Alabama Medicaid DUR Board Meeting Minutes
July 24, 2024

Members Present: Dr. Kelli Littlejohn Newman, Dr. Danielle Powell, Dr. George Sutton, Dr. Marilyn Bulloch, Dr. Mary Stallworth, Dr. Melinda Rowe, Dr. Kristi Kelley

Also Present: Dr. Lori Thomas, Julie Jordan, LaQwanda Eddings-Haygood, Dr. Jack Wanschek, Dr. Kimberly Graham, Amanda Singletary, ACHN Pharmacists

Members Absent: Dr. Rachel Seaman, Dr. Jeremy Osborn, Dan McConaghy, Dr. Crystal Deas

Call to Order: The DUR meeting was called to order by Dr. Powell at approximately 1:00 p.m.

Review and Adoption of Minutes: The minutes of the April 24, 2024, meeting were presented, and Dr. Sutton made a motion to approve the minutes. Dr. Bulloch seconded the motion, and the motion was approved unanimously.

Prior Authorization and Overrides Update: Dr. Thomas began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of January 2024. She reported 14,398 manual PAs and overrides. Dr. Thomas referred to several drug classes throughout the monthly report and reviewed the included medications and the review process for those classes. There were 16,829 total electronic requests for the month of January 2024. From the Prior Authorization and Override Response Time Ratio report for January 2024, Dr. Thomas reported that approximately 21% of all manual PAs and 19% of all overrides were completed in less than two hours, but a total of 79% of all PAs were completed in under 2 hours (including electronic PA transactions). Sixty percent of all manual PAs and overrides were completed in less than four hours. Eighty-two percent of all manual PAs and 83% of all overrides were completed in less than eight hours. Dr. Thomas reminded the Board Members that 75% of all PAs and overrides must be completed in under 8 hours to meet contractual obligations. For the month of February 2024, Dr. Thomas reported 14,966 manual PA requests and 16,701 electronic PA requests were received. She reported that 17% of all manual PAs and 16% of all overrides were completed in less than two hours. Sixty percent of all manual PAs and 58% of all overrides were completed in less than four hours. Eighty-six percent of all manual PAs and 87% of all overrides were completed in less than eight hours. For the month of March 2024, Dr. Thomas reported 14,854 manual PA requests and 16,913 electronic PA requests. Dr. Thomas reported that approximately 6% of all manual PAs and 5% of all overrides were completed in less than two hours. Seventy-four percent of all prior authorizations were completed in less than two hours. Twenty-two percent of all manual PA requests and 20% of all overrides were completed in less than four hours. Sixty-four percent of all manual PAs and 65% of all overrides were completed in less than eight hours. Ninety percent of all prior authorizations were completed in less than eight hours.

Program Summary Review: Dr. Thomas briefly reviewed the Alabama Medicaid Program Summary for the months of October 1, 2023, through March 31, 2024. She reported 235,669 average recipients per month using pharmacy benefits, and an average paid per prescription of $152.35.

Cost Management Analysis: Dr. Thomas reviewed the Cost Management Analysis chart highlighting the number of recipients per month over the past two years. Dr. Thomas reported an average cost per claim of $156.92 for March 2024 and compared previous months contained in the table. From the 1st Quarter 2024 Drug Analysis, Dr. Thomas reported 85.2% generic utilization, 6.8% brand single-source, 4.4% brand multi-source (those requests which required a DAW-1 override), and 3.7% OTC and "other." From the Top 25 Drugs Based on Number of Claims from 01/01/2024 – 03/31/2024, Dr. Thomas reported the top five drugs: amoxicillin, cetirizine, albuterol sulfate HFA, azithromycin, and fluticasone propionate.

Dr. Thomas reviewed hydrocodone-acetaminophen claims from ten years ago, five years ago, and last year for the first quarter of each year and reported that hydrocodone claims had significantly decreased. Dr. Thomas then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 01/01/2024 – 03/31/2024: Humira® Citrate-free Pen, Trikafta®, Invega Sustenna®, Trulicity®, and Dupixent® Pen. From the Top 15 Therapeutic Classes by Total Cost of Claims for the same time frame, Dr. Thomas reported the top five classes: Antipsychotic Agents, Disease-modifying Antirheumatic Agents, Skin and Mucous Membrane Agents, Incretin Mimetics, and Miscellaneous Anticonvulsants.

