

Alabama Medicaid DUR Board Meeting Minutes July 25, 2012

Members Present: Paula Thompson, Kelli Littlejohn, Bernie Olin, Denyse Thornley-Brown, Wendy Gomez, David Harwood, Dan McConaghy, Jimmy Jackson, Donald Marks, Melinda Rowe

Also Present: Tiffany Minnifield, Heather Vega, Lori Thomas

Present via Conference Call: Kristian Testerman

Members Absent: Rhonda Harden, Yves Morrisette, Daniel Mims, and Robert Moon

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

Review and Adoption of Minutes: The minutes of the April 25, 2012 meeting were presented and reviewed. Jimmy Jackson made a motion to approve the minutes as presented and Denyse Thornley-Brown seconded the motion. The motion was approved unanimously.

Prior Authorization and Overrides Update: L.Thomas began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of February 2012. She reported 9,823 total requests. She then reported 20,703 electronic requests for the same time frame. From the Prior Authorization and Override Response Time Ratio report for February 2012, L.Thomas reported that approximately 90-91% of all manual PAs were responded to in less than two hours, about 98% in less than four hours and 99% in less than eight hours. For the month of March, L.Thomas reported 9,913 manual PA requests and 21,645 electronic PA requests. She reported that more than 95% of PAs were responded to in less than two hours, approximately 99% in less than four hours and 99% in less than eight hours. For the month of April 2012, L.Thomas reported 9,854 manual PA requests and 26,231 electronic PA requests for the same time frame. For April, L.Thomas reported over 94% approved in less than two hours, approximately 99% in less than four hours and over 99% approved in less than eight hours.

Program Summary Review: L.Thomas briefly reviewed the Alabama Medicaid Program Summary. She reported 4,686,079 total prescriptions, 247,913 average recipients per month and an average paid per prescription of \$60.46 for the months of October 2011 through March 2012.

Cost Management Analysis: L.Thomas reported an average cost per claim of \$61.23 for March 2012 and \$59.43 for April 2010. From the 4th Quarter 2011 Drug Analysis, L.Thomas reported 75.4% generic utilization, 12.4% brand single-source, 4.6% brand multi-source (those requests which required a DAW override) and 7.7% OTC and "other". From the Top 25 Drugs Based on Number of Claims from 01/01/2012 – 03/31/2012, L.Thomas reported the top five drugs: hydrocodone-acetaminophen, amoxicillin, Bromfed[®] DM, azithromycin and Singulair[®]. L. Thomas informed the Board that the top five drugs were the same as last reported in April. She then reported the top five drugs from the Top 25 Drugs Based on Claims Cost from 01/01/2012 – 03/31/2012: Singulair[®], Abilify[®], Synagis[®], Vyvanse[®] and Seroquel[®]. L. Thomas mentioned that Seroquel displaced Novoseven RT in the top five. L. Thomas reminded the members that Synagis season ended in March. 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, Leukotriene Modifiers, Corticosteroids (Respiratory Tract), Hemostatics, and Amphetamines. She also reported that the electronic approval rate for the antipsychotics remains around 50%.

UPDATES

Hydrocodone Utilization: At the April 2012 DUR Meeting, the Board requested additional information regarding the utilization of hydrocodone. L. Thomas reported this information, as shown in the following table:

Date Range	Category	Quantity
01/01/2011 – 12/31/2011	Number of unique recipients < 18 years receiving hydrocodone	16,684
06/01/2011 – 12/31/2011	Number of unique recipients receiving hydrocodone (all ages)	69,956
06/01/2011 – 12/31/2011	Number of unique recipients receiving the max quantity of hydrocodone per month (68/month)	8,034

The Board was challenged by Dr. Littlejohn to come up with ways to contain the utilization of hydrocodone. Board members were requested to send in any recommendations for compilation and discussion at the next DUR Board meeting.

Accumulation Edit: L. Thomas reviewed the current early refill tolerance with the Board. She explained that the accumulation edit limits the dispensing of early refills to no more than seven extra days worth of medication per 120 rolling days. She explained that the accumulation edit could initially be tapered to decrease the influx of override requests. For the first month, the edit would consider 21 days in a 120-day timeframe, then for the second month, 14 days over 120 days would be considered. Thereafter, the edit would consider seven extra days worth of medication per 120 days. After review of the information, the Board recommended that the accumulation edit be implemented in a tapered fashion for the first two months. After a two-month time period, the accumulation edit would limit the dispensing of an early refill to no more than seven extra days worth of medication per 120 rolling days. J. Jackson made a motion to recommend implementation of the accumulation edit as proposed. D. Harwood seconded the motion.

