infant and milk production are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for monomethyl fumarate and any potential adverse effects on the breastfed infant from the drug or the underlying maternal condition.

Drugs/Diseases

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monomethyl Fumarate</td>
<td>Lactation</td>
<td></td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.

9. Monomethyl Fumarate / Abnormal Liver Function Studies
Alert Message: Clinically significant cases of liver injury have been reported in patients treated with dimethyl fumarate, the prodrug of Bafiertam (monomethyl fumarate), in the postmarketing setting. Obtain serum aminotransferase, alkaline phosphatase (ALP), and total bilirubin levels prior to treatment with monomethyl fumarate and during treatment, as clinically indicated. Discontinue monomethyl fumarate if clinically significant liver injury induced by monomethyl fumarate is suspected.

Drugs/Diseases

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monomethyl Fumarate</td>
<td>Abnormal Results in Liver Function Studies</td>
<td></td>
</tr>
</tbody>
</table>

References:
Bafiertam Prescribing Information, May 2021, Banner Life Sciences.
10. Monomethyl Fumarate / Non-adherence
Alert Message: Based on refill history, your patient may be under-utilizing Bafiertam (monomethyl fumarate). Nonadherence to the prescribed dosing regimen may result in subtherapeutic effects, which may lead to decreased patient outcomes and additional healthcare costs.

Conflict Code: LR – Non-adherence
Drugs/Diseases
\[
\text{Util A} \quad \text{Util B} \quad \text{Util C}
\]
Monomethyl Fumarate

References:

11. Cyclobenzaprine ER / Therapeutic Appropriateness
Alert Message: The safety and effectiveness of Amrix (cyclobenzaprine extended-release) have not been established in pediatric patients.

Drugs/Diseases
\[
\text{Util A} \quad \text{Util B} \quad \text{Util C}
\]
Cyclobenzaprine ER

Age Range: 0 – 17 yoa

References:

12. Ibxafungerp / Overuse
Alert Message: Brexafemme (ibxafungerp) may be over-utilized. The recommended dosage of ibxafungerp in adult and post-menarchal pediatric females is 300 mg (two 150 mg tablets) administered approximately 12 hours apart (e.g., in the morning and in the evening) for one day, for a total daily dosage of 600 mg (four 150 mg tablets).

Drugs/Diseases
\[
\text{Util A} \quad \text{Util B} \quad \text{Util C (Negating)}
\]
Ibxafungerp

<table>
<thead>
<tr>
<th>Clarithromycin</th>
<th>Nelfinavir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobicistat</td>
<td>Posaconazole</td>
</tr>
<tr>
<td>Indinavir</td>
<td>Ritonavir</td>
</tr>
<tr>
<td>Itraconazole</td>
<td>Saquinavir</td>
</tr>
<tr>
<td>Ketoconazole</td>
<td>Voriconazole</td>
</tr>
<tr>
<td>Nefazodone</td>
<td></td>
</tr>
</tbody>
</table>

Max Dose: 600 mg/day

References:
Bexafemme Prescribing Information, June 2021, Scynexis, Inc.
13. Ibrexafungerp / Therapeutic Appropriateness
Alert Message: The safety and effectiveness of Brexafermee (ibrexafungerp) have not been established in pre-menarchal pediatric females.

Drugs/Diseases
Util A
Ibrexafungerp

Util B

Util C

Gender: Female
Age Range: 0 – 8 yoa

References:
Brexafermee Prescribing Information, June 2021, Scynexis, Inc.

14. Ibrexafungerp / Therapeutic Appropriateness
Alert Message: Advise females of reproductive potential to use effective contraception during treatment with Brexafermee (ibrexafungerp) and for 4 days after the last dose. Based on findings from animal studies, ibrexafungerp use is contraindicated in pregnancy because it may cause fetal harm.

Drugs/Diseases
Util A
Ibrexafungerp

Util B

Util C (Negating)
Contraceptives

Gender: Female
Age Range: 11 – 50 yoa

References:
Brexafermee Prescribing Information, June 2021, Scynexis, Inc.