Proposed Criteria: Dr. 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 38 approved.

Medicaid Update: Dr. Littlejohn Newman reminded the Board members that all updated Medicaid drug lists and ALERTs were provided to them electronically and are also available online. Dr. Littlejohn Newman provided information about upcoming changes to patient copays, over-the-counter (OTC) COVID-19 tests, and COVID-19 vaccine reimbursement. 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 Dr. Bulloch as Vice Chair. The current Vice Chair, Dr. Powell, will begin her term as Chairman of the Board beginning with the October 2024 meeting.

P & T Committee Update: Dr. Graham began the P & T Update by informing the Board that the last P & T meeting was held on May 8, 2024, and covered the Skin and Mucus Membrane Immunomodulators, Antihypertensives, and Alzheimer's Agents. She also informed the Board that Dupixent® and Adbry® were added to the preferred drug list (PDL). The next meeting is scheduled for August 21, 2024, and will cover the Growth Hormone Agents, Respiratory Agents: Eye, Ear, Nose and Throat Preparations, and Complement Inhibitors.

Next Meeting Date: Dr. Powell reminded the Board that the next DUR meeting will be held on October 23, 2024. A motion to adjourn the meeting was made by Dr. Bulloch and Dr. Sutton seconded the motion. The meeting was adjourned at 1:40 p.m.

Respectfully submitted,

Lori Thomas, PharmD

Lori Thomas, PharmD.

ALABAMA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*
1. Quizartinib / Therapeutic Appropriateness Alert Message: The safety and effectiveness of Vanflyta (quizartinib) have not been established in pediatric patients. Drugs/Diseases Util A: Quizartinib Util B: Util C: Age Range: 0 – 17 yoa References: Clinical Pharmacology, 2023 Elsevier/Gold Standard. Facts & Comparisons, 2023 Updates, Wolters Kluwer Health. Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.	√		
2. Quizartinib / Box Warning Alert Message: Vanflyta (quizartinib) use is contraindicated in patients with severe hypokalemia or severe hypomagnesemia. Drugs/Diseases Util A: Quizartinib Util B: Hypokalemia; Hypomagnesemia Util C: References: Clinical Pharmacology, 2023 Elsevier/Gold Standard. Facts & Comparisons, 2023 Updates, Wolters Kluwer Health. Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.	√		
3. Quizartinib / Box Warning Alert Message: Vanflyta (quizartinib) use is contraindicated in patients with long QT syndrome or with a history of ventricular arrhythmias or torsades de pointes. Quizartinib prolongs the QT interval in a dose- and concentration-dependent manner. Torsades de pointes, ventricular fibrillation, cardiac arrest, and sudden death have occurred in patients treated with quizartinib. Do not initiate treatment with quizartinib or escalate the quizartinib dose if the QT interval corrected by Fridericia's formula (QTcF) is greater than 450 ms. Drugs/Diseases Util A: Quizartinib Util B: QT Prolongation; Torsades de Pointes; Ventricular Arrhythmias Util C: References: Clinical Pharmacology, 2023 Elsevier/Gold Standard. Facts & Comparisons, 2023 Updates, Wolters Kluwer Health. Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.	√		

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

4. Quizartinib / QT prolongation Medications (Box Warning) ___√_____ _____ _____

Alert Message: Vanflyta (quizartinib) prolongs the QT/QTc interval. Coadministration of quizartinib with other drugs that prolong the QT interval may further increase the incidence of QT prolongation. Monitor patients more frequently with ECG if coadministration of quizartinib with drugs known to prolong the QT interval is required.