Review of Palivizumab Utilization for the 2011-2012 Season: The 2011-2012 RSV season ended March 31, 2012. L. Thomas provided an update which compared the results of the 2011-12 season to previous seasons. L. Thomas reminded the Board that each recipient could receive a maximum of 5 doses per season. For the 2011-12 season, there were 4,541 claims for 1,088 recipients. The average cost per claim was \$2,240 while the average cost per recipient was \$9,351. There were 2,753 prior authorizations requested over the course of the season, with an approval rate of 68.4%.

Proposed Criteria: L. Thomas presented the proposed set of 50 criteria to the Board. T. Minnifield instructed the Board members to mark their ballots. Of the 50 criteria, results from the criteria vote returned 50 approved and 0 rejected.

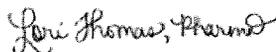
Medicaid Update: T. Minnifield began the Medicaid Update by reminding the Board members that all Medicaid information discussed is available online. T. Minnifield discussed the DAW-9 edit for Adderall XR that began on July 2, 2012. T. Minnifield notified the Board that the Agency will reinstate a four brand limit per month for adults 21 years and over starting August 1, 2012.

P & T Committee Update: K. Littlejohn began the P & T Update by informing the Board that the last meeting was held on May 9, 2012 and covered the remaining Anti-Infective agents. The next P and T meeting is scheduled for August 8, 2012 at 9am and will cover the Alzheimer's agents; Antidepressants; Cerebral Stimulants; Anxiolytics, Sedatives, and Hypnotics; and the Genitourinary Smooth Muscle Relaxants. K. Littlejohn also discussed the PDL changes that were effective July 2, 2012. K. Littlejohn gave an overview of the role of the P and T Committee. K. Littlejohn announced that the new contractor for the P and T Committee was the University of Massachusetts.

New Business: T. Minnifield announced that this was P. Thompson's last meeting as Chair and that D. Thornley-Brown would rotate in to serve her term as Chair at the next meeting. Members were asked to vote for a new Vice-Chair, and P. Thompson was elected. P. Thompson asked for a motion to adjourn. D. Thornley-Brown made a motion to adjourn the meeting. The motion was seconded by D. Harwood. A voice vote to adjourn was unanimous. The meeting was adjourned at 2:45p.m.

Next Meeting Date: The next DUR Board meeting will be held on October 24, 2012.

Respectfully submitted,



Lori Thomas, PharmD

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

4. Roflumilast / Hepatic Impairment

Alert Message: Daliresp (roflumilast) is extensively metabolized by the liver and its use is contraindicated in patients with moderate to severe liver impairment (Child-Pugh B or C). Clinicians should consider the risk-benefit of administering roflumilast to patients who have mild liver impairment (Child-Pugh A).

____✓____

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Roflumilast	Hepatic Impairment	

References:

Daliresp Prescribing Information, Sept. 2011, Forest Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.

5. Roflumilast / Strong CYP3A4 Inducers

Alert Message: The concurrent use of Daliresp (roflumilast) with a strong CYP3A4 inducer is not recommended. Roflumilast is extensively metabolized by the liver and coadministration with strong CYP3A4 inducers may decrease systemic exposure and therapeutic effectiveness of roflumilast.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Roflumilast	Carbamazepine Phenytoin Phenobarbital Rifampin	Rifabutin Rifapentine Dexamethasone

References:

Daliresp Prescribing Information, Sept. 2011, Forest Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.

6. Roflumilast / CYP3A4 Inhibitors or CYP3A4/CYP1A2 Dual* Inhibitors

Alert Message: The concurrent use of Daliresp (roflumilast) with CYP3A4 inhibitors or dual inhibitors of CYP3A4 and CYP1A2 may increase roflumilast systemic exposure and result in increased adverse reactions (e.g., diarrhea, weight loss, insomnia, anxiety and depression). The risk of such concurrent use should be weighed carefully against benefit.

____✓____

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>		
Roflumilast	Ketoconazole Itraconazole Fluconazole Voriconazole Posaconazole Telithromycin Clarithromycin Erythromycin	Verapamil* Diltiazem Nefazodone Aprepitant Saquinavir Indinavir Nelfinavir Ritonavir	Atazanavir Fosamprenavir Lapatinib Imatinib Nilotinib Boceprevir Telaprevir Boceprevir	Zafirlukast Dronedarone Delavirdine Fluvoxamine* Amiodarone* Cimetidine* Enoxacin* Zileuton*

References:

Daliresp Prescribing Information, Sept. 2011, Forest Pharmaceuticals, Inc.
Flockhart DA. Drug Interactions: Cytochrome P450 Drug Interaction Table. Indiana University School of Medicine.
Available at: <http://medicine.iupui.edu/clinpharm/ddos/table.asp>.
FDA: Drug Development and Drug Interactions: Tables of Substrates, Inhibitors and Inducers. [7/28/2011].
Available at:
<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionLabeling/ucm093664.htm#potency>
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2012 Thomson Reuters.
Clinical Pharmacology, 2012 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

7. Roflumilast / Depression, Suicidality, Anxiety, Insomnia

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Alert Message: Daliresp (roflumilast) should be used with caution in patients with a history of depression and/or suicidal thoughts or behavior. Treatment with roflumilast is associated with an increase in psychiatric adverse reactions which include anxiety, depression, suicidal thoughts and mood changes.