15. Ibrexafungerp / Pregnancy / Pregnancy Negating
Alert Message: Based on findings from animal studies, Brexafermee (ibrexafungerp) use is contraindicated in pregnancy because it may cause fetal harm. In animal reproduction studies, ibrexafungerp administered orally to pregnant rabbits during organogenesis was associated with fetal malformations at dose exposures greater or equal to approximately 5 times the human exposure at the recommended human dose (RHD). Prior to initiating treatment with ibrexafungerp, verify the pregnancy status in females of reproductive potential. Advise females of reproductive potential to use effective contraception during treatment with ibrexafungerp and for 4 days after the last dose.

Drugs/Diseases
Util A
Ibrexafungerp

Util B
Pregnancy

Util C (Negating)
Abortion
Delivery
Miscarriage

Gender: Female
Age Range: 11 – 50 yoa

References:
Brexafermee Prescribing Information, June 2021, Scynexis, Inc.
16. Ibexafungerp / Lactation
Alert Message: There are no data on the presence of Brexafemme (ibexafungerp) in either human or animal milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for ibexafungerp and any potential adverse effects on the breastfed child from ibexafungerp or the underlying maternal condition.

<table>
<thead>
<tr>
<th>Drugs/Diseases</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibexafungerp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lactation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

References:
Brexafemme Prescribing Information, June 2021, Scynexis, Inc.

17. Ibexafungerp / Strong CYP3A4 Inhibitors
Alert Message: Brexafemme (ibexafungerp) is a substrate of CYP3A4. Drugs that inhibit or induce CYP3A may alter the plasma concentrations of ibexafungerp and affect the safety and efficacy of ibexafungerp. With concomitant use of a strong CYP3A inhibitor, administer ibexafungerp 150 mg approximately 12 hours apart (e.g., in the morning and the evening) for one day. No dosage adjustment is warranted in patients with concomitant use of a weak or moderate CYP3A inhibitor.

<table>
<thead>
<tr>
<th>Drugs/Diseases</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibexafungerp</td>
<td></td>
<td>Clarithromycin</td>
<td>Nelfinavir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cobicistat</td>
<td>Posaconazole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indinavir</td>
<td>Ritonavir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Itraconazole</td>
<td>Saquinavir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ketoconazole</td>
<td>Voriconazole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nefazodone</td>
<td></td>
</tr>
</tbody>
</table>

References:
Brexafemme Prescribing Information, June 2021, Scynexis, Inc.
18. Ibrexafungerp / Moderate & Strong CYP3A4 Inducers
Alert Message: The concurrent use of Brexafemme (Ibrexafungerp) with drugs that are moderate or strong CYP3A4 inducers should be avoided. Ibrexafungerp is a substrate of CYP3A4, and concomitant use with drugs that induce CYP3A metabolism may significantly reduce the plasma concentrations of Ibrexafungerp and decrease Ibrexafungerp efficacy.

References:
Brexafemme Prescribing Information, June 2021, Scynexis, Inc.

19. Ripretinib / Overuse
Alert Message: Qinlock (ripretinib) may be over-utilized. The manufacturer’s recommended maximum daily dosage of ripretinib is 150 mg orally once daily.

References:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

20. Ripretinib / Therapeutic Appropriateness
Alert Message: The safety and effectiveness of Qinlock (ripretinib) in pediatric patients have not been established.

References:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.
21. Ripretinib / Therapeutic Appropriateness
Alert Message: Palmar-plantar erythrodysesthesia syndrome (PPES) has occurred in patients who received Qinlock (ripretinib). In clinical trials, PPES led to dose discontinuation in 1.2% of patients, dose interruption in 2.4% of patients, and dose reduction in 1.2% of patients. Based on severity, withhold ripretinib and then resume at the same or reduced dose.

Drugs/Disease
Util A
Ripretinib

Util B
Localized skin eruption due to drugs and medications taken internally

Util C

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

22. Ripretinib / Other Malignancies
Alert Message: New primary malignancy (e.g., cutaneous squamous-cell carcinoma, keratoacanthoma, and melanoma) has been reported with Qinlock (ripretinib) therapy. Dermatologic evaluations should be performed prior to starting ripretinib therapy and routinely during treatment. Manage suspicious skin lesions with excision and dermatopathologic evaluation. Continue ripretinib at the same dose.