Drugs/Diseases

Util A	Util B			Util C
Quizartinib	Abiraterone	Efavirenz	Lithium	Rilpivirine
	Alfuzosin	Eliglustat	Lofexidine	Risperidone
	Amiodarone	Encorafenib	Loperamide	Ritonavir
	Amitriptyline	Entrectinib	Maprotiline	Romidepsin
	Amoxapine	Eribulin	Methadone	Sertraline
	Anagrelide	Erythromycin	Metoclopramide	Siponimod
	Aripiprazole	Escitalopram	Midostaurin	Solifenacin
	Arsenic Trioxide	Ezogabine	Mifepristone	Sotalol
	Artemether/Lum	Famotidine	Mirabegron	Sunitinib
	Asenapine	Felbamate	Mirtazapine	Tacrolimus
	Atazanavir	Fingolimod	Moexipril	Tamoxifen
	Atomoxetine	Flecainide	Moxifloxacin	Telavancin
	Azithromycin	Fluconazole	Nelfinavir	Tetrabenazine
	Bedaquiline	Fluoxetine	Nilotinib	Thioridazine
	Bortezomib	Fluvoxamine	Nortriptyline	Tizanidine
	Bendamustine	Foscarnet	Ofloxacin	Tolterodine
	Bosutinib	Galantamine	Ondansetron	Toremifene
	Buprenorphine	Ganciclovir	Osimertinib	Tramadol
	Ceritinib	Gemifloxacin	Oxaliplatin	Trazodone
	Chloroquine	Gilteritinib	Paliperidone	Tranylcypromine
	Chlorpromazine	Glasdegib	Palonosetron	Trimipramine
	Cilostazol	Granisetron	Panobinostat	Valbenazine
	Ciprofloxacin	Haloperidol	Paroxetine	Vandetanib
	Citalopram	Hydroxychloroquine	Pasireotide	Vemurafenib
	Clarithromycin	Hydroxyzine	Pazopanib	Venlafaxine
	Clomipramine	Ibutilide	Pentamidine	Voriconazole
	Clozapine	Iloperidone	Pimavanserin	
	Crizotinib	Imipramine	Pimozide	
	Dabrafenib	Indapamide	Pitolisant	
	Dasatinib	Isocarboxazid	Phenelzine	
	Desipramine	Itraconazole	Posaconazole	
	Deutetrabenazine	Ivosidenib	Procainamide	
	Diphenhydramine	Ivabradine	Promethazine	
	Disopyramide	Ketoconazole	Propafenone	
	Dofetilide	Lapatinib	Protriptyline	
	Dolasetron	Lefamulin	Quetiapine	
	Donepezil	Lenvatinib	Quinidine	
	Doxepin	Leuprolide	Quinine	
	Dronedarone		Ranolazine	

References:

Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

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

5. Quizartinib / Strong CYP3A4 Inhibitors ___√___ _____ _____

Alert Message: The coadministration of Vanflyta (quizartinib) with a strong CYP3A4 inhibitor increases quizartinib systemic exposure, which may increase the risk of quizartinib adverse reactions. If concurrent use is warranted, reduce the quizartinib dose according to the official prescribing information.

Drugs/Diseases

Util A	Util B		Util C
Quizartinib	Clarithromycin	Nefazodone	
	Cobicistat	Nelfinavir	
	Darunavir	Posaconazole	
	Itraconazole	Ritonavir	
	Ketoconazole	Voriconazole	

References:

Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

6. Quizartinib / Moderate & Strong CYP3A4 Inducers ___√___ _____ _____

Alert Message: The concurrent use of Vanflyta (quizartinib) with strong CYP3A4 inducers should be avoided. Inhibitor decreases quizartinib systemic exposure, which may decrease quizartinib efficacy.

Drugs/Diseases

Util A	Util B		Util C
Quizartinib	Apalutamide	Enzalutamide	
	Bosentan	Mitotane	
	Carbamazepine	Phenobarbital	
	Efavirenz	Phenytoin	
	Etravirine	Primidone	
	Enzalutamide	Rifabutin	
	Mitotane	Rifampin	
	Phenobarbital		

References:

Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

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

7. Quizartinib / Pregnancy / Pregnancy Negating ___√_____ _____ _____

Alert Message: Based on findings in animals and its mechanism of action, Vanflyta (quizartinib) can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, administration of quizartinib to pregnant rats during organogenesis at exposures 3 times the maximum recommended human dose (MRHD) of 53 mg/day caused structural abnormalities and alterations to growth. Advise pregnant women of the potential risk to a fetus.

Drugs/Diseases

Util A	Util B	Util C (Negate)
Quizartinib	Pregnancy	Abortion
		Delivery
		Miscarriage

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

8. Quizartinib / Lactation ___√_____ _____ _____

Alert Message: There are no data on the presence of Vanflyta (quizartinib) or its metabolites in human milk, or the effects on the breastfed child or milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with quizartinib and for one month after the last dose.