Conflict Code: DB - Drug Disease Warning (ICD-9s and/or Drug Inferred Disease)
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Roflumilast	Suicidality Depression Insomnia Anxiety Antidepressants Anxiolytics	

References:

Daliresp Prescribing Information, Sept. 2011, Forest Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.

8. Roflumilast / Weight Loss

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Alert Message: Daliresp (roflumilast) is associated with weight loss and therefore patient weight should be monitored regularly. If unexplained or clinically significant weight loss occurs, weight loss should be evaluated and discontinuation of roflumilast should be considered.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Roflumilast	Loss of weight (783.21)	

References:

Daliresp Prescribing Information, Sept. 2011, Forest Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.

9. Edarbyclor / Overutilization

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Alert Message: The manufacturer's recommended maximum dose of Edarbyclor (azilsartan/chlorthalidone) is 40/25mg per day. Edarbyclor doses above 40/25 mg are probably not useful.

Conflict Code: ER - Overutilization
Drugs/Diseases

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

Max Dose: 40/25mg/day

References:

Edarbyclor Prescribing Information, Dec. 2011, Takeda Pharmaceuticals.

Criteria Recommendations

*Accepted Approved Rejected
As
Amended*

10. Tektuma HCT / Overutilization

Alert Message: The manufacturer's recommended maximum dose of Tektuma HCT (aliskiren/hydrochlorothiazide) is 300/25 mg per day. Exceeding the recommended dose may result in the potential for adverse effects (e.g., diarrhea, influenza, and dizziness).

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Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C

Tektuma HCT

Max Dose : 300/25mg/day

References:

Tektuma HCT Prescribing Information, Feb. 2012, Novartis Pharmaceuticals, Corp.

11. Valtorna / Overutilization

Alert Message: The manufacturer's recommended maximum dose of Valtorna (aliskiren/valsartan) is 300/320 mg per day. Exceeding the recommended dose may result in the potential for adverse effects (e.g., diarrhea, fatigue, and nasopharyngitis).

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Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C

Valtorna

Max Dose: 300/320mg/day

References:

Valtorna Prescribing Information, Dec. 2011, Novartis Pharmaceuticals Corp. Facts & Comparisons, 2012 Updates.

12. Amturnide / Overutilization

Alert Message: The manufacturer's recommended maximum dose of Amturnide (aliskiren/amlodipine/hctz) is 300/10/25 mg per day. Exceeding the recommended dose may result in the potential for adverse effects (e.g., diarrhea, peripheral edema, and headache).

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Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C

Amturnide

Max Dose: 300/10/25mg/day

References:

Amturnide Prescribing Information, Feb. 2012, Novartis Pharmaceuticals Corp. Facts & Comparisons, 2012 Updates.

Criteria Recommendations

*Accepted Approved Rejected
As
Amended*

13. Tekamlo / Overutilization

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Alert Message: The manufacturer's recommended maximum dose of Tekamlo (aliskiren/amlodipine) is 300/10 mg per day. Exceeding the recommended dose may result in the potential for adverse effects (e.g., diarrhea, peripheral edema, and dyspepsia).

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A Util B Util C
Tekamlo

Max Dose: 300/10 mg/day

References:

Tekamlo Prescribing Information, Feb. 2012, Novartis Pharmaceuticals Corp.

14. Aliskiren-All / Cyclosporine & Itraconazole

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Alert Message: The concurrent use of aliskiren-containing products with cyclosporine or itraconazole should be avoided. In clinical studies when aliskiren was given with cyclosporine or itraconazole, the blood concentrations of aliskiren were significantly increased.

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

Util A Util B Util C
Aliskiren-All Cyclosporine
 Itraconazole

References:

Facts & Comparisons, 2012 Updates.
Clinical Pharmacology, 2012 Elsevier/Gold Standard.
Tekturna Prescribing Information, Dec. 2011 Novartis Pharmaceutical Corp.
Tekamlo Prescribing Information, Feb. 2012, Novartis Pharmaceuticals Corp.
Amtumide Prescribing Information, Feb. 2012, Novartis Pharmaceuticals Corp.
Valturna Prescribing Information, Dec. 2011, Novartis Pharmaceuticals Corp.
Tekturna HCT Prescribing Information, Feb. 2012, Novartis Pharmaceuticals, Corp.