Drugs/Disease
Util A
Ripretinib

Util B
Squamous Cell Carcinoma
Keratoacanthoma
Melanoma

Util C

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

23. Ripretinib / Hypertension
Alert Message: Hypertension has been reported with Qinlock (ripretinib) therapy. Do not initiate ripretinib in patients with uncontrolled hypertension. Adequately control blood pressure prior to initiating ripretinib. Monitor blood pressure as clinically indicated during treatment with ripretinib, and initiate or adjust antihypertensive therapy as appropriate. Based on severity, withhold ripretinib and then resume at the same or reduced dose or permanently discontinue.

Drugs/Disease
Util A
Ripretinib

Util B
Hypertension

Util C (Negating)
Antihypertensives

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.
24. Ripretinib / Cardiovascular Issues
Alert Message: Qinlock (ripretinib) should be used with caution in patients with cardiovascular disease. Cardiac dysfunction (including cardiac failure, acute left ventricular failure, diastolic dysfunction, and ventricular hypertrophy) has occurred during ripretinib therapy. Assess ejection fraction by echocardiogram or MUGA scan prior to initiating ripretinib and during treatment, as clinically indicated. Permanently discontinue ripretinib for Grade 3 or 4 left ventricular systolic dysfunction.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td>Acute Coronary Syndrome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Myocardial Infarction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac Failure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ventricular Hypertrophy</td>
<td></td>
</tr>
</tbody>
</table>

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

25. Ripretinib / Therapeutic Appropriateness
Alert Message: Qinlock (ripretinib) inhibits the vascular endothelial growth factor (VEGF) signaling pathway and may impair wound healing. Therefore, ripretinib has the potential to adversely affect wound healing. Withhold ripretinib for at least one week prior to elective surgery. Do not administer ripretinib for at least two weeks following major surgery and until adequate wound healing. The safety of resumption of ripretinib after the resolution of wound healing complications has not been established.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

26. Ripretinib / Strong CYP3A Inhibitors
Alert Message: The concurrent use of Qinlock (ripretinib), a CYP3A substrate, with a strong CYP3A inhibitor can increase the exposure of ripretinib and its active metabolite (OP-5439), which may increase the risk of adverse reactions. If ripretinib is used concomitantly with a strong CYP3A inhibitor, monitor the patient more frequently for ripretinib-related adverse reactions.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td>Clarithromycin</td>
<td>Nelfinavir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cobicistat</td>
<td>Posaconazole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indinavir</td>
<td>Ritonavir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Itraconazole</td>
<td>Saquinavir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ketoconazole</td>
<td>Voriconazole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nefazodone</td>
<td></td>
</tr>
</tbody>
</table>

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.
27. Ripretinib / Strong CYP3A Inducers
Alert Message: The concurrent use of Qinlock (ripretinib) with a strong CYP3A inducer should be avoided. Ripretinib is a CYP3A substrate, and the use of ripretinib with strong CYP3A inducers may decrease the exposure of ripretinib and its active metabolite (DP-5439), which may decrease ripretinib anti-tumor activity.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td>Apalutamide</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carbamazepine</td>
<td>Phenytion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enalutamide</td>
<td>Primidone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mitotane</td>
<td>Rifampin</td>
</tr>
</tbody>
</table>

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

28. Ripretinib / Moderate CYP3A Inducers
Alert Message: The concurrent use of Qinlock (ripretinib) with a moderate CYP3A inducer should be avoided. Ripretinib is a CYP3A substrate, and the use of ripretinib with moderate CYP3A inducers may decrease the exposure of ripretinib and its active metabolite (DP-5439), which may decrease ripretinib anti-tumor activity. If a moderate CYP3A inducer cannot be avoided, increase ripretinib dosing frequency from the recommended dose of 150 mg once daily to 150 mg twice daily during the co-administration period. Monitor the patient for clinical response and tolerability.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td>Bosentan</td>
<td>Etravirine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Butalbital</td>
<td>Rifabutin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Efavirenz</td>
<td>Rifampine</td>
</tr>
</tbody>
</table>

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

29. Ripretinib / Pregnancy / Pregnancy Negating
Alert Message: Based on findings from animal studies and its mechanism of action, Qinlock (ripretinib) can cause fetal harm when administered to a pregnant patient. There are no available data on the use of ripretinib in pregnant patients to inform a drug-associated risk. Administration of ripretinib to pregnant rats and rabbits during the period of organogenesis resulted in malformations primarily associated with the cardiovascular and skeletal systems, anatomic variations, reduced fetal body weight, and increased post-implantation loss at maternal exposures that were approximately equal to the human exposure at the recommended dose of 150 mg. Advise pregnant patients of the potential risk to a fetus.