Drugs/Diseases

Util A	Util B	Util C
Quizartinib	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

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

9. Quizartinib / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Advise females of reproductive potential to use effective contraception during treatment with Vanflyta (quizartinib) and for 7 months after the last dose. Based on findings in animals and its mechanism of action, quizartinib can cause fetal harm when administered to a pregnant woman.

Drugs/Diseases

Util A	Util B	Util C (Negate)
Quizartinib		Contraceptives

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

10. Quizartinib / Therapeutic Appropriateness ___√___ _____ _____

Alert Message: Based on genotoxicity findings, advise male patients with female partners of reproductive potential to use effective contraception during treatment with Vanflyta (quizartinib) and for 4 months after the last dose.

Drugs/Diseases

Util A	Util B	Util C
Quizartinib		

Gender: Male

References:
Clinical Pharmacology, 2023 Elsevier/Gold Standard.
Facts & Comparisons, 2023 Updates, Wolters Kluwer Health.
Vanflyta Prescribing Information, July 2023, Daiichi Sankyo, Inc.

11. Ofatumumab / Overuse ___√___ _____ _____

Alert Message: Kesimpta (ofatumumab) may be over-utilized. The recommended maintenance dose for ofatumumab is one 20 mg subcutaneous injection once a month.

Drugs/Diseases

Util A	Util B	Util C
Ofatumumab		

Max Dose: 20 mg/month

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

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

12. Ofatumumab / Therapeutic Appropriateness ___v_____ _____ _____

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

Drugs/Diseases

Util A	Util B	Util C
Ofatumumab		

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

13. Ofatumumab / Active Hepatitis B ___v_____ _____ _____

Alert Message: Kesimpta (ofatumumab) is contraindicated in patients with active hepatitis B. There were no reports of HBV reactivation in patients with MS treated with ofatumumab. However, HBV reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death, has occurred in patients being treated with ofatumumab for chronic lymphocytic leukemia (CLL) (at higher intravenous doses than the recommended dose in MS but for a shorter duration of treatment) and in patients treated with other anti-CD20 antibodies.

Drugs/Diseases

Util A	Util B	Util C
Ofatumumab	Hepatitis B	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

14. Ofatumumab / Infections ___v_____ _____ _____

Alert Message: Serious, including life-threatening or fatal, bacterial, fungal, and new or reactivated viral infections have been observed during and following completion of treatment with anti-CD20 B-cell depleting therapies, including Kesimpta (ofatumumab). Delay ofatumumab administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation until B-cell repletion.

Drugs/Diseases

Util A	Util B	Util C
Ofatumumab	Serious Infection	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

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

15. Ofatumumab / Pregnancy / Pregnancy Negating ___√_____ _____ _____

Alert Message: Based on animal data, Kesimpta (ofatumumab) can cause fetal harm due to B-cell lymphopenia and reduce antibody response in offspring exposed to ofatumumab in utero. Transient peripheral B-cell depletion and lymphocytopenia have been reported in infants born to mothers exposed to other anti-CD20 B-cell depleting antibodies during pregnancy. Advise females of reproductive potential to use effective contraception while receiving ofatumumab and for at least 6 months after the last dose.

Drugs/Diseases

Util A	Util B	Util C (Negate)
Ofatumumab	Pregnancy	Abortion
		Delivery
		Miscarriage

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

16. Ofatumumab / Lactation ___√_____ _____ _____

Alert Message: There are no data on the presence of Kesimpta (ofatumumab) in human milk, the effects on the breastfed infant, or the effects of the drug on milk production. Human IgG is excreted in human milk, and the potential for absorption of ofatumumab to lead to B-cell depletion in the infant is unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ofatumumab and any potential adverse effects on the breastfed infant from ofatumumab or the underlying maternal condition.

Drugs/Diseases

Util A	Util B	Util C
Ofatumumab	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

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

17. Ofatumumab / Adverse Fetal Effects ___v_____ _____ _____

Alert Message: Females of childbearing potential should use effective contraception while receiving Kesimpta (ofatumumab) and for 6 months after the last treatment of ofatumumab.