15. Aliskiren-All / ACEIs, K+ Sparing Diuretics & K+ Supplements/Diabetes

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Alert Message: Caution should be exercised when aliskiren-containing products are co-administered with ACE inhibitors, potassium-sparing diuretics, potassium supplements or other potassium containing salt substances. The concurrent use of aliskiren with these agents may lead to increases in serum potassium.

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

Util A Util B Util C (Negating)
Aliskiren-All ACE Inhibitors Type 2 Diabetes
 Potassium-Sparing Diuretics Oral Hypoglycemics
 Potassium Acetate Exenatide
 Potassium Chloride Liraglutide
 Pramlintide

References:

Tekamlo Prescribing Information, Feb. 2012, Novartis Pharmaceuticals Corp.
Tekturna Prescribing Information, Dec. 2011 Novartis Pharmaceutical Corp.
Amtumide Prescribing Information, Feb. 2012, Novartis Pharmaceuticals Corp.
Valturna Prescribing Information, Dec. 2011, Novartis Pharmaceuticals Corp.
Tekturna HCT Prescribing Information, Feb. 2012, Novartis Pharmaceuticals, Corp.
Facts & Comparisons, 2012 Updates.
Clinical Pharmacology, 2012 Elsevier/Gold Standard.

16. Aliskiren-All / ACEIs & ARBs / Type 2 Diabetes

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Alert Message: Due to interim results from the ALTITUDE study, as a precautionary measure, it is advised that aliskiren or aliskiren-containing fixed combination products not be used in combination with ACE inhibitors or ARBs in patients with diabetes. This population is at risk of cardiovascular and renal adverse events if the combination is used. Patients should be switched to alternative antihypertensive treatment.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Aliskiren-All	ACE Inhibitors ARBs	Diabetes Insulin Oral Hypoglycemics Exenatide Liraglutide Pramlintide

References:

Direct Healthcare Professional Communication on Potential Risks of Cardiovascular and Renal adverse Events in Patients with Type 2 Diabetes and Real impairment and/or Cardiovascular Disease Treated with Aliskiren (Tekturma) Tablets and Aliskiren-containing Combination Products. January 2012
Available at: http://www.pharma.us.novartis.com/assets/pdf/TKT-1118923%20Dear_HCP_Letter_email_with%20Tek-Val%20PIs_vf.pdf

17. Valtorna / Type 2 Diabetes

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Alert Message: Due to interim results from the ALTITUDE study, as a precautionary measure, it is advised that healthcare professionals stop the use of Valtorna (aliskiren/valsartan) in patients with diabetes. This population is at risk of cardiovascular and renal adverse events if the combination is used. Patients should be switched to alternative antihypertensive treatment.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Aliskiren/Valsartan	Diabetes Insulin Oral Hypoglycemics Exenatide Liraglutide Pramlintide	

References:

Direct Healthcare Professional Communication on Potential Risks of Cardiovascular and Renal adverse Events in Patients with Type 2 Diabetes and Real impairment and/or Cardiovascular Disease Treated with Aliskiren (Tekturma) Tablets and Aliskiren-containing Combination Products. January 2012
Available at: http://www.pharma.us.novartis.com/assets/pdf/TKT-1118923%20Dear_HCP_Letter_email_with%20Tek-Val%20PIs_vf.pdf

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

21. ARBs / Pregnancy / Delivery / Miscarriage / Abortion (Black Box) ✓

Alert Message: When pregnancy is detected, ARB-containing products should be discontinued as soon as possible. Angiotensin II receptor antagonists (ARBs) act directly on the renin-angiotensin system and can cause injury and death to the developing fetus.

Conflict Code: Drugs (Actual) Diseases Precaution
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
ARBs	Pregnancy	Delivery Miscarriage Abortion

References:

Facts & Comparisons, 2012 Updates.
Clinical Pharmacology, 2012 Elsevier/Gold Standard.

22. Jentaduetto / Overutilization ✓

Alert Message: The manufacturer's maximum recommended daily dose of Jentaduetto (linagliptin/metformin) is 2.5/1000mg twice daily. Dose escalation should be gradual to reduce the gastrointestinal side effects associated with metformin use.

Conflict Code: ER - Overutilization
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Linagliptin/Metformin		

Max Dose: 5.0/2000mg.day

References:

Jentaduetto Prescribing Information, Jan. 2012, Boehringer Ingelheim.