<table>
<thead>
<tr>
<th>Drugs/Diseases</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
<th>(Pregnancy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td>Pregnancy</td>
<td>Abortion</td>
<td>Delivery</td>
<td>Miscarriage</td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

References:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.
30. Ripretinib / Lactation
Alert Message: There are no data regarding the presence of Qinlock (ripretinib) or its metabolites in either human milk or its effects on a breastfed child or milk production. Because of the potential for serious adverse reactions in the breastfed child, advise patients not to breastfeed during treatment with ripretinib and for at least 1 week after the final dose.

<table>
<thead>
<tr>
<th>Drugs/Diseases</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td>Lactation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

References:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

31. Ripretinib / Therapeutic Appropriateness
Alert Message: Advise females of reproductive potential to use effective contraception during Qinlock (ripretinib) treatment and for at least 1 week after the final dose. There are no available data on the use of ripretinib in pregnant women to inform a drug-associated risk.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C (Negating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td></td>
<td>Contraceptives</td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.

32. Ripretinib / Therapeutic Appropriateness
Alert Message: Advise males with female partners of reproductive potential to use effective contraception during treatment with Qinlock (ripretinib) and for at least 1 week after the final ripretinib dose.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ripretinib</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: Male

Reference:
Qinlock Prescribing Information, June 2021, Deciphera Pharmaceuticals, LLC.
33. Ripretinib / Non-adherence
Alert Message: Based on refill history, your patient may be under-utilizing Qinlock (ripretinib). Nonadherence to the prescribed dosing regimen may result in sub-therapeutic effects, which may lead to decreased outcomes and additional healthcare costs.

Drugs/Diseases: Ripretinib

References:

34. Tazemetostat / Overuse
Alert Message: Tazverik (tazemetostat) may be over-utilized. The dosage of tazemetostat is 800 mg orally twice daily with or without food until disease progression or unacceptable toxicity.

Drugs/Disease: Tazemetostat

Max Dose: 1600 mg/day

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.

35. Tazemetostat / Therapeutic Appropriateness
Alert Message: The safety and effectiveness of Tazverik (tazemetostat) in pediatric patients less than 16 years of age have not been established.

Drugs/Disease: Tazemetostat

Age Range: 0-15 years

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.
36. Tazemetostat / Contraceptives
Alert Message: The concurrent use of Tazverik (tazemetostat) with estrogen-containing contraceptives can result in decreased contraceptive plasma concentrations and reduced contraceptive efficacy. Tazemetostat is a weak CYP3 inducer, and estrogens are CYP3A substrates.

Drugs/Disease

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tazemetostat</td>
<td>Contraceptives</td>
<td></td>
</tr>
</tbody>
</table>

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.

37. Tazemetostat / Strong or Moderate CYP3A Inhibitors
Alert Message: The coadministration of Tazverik (tazemetostat) with strong or moderate CYP3A inhibitors should be avoided. Tazemetostat is a CYP3A substrate, and concurrent use with a CYP3A4 inhibitor can result in elevated tazemetostat concentrations, which may increase the frequency or severity of tazemetostat-related adverse reactions. If coadministration with a moderate CYP3A inhibitor cannot be avoided, reduce the tazemetostat dose according to the official prescribing information. After discontinuation of the moderate CYP3A inhibitor for 3 elimination half-lives, resume the tazemetostat dose that was taken prior to initiating the inhibitor.