Drugs/Diseases

Util A	Util B	Util C (Negating)
Ofatumumab		Contraceptives

References:

Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Kesimpta Prescribing Information, Jan. 2024, Novartis Pharmaceuticals Corporation.

18. Ofatumumab / Non-adherence ___v_____ _____ _____

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

Drugs/Diseases

Util A	Util B	Util C
Ofatumumab		

References:

Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.
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.
Higuera L, Carlin CS, Anderson S. Adherence to Disease-Modifying Therapies for Multiple Sclerosis. J Manag Care Spec Pharm. 2016;22(12):1394-1401.

19. Omaveloxolone / Overuse ___v_____ _____ _____

Alert Message: Skyclarys (omaveloxolone) may be over-utilized. The recommended dosage of omaveloxolone is 150 mg (3 capsules) once daily.

Drugs/Diseases

Util A	Util B	Util C (Negating)
Omaveloxolone		Hepatic Impairment

Max Dose: 150 mg/day

References:

Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

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

20. Omaveloxolone / Overuse – Moderate Hepatic Impairment ___√_____ _____ _____

Alert Message: Skyclarys (omaveloxolone) may be over-utilized. The recommended dosage of omaveloxolone in patients with moderate hepatic impairment is 100 mg once daily, with close monitoring for adverse reactions. If adverse reactions emerge, consider lowering the dose to 50 mg once daily.

Drugs/Diseases

Util A	Util B	Util C (Include)
Omaveloxolone		Moderate Hepatic Impairment

Max Dose: 100 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

21. Omaveloxolone / Severe Hepatic Impairment ___√_____ _____ _____

Alert Message: Skyclarys (omaveloxolone) use should be avoided in patients with severe hepatic impairment. In clinical studies, subjects with severe hepatic impairment (Child-Pugh Class C) receiving omaveloxolone had significantly reduced clearance.

Drugs/Diseases

Util A	Util B	Util C (Include)
Omaveloxolone		Cirrhosis
		Hepatic Failure

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

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

22. Omaveloxolone / Hypercholesterolemia __√_____ _____ _____

Alert Message: Treatment with Skyclarys (omaveloxolone) can cause changes in cholesterol. In a clinical study (Study 1), 29% of patients treated with omaveloxolone reported elevated cholesterol above ULN at one or more time points. Mean increases were observed within 2 weeks of initiation of omaveloxolone and returned to baseline within 4 weeks of discontinuing treatment. A total of 16% of patients treated with omaveloxolone had an increase in low-density lipoprotein cholesterol (LDL-C) from baseline, compared to 8% of patients who received placebo. The mean increase in LDL-C for all omaveloxolone-treated patients was 23.5 mg/dL at 48 weeks. A total of 6% of patients treated with omaveloxolone had decreases in high-density lipoprotein cholesterol (HDL-C) from baseline compared to 4% of patients who received placebo. Assess lipid parameters prior to initiation of omaveloxolone and monitor periodically during treatment. Manage lipid abnormalities according to clinical guidelines.

Drugs/Diseases

Util A	Util B	Util C
Omaveloxolone	Hypercholesterolemia	

References:

Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

23. Omaveloxolone / Therapeutic Appropriateness ___√_____ _____ _____

Alert Message: The safety and effectiveness of Skyclarys (omaveloxolone) have not been established in pediatric patients less than 16 years of age.

Drugs/Diseases

Util A	Util B	Util C
Omaveloxolone		

Age Range: 0 – 15 yoa

References:

Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

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

24. Omaveloxolone / Hormonal Contraceptives ___√___ _____ _____

Alert Message: Skyclarys (omaveloxolone) is a weak CYP3A4 inducer. Concomitant use with omaveloxolone may reduce the efficacy of hormonal contraceptives. Advise patients to avoid concomitant use with combined hormonal contraceptives (e.g., pill, patch, ring), implants, and progestin-only pills. Counsel females using hormonal contraceptives to use an alternative contraceptive method (e.g., non-hormonal intrauterine system) or additional non-hormonal contraceptive (e.g., condoms) during concomitant use and for 28 days after discontinuation of omaveloxolone.

Drugs/Diseases

Util A	Util B	Util C
Omaveloxolone	Hormonal Contraceptives	

References:

Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

25. Omaveloxolone / Strong or Moderate CYP3A4 Inhibitors ___√___ _____ _____

Alert Message: Skyclarys (omaveloxolone) is a CYP3A4 substrate. Concomitant use of omaveloxolone with moderate or strong CYP3A4 inhibitors is expected to result in clinically significant increased exposure to omaveloxolone, which may increase the risk of adverse reactions. Avoid concomitant use of omaveloxolone with moderate or strong CYP3A4 inhibitors. If use cannot be avoided, reduce the dose of omaveloxolone to 100 mg once daily and monitor for adverse reactions. If adverse reactions emerge, reduce the dose to 50 mg once daily.

Drugs/Diseases

Util A	Util B		Util C
Omaveloxolone	Atazanavir	Idelalisib	
	Aprepitant	Itraconazole	
	Clarithromycin	Ketoconazole	
	Cobicistat	Nefazodone	
	Crizotinib	Nelfinavir	
	Darunavir	Posaconazole	
	Diltiazem	Ritonavir	
	Dronedarone	Tipranavir	
	Erythromycin	Verapamil	
	Fluconazole	Voriconazole	
	Fluvoxamine		
	Fosamprenavir		

References:

Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

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

26. Omaveloxolone / Strong or Moderate CYP3A4 Inducers __v_____ _____ _____

Alert Message: Skyclarys (omaveloxolone) is a CYP3A4 substrate. Concomitant use of omaveloxolone with moderate or strong CYP3A4 inducers may significantly decrease omaveloxolone exposure, which may reduce the effectiveness of omaveloxolone. Avoid concomitant use of omaveloxolone with moderate or strong CYP3A4 inducers.

Drugs/Diseases

Util A	Util B		Util C
Omaveloxolone	Apalutamide	Etravirine	Rifabutin
	Bosentan	Phenobarbital	Rifampin
	Carbamazepine	Phenytoin	Rifapentine
	Efavirenz	Primidone	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

27. Omaveloxolone / Pregnancy / Pregnancy Negating ___v_____ _____ _____

Alert Message: There are no adequate data on the developmental risks associated with the use of Skyclarys (omaveloxolone) in pregnant women. In animal studies, administration of omaveloxolone during pregnancy or throughout pregnancy and lactation produced evidence of developmental toxicity (embryofetal mortality and growth impairment, and mortality, growth impairment, and neurobehavioral deficits in offspring) at plasma exposures similar to or less than exposures in humans.

Drugs/Diseases

Util A	Util B	Util C (Negate)
Omaveloxolone	Pregnancy	Abortion
		Delivery
		Miscarriage

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

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

28. Omaveloxolone / Lactation ___V_____ _____ _____

Alert Message: There are no data on the presence of Skyclarys (omaveloxolone) or its metabolites in human milk. The effects on milk production and the breastfed infant are unknown. Omaveloxolone was excreted in the milk of lactating rats following oral administration. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for omaveloxolone and any potential adverse effects on the breastfed infant from omaveloxolone or the underlying maternal condition.

Drugs/Diseases

Util A	Util B	Util C
Omaveloxolone	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Skyclarys Prescribing Information, Jan. 2024, Reata Pharmaceuticals, Inc.

29. Omaveloxolone / Non-adherence __V_____ _____ _____

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

Drugs/Diseases

Util A	Util B	Util C
Omaveloxolone		

References:
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.
Brown MT, Bussell J, Suparna D, et al. Medication Adherence: Truth and Consequences. Am J Med Sci. 2016 Apr;351(4):387-399.
Marcum ZA, Sevick MA, Handler SM. Medication Nonadherence: A Diagnosable and Treatable Medical Condition. JAMA. 2013;309(20):2105-2106. doi:10.1001/jama.2013.4638.
Kim J, Combs K, Downs J, Tillman F., Medication Adherence: The Elephant in the Room. US Pharm. 2018;43(1)30-34.

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

30. Sitagliptin / Overuse ___v___ _____ _____

Alert Message: Zituvio (sitagliptin) may be over-utilized. The manufacturer's recommended maximum dose is 100 mg once daily.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin		

Max Dose: 100 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

31. Sitagliptin / Therapeutic Appropriateness ___v___ _____ _____

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

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin		

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

32. Sitagliptin / Moderate Renal Impairment ___v___ _____ _____

Alert Message: The recommended dose of Zituvio (sitagliptin) in patients with moderate renal impairment (CrCl >/= 30mL/min/1.73m2 to < 45 mL/min/1.73m2) is 50 mg once daily. Patients with more severe renal insufficiency (CrCl < 30 mL/min/1.73m2) or with end-stage renal disease on hemodialysis or peritoneal dialysis should be dosed at 25 mg once daily. Assessment of renal function is recommended prior to initiation of sitagliptin therapy and periodically thereafter.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin	CKD 3	

Max Dose: 50 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

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

33. Sitagliptin / Severe Renal Impairment ___v_____ _____ _____

Alert Message: The recommended dose of Zituvio (sitagliptin) in patients with severe renal insufficiency (CrCl < 30mL/min/1.73m2) or with end-stage renal disease on hemodialysis or peritoneal dialysis is 25 mg once daily. In patients with moderate renal impairment (CrCl >/=30 mL/min/1.73m2 to < 45mL/min/1.73m2) sitagliptin should be dosed at 50 mg once daily. Assessment of renal function is recommended prior to initiation of sitagliptin therapy and periodically thereafter.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin	CKD 4 & 5	
	ESRD	
	Dialysis	

Max Dose: 25 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

34. Sitagliptin / Type 1 Diabetes ___v_____ _____ _____

Alert Message: Zituvio (sitagliptin) should not be used in patients with type 1 diabetes mellitus.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin	Type 1 Diabetes	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

35. Sitagliptin / Insulin & Insulin Secretagogues ___v_____ _____ _____

Alert Message: The concurrent use of Zituvio (sitagliptin) with insulin and insulin secretagogues can increase the risk of hypoglycemia. A lower dose of insulin or insulin secretagogue may be required to minimize the risk of hypoglycemia when used in combination with sitagliptin.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin	Insulin	
	Insulin Secretagogues	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

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

36. Sitagliptin / Pregnancy / Pregnancy Negating ___v___ _____ _____

Alert Message: There are no adequate and well-controlled studies of Zituvio (sitagliptin) in pregnant women. During pregnancy, consider appropriate alternative therapies. Sitagliptin should be used during pregnancy only if clearly needed.

Drugs/Diseases

Util A	Util B	Util C (Negate)
Sitagliptin	Pregnancy	Abortion
		Delivery
		Miscarriage

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.
American Diabetes Association (ADA). 15. Management of Diabetes in Pregnancy. In Standards of Medical Care in Diabetes - 2023. Diabetes Care. 2023;46(Suppl. 1):S254-S266.

37. Sitagliptin / Lactation ___v___ _____ _____

Alert Message: There is no information regarding the presence of Zituvio (sitagliptin) in human milk, the effects on the breastfed infant, or the effects on milk production. Sitagliptin is present in rat milk and, therefore, possibly present in human milk. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for sitagliptin and any potential adverse effects on the breastfed infant from sitagliptin or the underlying maternal condition.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Zituvio Prescribing Information, Oct. 2023, Zydus Pharmaceuticals, Inc.

Criteria Recommendations	*Accepted*	*Approved As Amended*	*Rejected*
38. Sitagliptin / Non-adherence	√		

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

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin		

References:

Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.

Ho PM, Rumsfeld JS, Masoudi FA, et al., Effect of Medication Nonadherence in Diabetes Mellitus. Cardiology Review, April 2007, Vol. 24 No. 4. p.18-22.

Currie CJ, Peyrot M, Morgan CL, et al. The Impact of Treatment Noncompliance on Mortality in People With Type 2 Diabetes. Diabetes Care 35:1279-1284, June 2012.

Butler RJ, Davis TK, Johnson WL, et al. Effects of Nonadherence with Prescription Drugs Among Older Adults. Am J Manag Care. 2011 Feb; 17(2):153-60.

Stephanie McGee Azar, Commissioner — (X) Approve ( ) Deny — 8/29/24 Date

Melinda Rowe, MD, Medical Director — (✓) Approve ( ) Deny — 8/20/2024 Date

Ginger Carmack, Deputy Commissioner — ( ) Approve ( ) Deny — Date