23. Jentaduetto / Nonadherence ✓

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

Conflict Code: LR - Nonadherence
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Linagliptin/Metformin		

References:

Osterberg L, Blaschke T. Adherence to medication. N Engl J Med 2005;353:487-97.
Lau DT, Nau DP, Oral Antihyperglycemic Medication Nonadherence and Subsequent Hospitalization Among Individuals with Type 2 Diabetes, Diabetes Care. 27: 2149-2153, 2004.
Miller KE, Medication Nonadherence Affects Diabetes Treatment. Am Family Phys. Vol. 75 No. 6, March 15, 2007.
Ho PM, Rumsfeld JS, Masoudi FA, et al., Effect of Medication Nonadherence in Diabetes Mellitus, Cardiology Review, April 2007.

24. Janumet XR/ Nonadherence

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

Conflict Code: LR - Nonadherence

Drugs/Diseases

Util A

Util B

Util C

Sitagliptin/Metformin XR

References:

Janumet XL Prescribing information, Feb. 2012, Merck & Co., Inc.

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

Lau DT, Nau DP, Oral Antihyperglycemic Medication Nonadherence and Subsequent Hospitalization Among Individuals with Type 2 Diabetes, Diabetes Care. 27: 2149-2153, 2004.

Miller KE, Medication Nonadherence Affects Diabetes Treatment. Am Family Phys. Vol. 75 No. 6, March 15, 2007.

Ho PM, Rumsfeld JS, Masoudi FA, et al., Effect of Medication Nonadherence in Diabetes Mellitus, Cardiology Review, April 2007.

25. Janumet XR/ Overutilization

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Alert Message: The manufacturer's maximum recommended daily dose of Janumet XR (sitagliptin/metformin extended-release) is 100/2000 mg. Dose escalation should be gradual to reduce the gastrointestinal side effects associated with metformin use.

Conflict Code: ER - Overutilization

Drugs/Diseases

Util A

Util B

Util C

Sitagliptin/Metformin XR

Max Dose: 100/2000mg.day

References:

Jentadueto Prescribing Information, Jan. 2012, Boehringer Ingelheim.

26. Metformin - All / Hepatic Impairment

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Alert Message: The use of metformin-containing products should be avoided in patients with clinical or laboratory evidence of hepatic disease. Metformin can, rarely, cause lactic acidosis and impaired hepatic function can significantly limit clearance of lactate. Metformin use in this patient population may increase the risk of lactic acidosis.

Conflict Code: MC – Drug (Actual) Disease Warning

Drugs/Diseases

Util A

Util B

Util C

Metformin-All Hepatic Impairment

References:

Clinical Pharmacology, 2012 Elsevier/Gold Standard.

Facts & Comparisons, 2012 Updates.

Jentadueto Prescribing Information, Jan. 2012, Boehringer Ingelheim.

Januvia Prescribing Information, Jan. 2012, Boehringer Ingelheim.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

27. Tapentadol ER / Overutilization – Hepatic Impairment

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Alert Message: Nucynta ER (tapentadol extended-release) should be used with caution in patients with moderate hepatic impairment. Initiate treatment in these patients using 50 mg tapentadol extended-release and administer no more frequently than once every 24 hours. The maximum recommended dose for patients with moderate hepatic impairment is 100 mg once daily.

Conflict Code: ER - Overutilization
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Including)</u>
Tapentadol ER		Hepatic Impairment

Max Dose: 100 mg/day

References:

Nucynta ER Prescribing Information, August 2011, Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.

28. Tapentadol IR / Tapentadol ER

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Alert Message: Therapeutic duplication of tapentadol-containing products (Nucynta IR and Nucynta ER) may be occurring. All tapentadol immediate-release products should be discontinued when beginning and while taking tapentadol extended-release. Although the maximum total daily dose of tapentadol immediate-release formulation is 600 mg per day, the maximum total daily dose of tapentadol extended-release is 500 mg and this daily dose should not be exceeded.

Conflict Code: TD(DD) – Therapeutic Duplication
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Tapentadol IR	Tapentadol ER	

References:

Nucynta ER Prescribing Information, August 2011, Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.

29. Lovastatin / Ranolazine

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Alert Message: The risk of myopathy, including rhabdomyolysis, may be increased by concomitant administration of Ranexa (ranolazine) and lovastatin. Dose adjustment of lovastatin may be considered during coadministration with ranolazine.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Lovastatin	Ranolazine	

References:

Mevacor Prescribing Information, Feb. 2012, Merck & Co., Inc.
Clinical Pharmacology, 2012 Elsevier/Gold Standard.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

30. Lovastatin / Colchicine

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Alert Message: Cases of myopathy, including rhabdomyolysis, have been reported with lovastatin co-administered with colchicine, and caution should be exercised when prescribing lovastatin with colchicine.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Lovastatin	Colchicine	

References:

Mevacor Prescribing Information, Feb. 2012, Merck & Co., Inc.

31. Lovastatin / Strong CYP3A4 Inhibitors

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Alert Message: The concurrent use of lovastatin, a CYP3A4 substrate, with a strong CYP3A4 inhibitor is contraindicated due to the increased risk of lovastatin-related myopathy and rhabdomyolysis.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Lovastatin	Ketoconazole Itraconazole Posaconazole Nefazodone Boceprevir Telaprevir Clarithromycin Telithromycin Erythromycin	

References:

Mevacor Prescribing Information, Feb. 2012, Merck & Co., Inc.

32. Rosuvastatin / Kaletra or Atazanavir (Ritonavir-Boost or Alone)

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Alert Message: The dose of Crestor (rosuvastatin) should not exceed 10 mg once daily in patients also receiving HIV protease inhibitors, Kaletra (lopinavir/ritonavir), Reyataz (atazanavir) or ritonavir-boosted atazanavir. Protease inhibitors are CYP3A4 inhibitors and concurrent use with rosuvastatin, a 3A4 substrate, may elevate rosuvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Rosuvastatin 20 & 40	Lopinavir/Ritonavir Atazanavir	

References:

Crestor Prescribing Information, Feb. 2012, AstraZeneca.

Reyataz Prescribing Information, Feb. 2012, Bristol-Myers Squibb. (Reyataz PI Table 13 states - applies to Reyataz with or without ritonavir, unless otherwise indicated).

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

33. Atorvastatin / Tipranavir + Ritonavir

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Alert Message: The concurrent use of Lipitor (atorvastatin) and ritonavir-boosted Aptivus (tipranavir) should be avoided. Both tipranavir and ritonavir are CYP3A4 inhibitors and use with atorvastatin, a 3A4 substrate, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin	Tipranavir	Ritonavir

References:

Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.
Aptivus Prescribing Information, Feb. 2012, Boehringer Ingelheim Pharmaceuticals, Inc.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2012 Thomson Reuters.

34. Rosuvastatin / Kaletra or Atazanavir (Ritonavir-Boost or Alone)

_____✓_____

Alert Message: The dose of Crestor (rosuvastatin) should not exceed 10 mg once daily in patients also receiving HIV protease inhibitors, Kaletra (lopinavir/ritonavir), Reyataz (atazanavir) or ritonavir- boosted atazanavir. Protease inhibitors are CYP3A4 inhibitors and concurrent use with rosuvastatin, a 3A4 substrate, may elevate rosuvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Rosuvastatin 20 & 40	Lopinavir/Ritonavir Atazanavir	

References:

Crestor Prescribing Information, Feb. 2012, AstraZeneca.
Reyataz Prescribing Information, Feb. 2012, Bristol-Myers Squibb. (Reyataz PI Table 13 states - applies to Reyataz with or without ritonavir, unless otherwise indicated).

35. Atorvastatin-All / Telaprevir

_____✓_____

Alert Message: The concurrent use of atorvastatin-containing agents (Lipitor and Caduet) with Incivek (telaprevir) should be avoided. Telaprevir is a strong CYP3A4 inhibitor and concurrent use with atorvastatin, a CYP3A4 substrate, may lead to elevated atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin-All	Telaprevir	

References:

Incivek Prescribing Information, March 2012, Vertex Pharmaceuticals, Inc.
Facts & Comparisons, 2012 Updates.
Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

36. Atorvastatin / Lopinavir + Ritonavir

Alert Message: Caution should be exercised when co-administering Lipitor (atorvastatin) with the HIV protease inhibitor Kaletra (lopinavir plus ritonavir). The lowest dose necessary of atorvastatin should be used. Atorvastatin is a CYP3A4 substrate and concurrent use with strong CYP3A4 inhibitors, lopinavir and ritonavir, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin	Lopinavir/Ritonavir	

References:

Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

37. Atorvastatin / Ritonavir-Boosted Saquinavir, Darunavir & Fosamprenavir

Alert Message: The dose of Lipitor (atorvastatin) should not exceed 20mg daily in patients receiving the ritonavir-boosted HIV protease inhibitors saquinavir, darunavir and fosamprenavir or unboosted fosamprenavir. Protease inhibitors are CYP3A4 inhibitors and concurrent use with atorvastatin, a 3A4 substrate, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin 40 & 80 mg	Saquinavir Darunavir Fosamprenavir	Ritonavir

References:

Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

38. Atorvastatin / Fosamprenavir

Alert Message: The dose of Lipitor (atorvastatin) should not exceed 20mg daily in patients receiving the ritonavir-boosted HIV protease inhibitors saquinavir, darunavir and fosamprenavir or unboosted fosamprenavir. Protease inhibitors are CYP3A4 inhibitors and concurrent use with atorvastatin, a 3A4 substrate, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin 40 & 80mg	Fosamprenavir	

References:

Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

*Criterion created so it will hit on patients receiving unboosted fosamprenavir - above criterion requires ritonavir to be present.

Criteria Recommendations

*Accepted Approved Rejected
As
Amended*

39. Atorvastatin / Clarithromycin & Itraconazole

___[√]___ ___ ___

Alert Message: The dose of Lipitor (atorvastatin) should not exceed 20 mg daily in patients receiving the strong CYP3A4 inhibitors clarithromycin and itraconazole. Atorvastatin is a 3A4 substrate and concurrent use with either agent may lead to elevated atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis

Conflict Code: ER - Overutilization
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin 40 & 80mg	Clarithromycin Itraconazole	

References:
Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

40. Atorvastatin / Nelfinavir

___[√]___ ___ ___

Alert Message: In patients with HIV taking nelfinavir, therapy with Lipitor (atorvastatin) should be limited to 40 mg, and appropriate clinical assessment is recommended to ensure that the lowest dose necessary of atorvastatin is employed. Nelfinavir is a CYP3A4 inhibitor and use with atorvastatin, a 3A4 substrate, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: ER - Overutilization
Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C (Include)</u>
Atorvastatin		Nelfinavir

Max Dose: 40 mg/day

References:
Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

41. Atorvastatin / Strong 3A4 Inhibitors

___[√]___ ___ ___

Alert Message: Coadministration of Lipitor (atorvastatin) with strong CYP3A4 inhibitors (e.g., ketoconazole, nefazodone, posaconazole and erythromycin) can lead to increases in atorvastatin plasma concentrations and risk of myopathy and rhabdomyolysis. The extent of interaction and potentiation of effects depend on the variability of effect on CYP3A4.

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

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Atorvastatin	Ketoconazole Posaconazole Voriconazole Nefazodone Indinavir Telithromycin	

References:
Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

42. Caduet / Protease Inhibitors

_____✓_____

Alert Message: Caduet (amlodipine/atorvastatin) daily doses exceeding 20 mg of the atorvastatin component, should be used with caution in patients also receiving HIV protease inhibitors. The lowest dose necessary of atorvastatin-containing agent should be used. Protease inhibitors are strong CYP3A4 inhibitors and use with atorvastatin, a 3A4 substrate, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>		<u>Util C</u>
Caduet 5/40	Saquinavir	Darunavir	Lopinavir/Ritonavir
Caduet 5/80	Ritonavir	Fosamprenavir	
Caduet 10/40	Indinavir	Tipranavir	
Caduet 10/80	Nelfinavir	Atazanavir	
Caduet 2.5/40			

References:

Caduet Prescribing Information, Jan. 2012, Pfizer Pharmaceuticals, Inc.

**Caduet PI states; Therefore, in patients taking HIV protease inhibitors use caution when administering atorvastatin doses > 20mg. It does not split them up like the new Lipitor PI. So all protease inhibitors are included in one criterion (page 32).*

43. Caduet / Clarithromycin & Itraconazole

_____✓_____

Alert Message: Caduet (amlodipine/atorvastatin) daily doses exceeding 20 mg of the atorvastatin component should be used with caution in patients also receiving clarithromycin or itraconazole. The lowest dose necessary of atorvastatin-containing agent should be used. Clarithromycin and itraconazole are strong CYP3A4 inhibitors and use with atorvastatin, a 3A4 substrate, may elevate atorvastatin levels and increase the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Caduet 5/40	Clarithromycin	
Caduet 5/80	Itraconazole	
Caduet 10/40		
Caduet 10/80		
Caduet 2.5/40		

References:

Caduet Prescribing Information, Jan. 2012, Pfizer Pharmaceuticals, Inc.

44. Caduet / Cyclosporine

_____✓_____

Alert Message: The atorvastatin dose of the combo agent Caduet (amlodipine/atorvastatin) should not exceed 10 mg of atorvastatin daily in patients receiving cyclosporine. Cyclosporine is an OATP1B1 inhibitor and concurrent use with atorvastatin products can increase the bioavailability of atorvastatin thereby increasing the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug /Drug Interaction

Drugs/Diseases

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Caduet 20, 40 & 80mg	Cyclosporine	

References:

Caduet Prescribing Information, Jan. 2012, Pfizer Pharmaceuticals, Inc.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

45. Pravastatin / Clarithromycin

Alert Message: The dose of pravastatin should not exceed 40 mg once daily in patients also receiving clarithromycin. The concurrent use of these two agents increases the risk of statin-related myopathy and rhabdomyolysis.

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

Util A

Pravastatin 80mg

Util B

Clarithromycin

Util C

References:

Pravachol Prescribing Information, Feb. 2012, Bristol-Myers Squibb.

Clinical Pharmacology, 2012 Elsevier/Gold Standard.

46. Vytorin / Renal Impairment

Alert Message: In patients with chronic kidney disease and estimated glomerular filtration rate < 60 mL/min/1.73 m² the manufacturer's recommended dose of Vytorin (ezetimibe/simvastatin) is 10/20mg per day. In such patients, higher doses should be used with caution and close monitoring.

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

Drugs/Diseases

Util A

Vytorin 10/40 & 10/80

Util B

Renal Impairment

Util C

References:

Vytorin Prescribing Information, Feb. 2012, Merck & Co. Inc.

47. Atorvastatin / Atazanavir

Alert Message: The concurrent use of Lipitor (atorvastatin) and Reyataz (atazanavir) may result in increased atorvastatin levels due to inhibition, by atazanavir, of atorvastatin CYP3A4-mediated metabolism. Use the lowest possible starting dose of atorvastatin with careful monitoring for toxicities (e.g., myopathy and rhabdomyolysis) or consider a statin with less potential for interaction (i.e., fluvastatin).

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

Util A

Atorvastatin

Util B

Atazanavir

Util C

References:

Lipitor Prescribing Information, Feb. 2012, Pfizer Pharmaceuticals, Inc.

Reyataz Prescribing Information, Feb. 2012, Bristol-Myers Squibb.

Criteria Recommendations

Accepted Approved Rejected
As
Amended

48. Boceprevir / Atorvastatin 40 & 80mg

___✓___ ___ ___

Alert Message: The concurrent use of Victrelis (boceprevir), a potent CYP3A4 inhibitor with Lipitor (atorvastatin), a CYP3A4 substrate, may result in elevated atorvastatin plasma concentrations increasing the risk of atorvastatin-related adverse events (e.g., myopathy and rhabdomyolysis). The atorvastatin dose should be carefully titrated and should not exceed a maximum daily dose of 20 mg during coadministration with boceprevir.

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

Util A Util B Util C
Boceprevir Atorvastatin 40 & 80mg

References:

Facts & Comparisons, 2012 Updates.
Clinical Pharmacology, 2012 Elsevier/Gold Standard.
Victrelis Prescribing Information, May 2011, Schering Corporation.

49. Ranolazine / Potent CYP3A4 Inducers

___✓___ ___ ___

Alert Message: Ranexa (ranolazine) is contraindicated in patients receiving CYP3A4 inducers. Ranolazine is a CYP3A4 substrate and concurrent use with a CYP3A4 inducer can result in decreased plasma concentrations of ranolazine and loss of therapeutic effect.

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

Util A Util B Util C
Ranolazine Rifampin
 Barbiturates
 Phenytoin
 Carbamazepine
 Oxcarbazepine
 Rifabutin
 Rifapentine
 Bosentan
 Pioglitazone
 Modafinil
 Armodafinil
 Prednisone
 Nevirapine
 Efavirenz
 Etravirine

References:

Ranexa Prescribing Information, Dec. 2011, Gilead Sciences, Inc.
Facts & Comparisons, 2012 Updates.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

50. Aliskiren-All / ACEIs & ARBs / Renal Impairment

Alert Message: Avoid concomitant use of aliskiren-containing products with ARBs or ACEIs in patients with renal impairment where GFR is < 60 mL/min. Patients receiving this combination of medications may be at particular risk of developing acute renal failure.

_____√_____

Conflict Code: DD – Drug/Drug Interaction

Drugs/Diseases

Util A

Util B

Util C (Include)

Aliskiren-All

ACE Inhibitors
ARBs

Renal Impairment

References:

MedWatch The FDA Safety Information and Adverse Event Reporting Program. Aliskiren-containing Medications: Drug Safety Communication - New Warning and Contraindication. [Posted 04/20/2012].

Tekturma Prescribing Information, March 2012, Novartis Pharmaceuticals Corp.

Amturnide Prescribing Information, March 2012, Novartis Pharmaceuticals, Corp.

Tekturma HCT Prescribing Information, March 2012, Novartis Pharmaceutical Corp.

Tekturma Prescribing Information, March 2012, Novartis Pharmaceutical Corp.

*Valtuma off the market July 20, 2012.

Stephanie Azar (X) Approve () Deny
Stephanie McGee Azar, Acting Commissioner

8-31-12
Date

Robert Moon MD (X) Approve () Deny
Robert Moon, M.D., Deputy Commissioner
and Medical Director

8-28-12
Date

Kathy Hall (X) Approve () Deny
Kathy Hall, Deputy Commissioner

8/27/12
Date