Drugs/Disease

<table>
<thead>
<tr>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tazemetostat</td>
<td>Atazanavir</td>
<td>Fosamprenavir</td>
</tr>
<tr>
<td>Aprepitant</td>
<td>Idelalisib</td>
<td></td>
</tr>
<tr>
<td>Cimetidine</td>
<td>Indinavir</td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Itraconazole</td>
<td></td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>Ketoconazole</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole</td>
<td>Nefazodone</td>
<td></td>
</tr>
<tr>
<td>Cobicistat</td>
<td>Nelfinavir</td>
<td></td>
</tr>
<tr>
<td>Crizotinib</td>
<td>Posaconazole</td>
<td></td>
</tr>
<tr>
<td>Cyclosporine</td>
<td>Ritonavir</td>
<td></td>
</tr>
<tr>
<td>Diltiazem</td>
<td>Saquinavir</td>
<td></td>
</tr>
<tr>
<td>Dronedarone</td>
<td>Tipranavir</td>
<td></td>
</tr>
<tr>
<td>Erythromycin</td>
<td>Verapamil</td>
<td></td>
</tr>
<tr>
<td>Fluconazole</td>
<td>Voriconazole</td>
<td></td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.
### 38. Tazemetostat / Strong or Moderate CYP3A Inducers

Alert Message: The coadministration of Tazverik (tazemetostat) with strong or moderate CYP3A inducers should be avoided. Tazemetostat is a CYP3A substrate, and concurrent use with a CYP3A4 inducer can result in decreased tazemetostat concentrations and potential loss of tazemetostat efficacy.

<table>
<thead>
<tr>
<th>Drugs/Disease</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tazemetostat</td>
<td>Apalutamide</td>
<td>Bosentan</td>
<td>Butalbital</td>
</tr>
<tr>
<td></td>
<td>Carbamazepine</td>
<td>Efavirenz</td>
<td>Enalaprilamide</td>
</tr>
<tr>
<td></td>
<td>Etravirine</td>
<td>Mitotane</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td></td>
<td>Phenytoin</td>
<td>Primidone</td>
<td>Rifabutin</td>
</tr>
<tr>
<td></td>
<td>Rifampin</td>
<td>Rifapentine</td>
<td></td>
</tr>
</tbody>
</table>

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.

### 39. Tazemetostat / Pregnancy / Pregnancy Negating

Alert Message: Based on findings from animal studies and its mechanism of action, Tazverik (tazemetostat) can cause fetal harm when administered to a pregnant patient. There are no available data on tazemetostat use in pregnant patients to inform the drug-associated risk. Administration of tazemetostat to pregnant rats and rabbits during organogenesis resulted in dose-dependent increases in skeletal developmental abnormalities in both species. Advise pregnant patients of the potential risk to a fetus.

<table>
<thead>
<tr>
<th>Drugs/Diseases</th>
<th>Util A</th>
<th>Util B</th>
<th>Util C (Negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tazemetostat</td>
<td>Pregnancy</td>
<td>Abortion</td>
<td>Delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Miscarriage</td>
<td></td>
</tr>
</tbody>
</table>

Gender: Female
Age Range: 11 – 50 yoa

References:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.
40. Tazemetostat / Lactation
Alert Message: There are no animal or human data on the presence of Tazverik (tazemetostat) in human milk or on its effects on the breastfed child or milk production. Because of the potential risk for serious adverse reactions from tazemetostat in the breastfed child, advise patients not to breastfeed during treatment with tazemetostat and for one week after the final dose.

Drugs/Diseases
Util A
Tazemetostat
Lactation

Util B

Util C

Gender: Female
Age Range: 11 – 50 yoa

References:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.

41. Tazemetostat / Therapeutic Appropriateness
Alert Message: Advise females of reproductive potential to use effective non-hormonal contraception during treatment with Tazverik (tazemetostat) and for 6 months after the final dose. Tazemetostat can cause fetal harm when administered to pregnant women.

Drugs/Disease
Util A
Tazemetostat

Util B

Util C (Negating)
Non-Hormonal Contraceptives

Gender: Female
Age Range: 11 – 50 yoa

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.

42. Tazemetostat / Therapeutic Appropriateness
Alert Message: Advise males with female partners of reproductive potential to use effective contraception during treatment with Tazverik (tazemetostat) and for at least 3 months after the final dose.

Drugs/Disease
Util A
Tazemetostat

Util B

Util C

Gender: Male

Reference:
Tazverik Prescribing Information, July 2020, Epizyme, Inc.
43. Tazemetostat / Non-adherence

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

Drugs/Diseases
Tazemetostat

Util A Util B Util C

References: