North Dakota Medicaid
Drug Utilization Review Board Meeting
March 5, 2025
Conference Room 210/212

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Be Legendary.

Meeting Notice

Drug Use Review (DUR) Board

Wednesday, March 5, 2025
1:00 p.m. to 4:00 p.m. CT

In-Person Information

Conference Room 210/212, 2nd Floor, Judicial Wing, State Capitol
600 E. Boulevard Ave., Bismarck, ND

Virtual Information

Join by computer: click here to join the meeting
Meeting ID: 286 525 595 533, Passcode: XN75fC2C

Agenda

- Call to order
- Roll call
- Review from department
- Reports from department
  - Administrative report
  - Financial report: top drugs
  - Retrospective DUR report
  - Clinical report:
    - Prior authorization update
    - Criteria updates: Amyloidosis, GLP-1 Agonist Combinations, Metabolic Dysfunction-Associated Steatohepatitis (MASH), Parkinson's Disease
- Unfinished business: infantile hemangioma
- New business
  - First review of diabetes mellitus
  - Second Review of Migraine Prophylaxis and Treatment
  - Second Review of Nonsteroidal Anti-Inflammatory Drugs
  - Second Review of Primary Biliary Cholangitis
  - Review of retrospective DUR criteria recommendations
- Announcements: Next meeting (June 4, 2025)
- Adjourn

Individuals who need accommodations in order to participate or who would like information about joining the meeting can contact Ashley Gerving at 701.328.2354, 711 (TTY) or gervingashley@nd.gov.

Date Posted: Tuesday, February 11, 2025
Date Revised: Thursday, February 20, 2025 (Teams link updated)

Meeting Minutes

North Dakota Medicaid Drug Use Review (DUR) Board
Meeting Date: December 4th, 2024
Time and Location: 1:00 pm CST in Bismarck, North Dakota

Call to Order:
A regular quarterly meeting of the North Dakota Medicaid Drug Use Review (DUR) Board meeting was convened at 1:04 pm CST with K. Martian presiding as Presiding Officer. DUR Board Coordinator, C. Stauter recording minutes.

Roll Call:
Board Members Voting:
Present: Stephanie Antony, Gabriela Balf, Amanda Dahl, Kurt Datz, Andrea Honeyman, Laura Kroetsch, Kevin Martian, Kristen Peterson, Amy Werremeyer, Jessica Ziegler
Absent: Tanya Schmidt
Quorum Present: Yes

Board Members Non-Voting:
Absent: Kathleen Traylor

Medicaid Pharmacy Department:
Present: Jeff Hostetter, Brendan Joyce, Alexi Murphy, LeNeika Roehrich, Katie Steig

Approval of Meeting Minutes:
Motion: Moved by K. Datz to approve the minutes of the September 4th, 2024 meeting, motion was seconded by A. Werremeyer. **Motion carried.**
The minutes of the September 4th, 2024 meeting were approved as distributed.

Reports:
Administrative Report: provided by A. Murphy
A. Murphy introduced new pharmacist K. Steig and member J. Ziegler. A. Murphy discussed DUR board member vacant positions and updates regarding legislative session and new governor start dates.

Financial Report: Budget provided by B. Joyce
B. Joyce shared with the Board trends of reimbursement amount vs net spend for pharmacy drug claims. This information can be found in the handout.

Financial Report: Top Drugs provided by B. Joyce
B. Joyce presented the quarterly review of the top 25 drugs based on total number and cost of claims and the top 15 therapeutic classes based on number and cost of claims. This report can be found in the handout.

Retrospective Drug Utilization Review (RDUR) Report by C. Stauter
C. Stauter reviewed the quarterly RDUR criteria that were selected for review of each month and information from a targeted mailing. This material can be found in the handout.

Clinical Report and Annual PDL Review: Prior Authorization and Criteria Updates by C. Stauter
C. Stauter presented prior authorization and criteria updates with emphasis on the following sections in the PDL: Amyloidosis, COPD/Asthma, Secondary Hyperparathyroidism, and Annual PDL Review. Testimony was provided by Arnele Mejia from Pierre Fabre Pharmaceuticals on Hemangeol, Jasmine Inman from Teva on Austedo, and Sunny Hirpara from Astrazeneca on Airsupra.

Unfinished business: provided by C. Stauter

C. Stauter provided updates on alternative RDUR communication tools. The presented material can be found in the handout.

New business:
Second Reviews presented by C. Stauter
C. Stauter presented group prior authorization criteria for attention-deficit hyperactivity disorder stimulants
Motion: Moved by K. Martian to place attention-deficit hyperactivity disorder stimulants on prior authorization, motion was seconded by K. Datz. **Motion carried.**

First Reviews presented by C. Stauter and J McKee
C. Stauter presented an overview of migraine prophylaxis and treatment and NSAIDs. J. McKee presented an overview of primary biliary cholangitis. The presented material can be found in the handout. Testimony was provided by Jasmine Inman from Teva on Ajovy, Craig Fjeldheim from Abbvie on Qulipta, and Porscha Showers from Gilead on Livdelzi.

Motion: Moved by A. Werremeyer to draft prior authorization for migraine prophylaxis and treatment, motion was seconded by A. Honeyman. **Motion carried.**
Motion: Moved by A. Werremeyer to draft prior authorization for NSAIDs, motion was seconded by A. Dahl. **Motion carried.**
Motion: Moved by K. Martian to draft prior authorization primary biliary cholangitis, motion was seconded by K. Datz. **Motion carried.**

Retrospective Drug Utilization Review (RDUR) Criteria Recommendations:
RDUR criteria recommendations were reviewed. The presented material can be found in the handout.
Motion: Moved by K. Peterson to approve the RDUR criteria, motion was seconded by S. Antony. **Motion carried.**

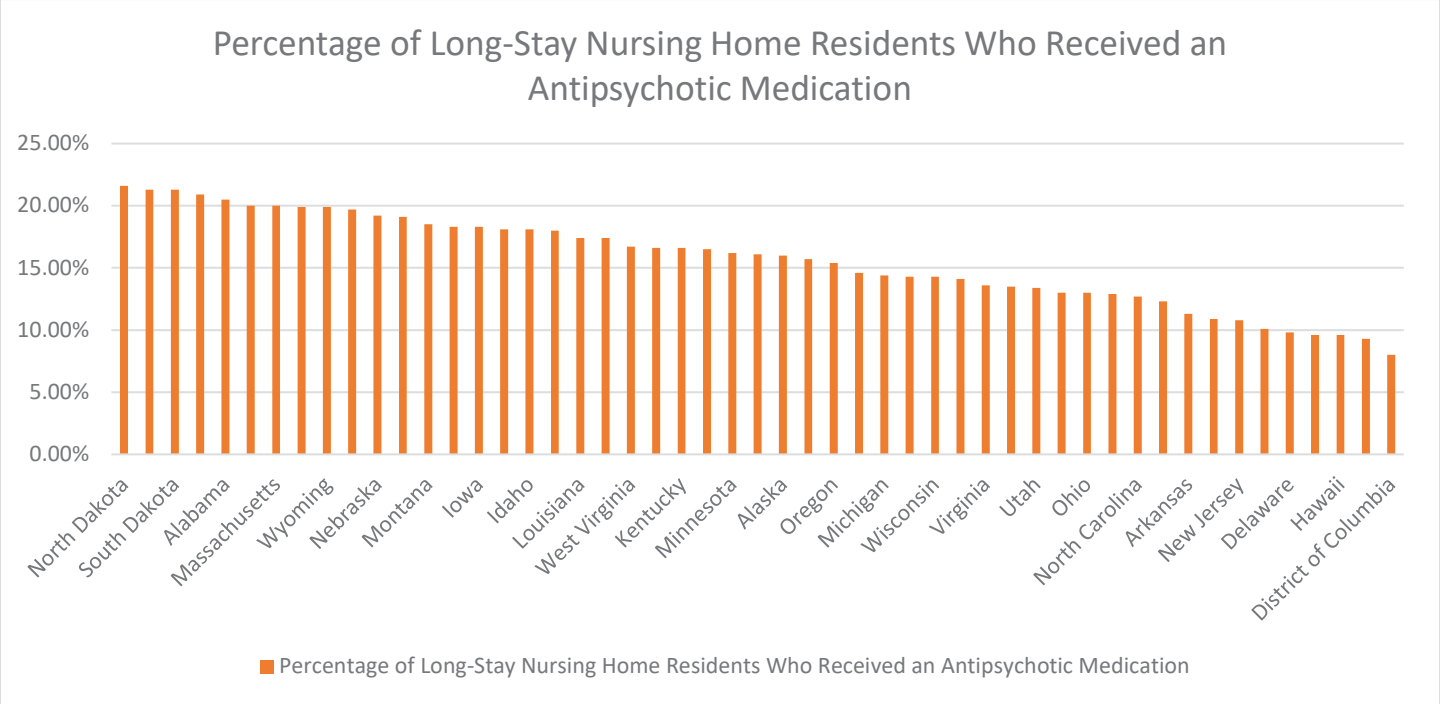
Announcements:
Next meeting is March 5th, 2025.

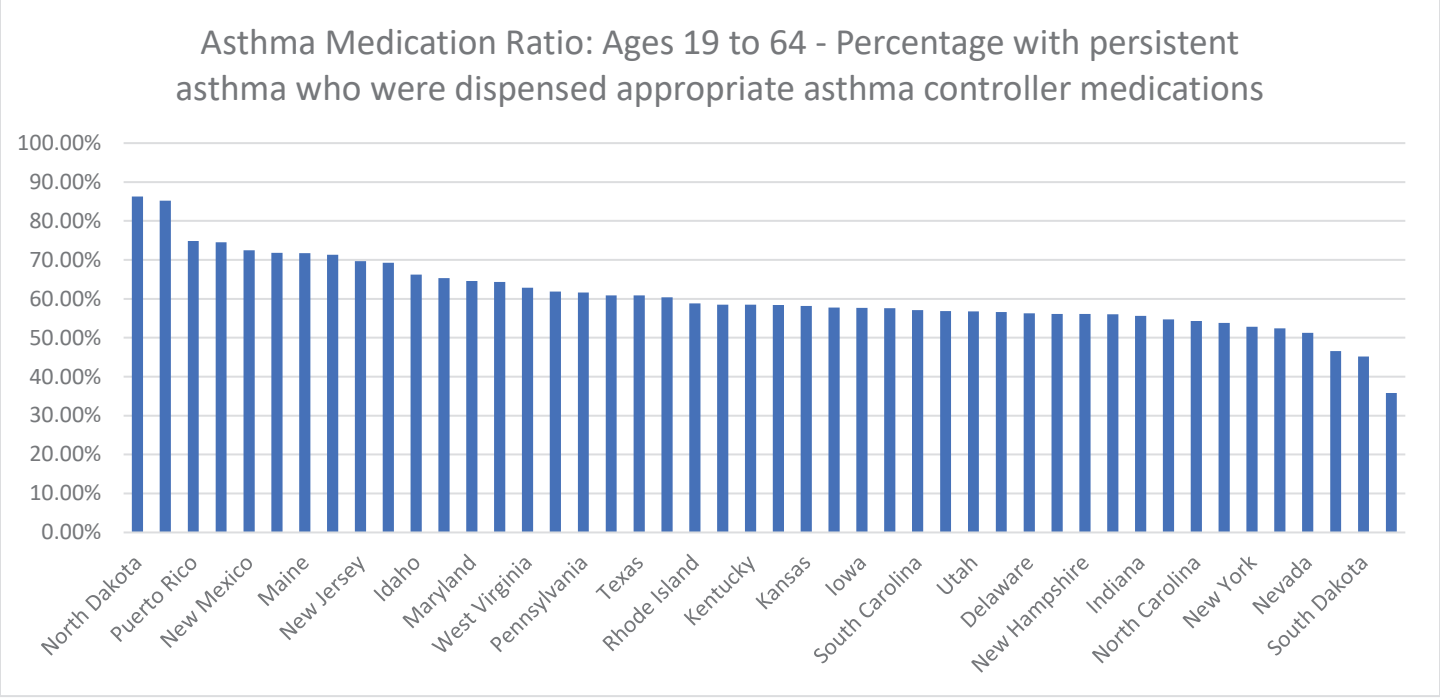
Adjournment:
Meeting adjourned by K. Martian at 2:13 pm CST.

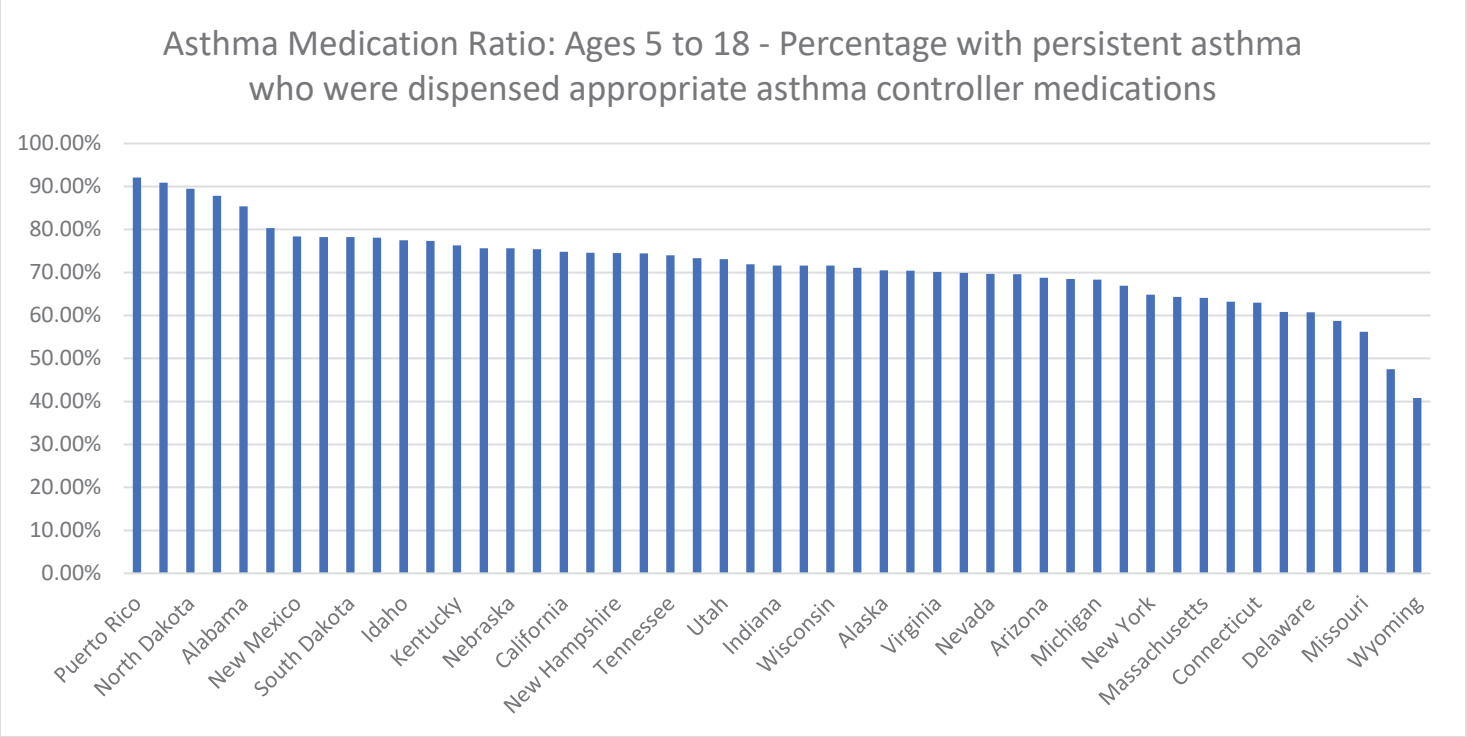
Date of Minutes Approval:
Minutes submitted by: Julie McKee, Acentra Health

Administrative Report

Medicaid and CHIP Scorecard - Explore data





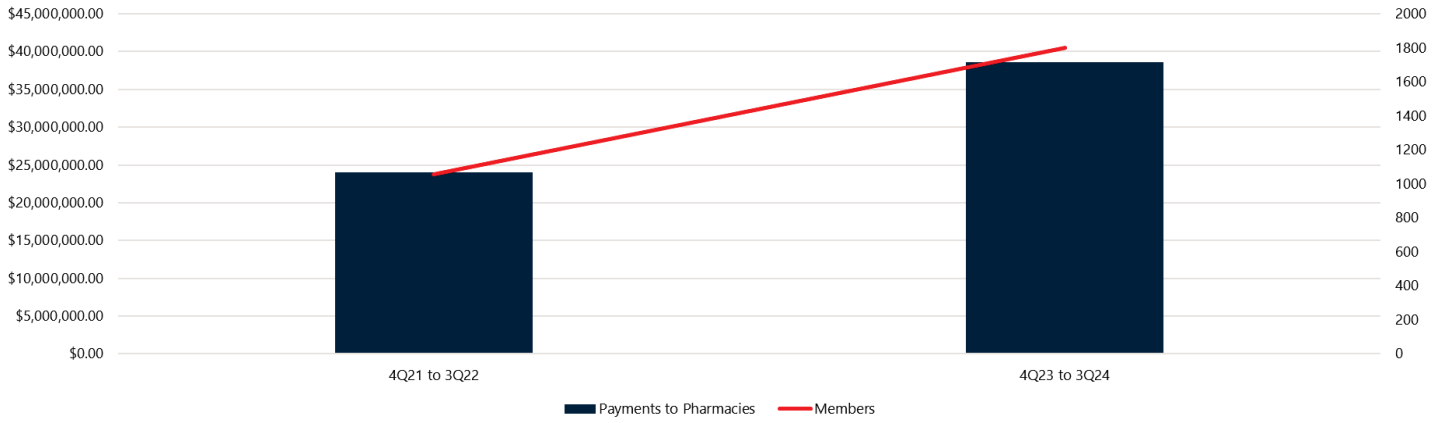

Asthma Medication Ratio: Ages 5 to 18 - Percentage with persistent asthma who were dispensed appropriate asthma controller medications
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Puerto Rico
North Dakota
Alabama
New Mexico
South Dakota
Idaho
Kentucky
Nebraska
California
New Hampshire
Tennessee
Utah
Indiana
Wisconsin
Alaska
Virginia
Nevada
Arizona
Michigan
New York
Massachusetts
Connecticut
Delaware
Missouri
Wyoming

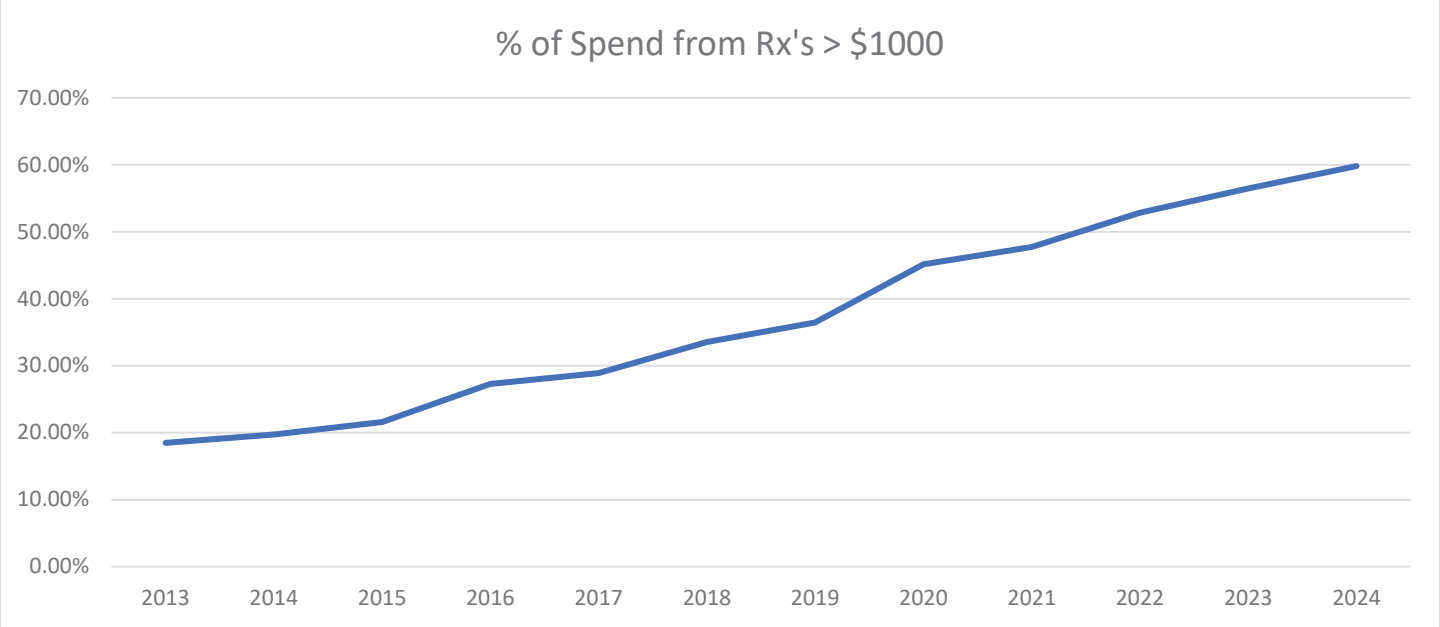
Financial Report

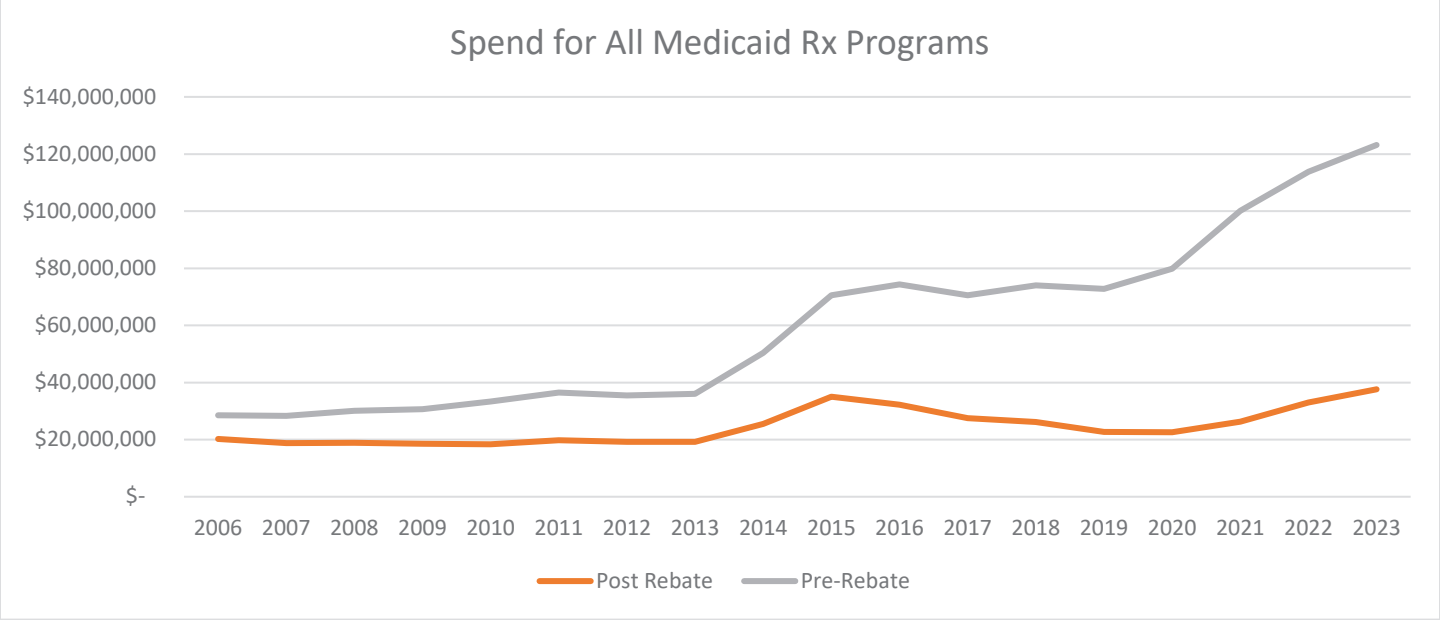
- **6 Drug Classes:** 6 drug classes make up 36.3% of the drug budget (4Q23 to 3Q24):
  - Cystic Fibrosis, Immunomodulators, Migraine, Non-Insulin Diabetes, Pulmonary Hypertension, Tardive Dyskinesia
  - Spend for these classes increased by 138% between 1Q2020 and 3Q2024 to $10 million per quarter
  - During the same period, claims volume for drugs in these classes only increased by 14%
- **50 Hyper-Cost Drugs:** 50 hyper-cost drugs make up 33.7% of the drug budget (4Q23 to 3Q24):
  - Over $950,000 spent on 22 claims from 4Q23 to 3Q24 on just 3 drugs: Daybue, Gattex, and Oxervate

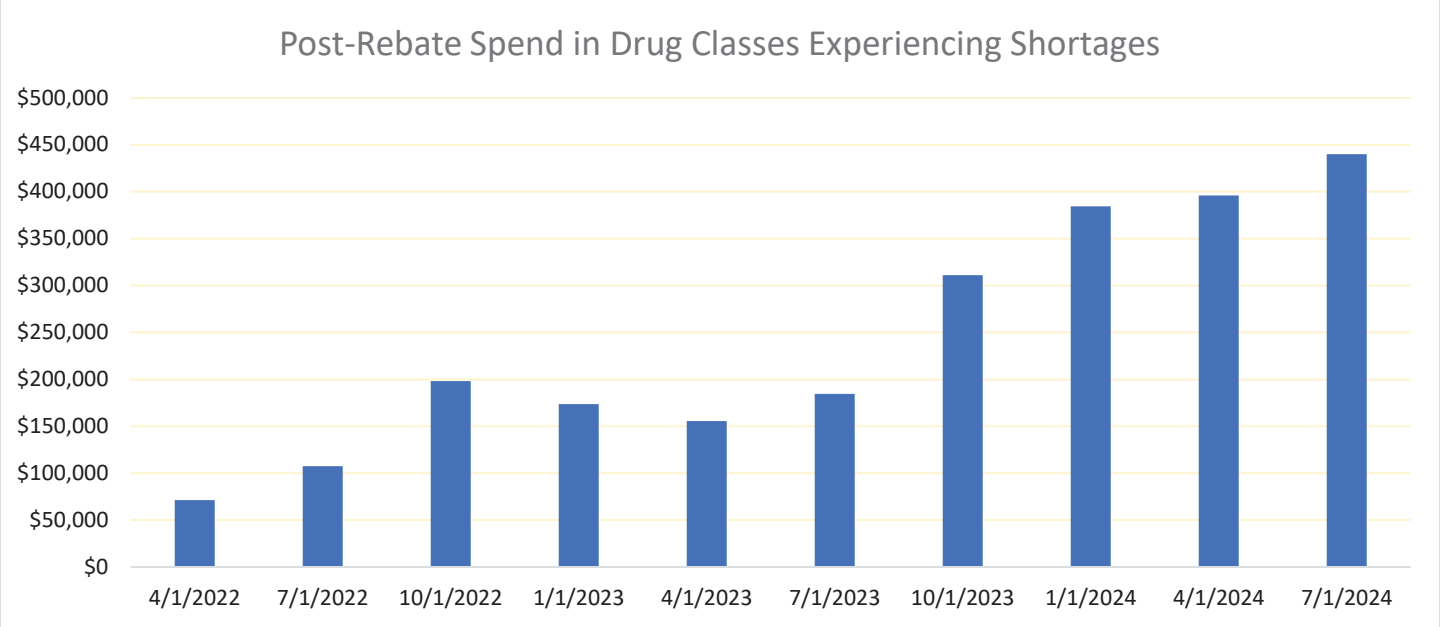
For the same 50 hyper-cost drugs:

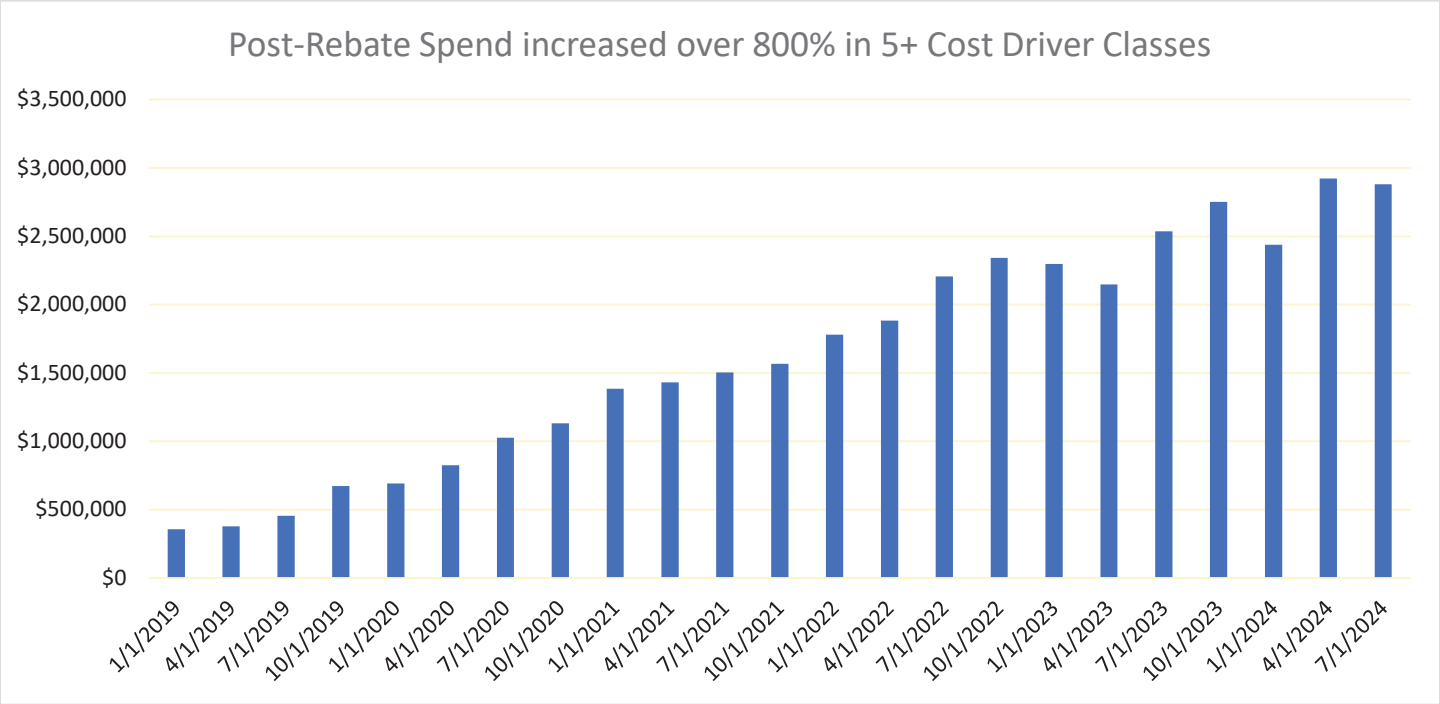
- Over $24.0 million spend for 1058 members in 4Q21 to 3Q22
- Over $38.5 million spend for 1799 members in 4Q23 to 3Q24




% of Spend from Rx's > $1000
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024

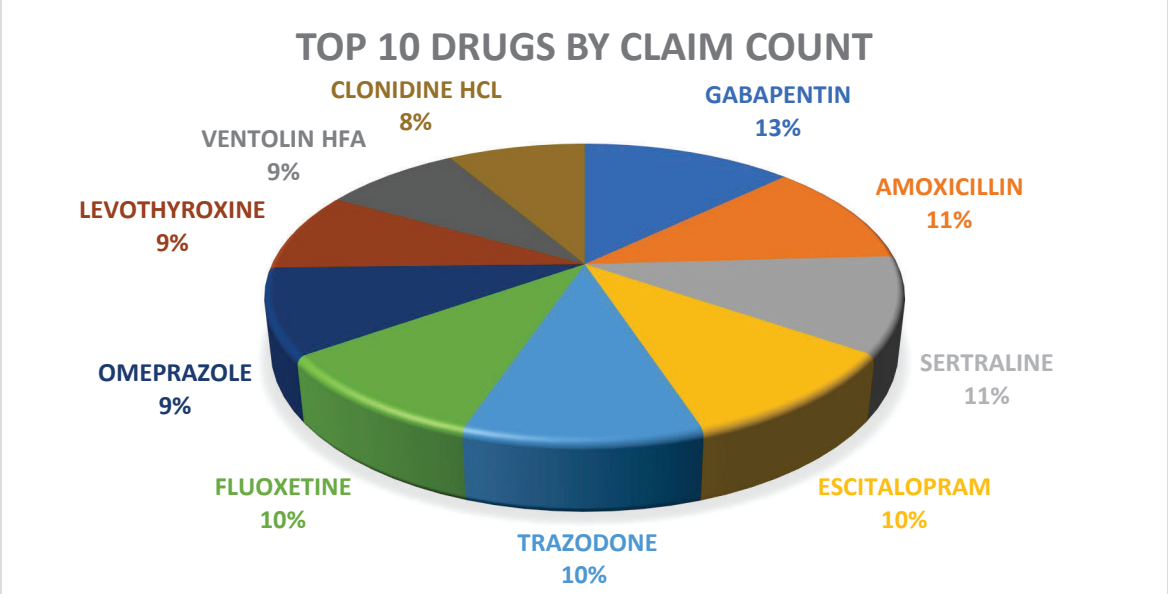

Spend for All Medicaid Rx Programs
$140,000,000
$120,000,000
$100,000,000
$80,000,000
$60,000,000
$40,000,000
$20,000,000
$-
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Post Rebate
Pre-Rebate


Post-Rebate Spend in Drug Classes Experiencing Shortages
$500,000
$450,000
$400,000
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$0
4/1/2022
7/1/2022
10/1/2022
1/1/2023
4/1/2023
7/1/2023
10/1/2023
1/1/2024
4/1/2024
7/1/2024


Post-Rebate Spend increased over 800% in 5+ Cost Driver Classes
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
1/1/2019
4/1/2019
7/1/2019
10/1/2019
1/1/2020
4/1/2020
7/1/2020
10/1/2020
1/1/2021
4/1/2021
7/1/2021
10/1/2021
1/1/2022
4/1/2022
7/1/2022
10/1/2022
1/1/2023
4/1/2023
7/1/2023
10/1/2023
1/1/2024
4/1/2024
7/1/2024

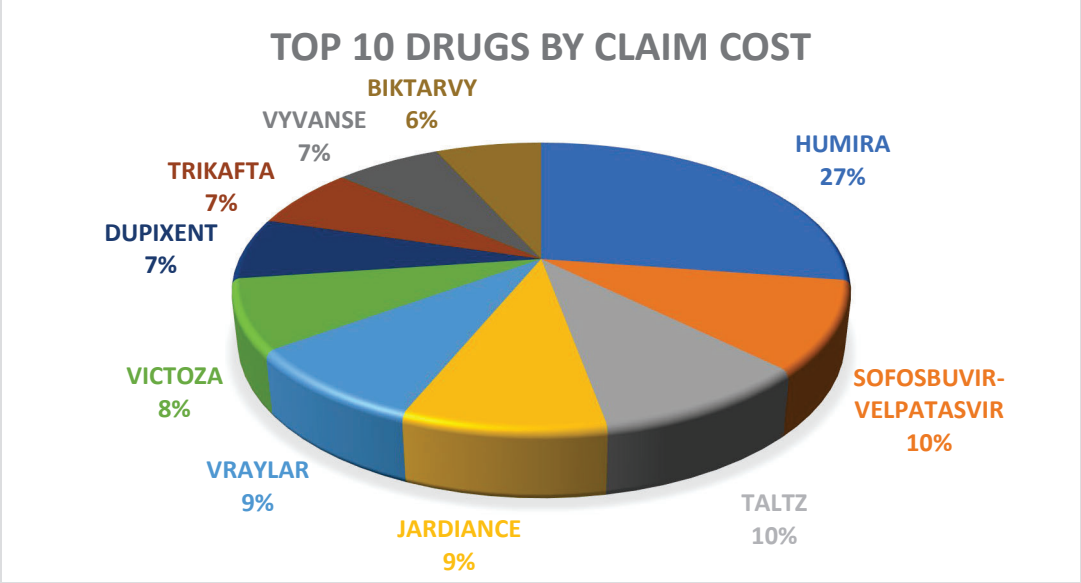
Top 25 Drugs Based on Number of Claims from 10/01/2024 – 12/31/2024

Drug	Claims	Claims Cost	Patients	Cost / Claim	% Claims	Dif.
1. GABAPENTIN	4,352	$62,951.41	1,824	$14.46	1.79%	NC
2. AMOXICILLIN	3,797	$61,103.38	3,577	$16.09	1.56%	↑13
3. SERTRALINE HCL	3,548	$47,827.94	1,955	$13.48	1.46%	↓1
4. ESCITALOPRAM	3,503	$46,208.88	1,932	$13.19	1.44%	↓1
5. TRAZODONE HCL	3,472	$46,455.65	1,826	$13.38	1.43%	↓1
6. FLUOXETINE HCL	3,377	$44,558.45	1,838	$13.19	1.39%	NC
7. OMEPRAZOLE	3,184	$42,255.30	1,817	$13.27	1.31%	↓2
8. LEVOTHYROXINE	2,899	$43,117.47	1,511	$14.87	1.19%	↓1
9. VENTOLIN HFA	2,850	$184,573.35	2,820	$64.76	1.17%	NC
10. CLONIDINE HCL	2,837	$35,102.74	1,396	$12.37	1.17%	↑1
11. ATORVASTATIN	2,791	$40,454.96	1,629	$14.49	1.15%	↓3
12. BUPROPION XL	2,647	$43,846.67	1,450	$16.56	1.09%	↓2
13. AMOXICILLIN-CLAV	2,636	$46,528.76	2,445	$17.65	1.08%	↑15
14. PREDNISONE	2,617	$30,450.22	2,118	$11.64	1.08%	↑6
15. LISINOPRIL	2,611	$33,763.41	1,559	$12.93	1.07%	↓3
16. HYDROXYZINE	2,581	$35,748.26	1,537	$13.85	1.06%	↓3
17. DEXTROAMP-AMP ER	2,418	$70,648.78	1,007	$29.22	0.99%	↑32
18. METHYLPHENIDATE ER	2,350	$67,600.70	988	$28.77	0.97%	↑18
19. ARIPIPRAZOLE	2,325	$36,235.09	1,139	$15.58	0.96%	↓2
20. PANTOPRAZOLE	2,284	$32,024.86	1,317	$14.02	0.94%	↓2
21. HYDROCODONE-APAP	2,251	$33,281.55	1,434	$14.79	0.93%	↓7
22. VYVANSE	2,211	$641,849.77	1,005	$290.30	0.91%	↑6
23. LAMOTRIGINE	2,208	$31,020.27	893	$14.05	0.91%	↓4
24. DULOXETINE	2,197	$35,772.12	1,144	$16.28	0.90%	↓3
25. CYCLOBENZAPRINE	2,170	$25,423.64	1,340	$11.72	0.89%	↓3
Total Claims						**243.280**



Top 25 Drugs Based on Total Claims Cost from 10/01/24 – 12/31/2024

Drug	Claims	Claims Cost	Patients	Cost / Patient	% Cost	Dif.
1. HUMIRA	308	$2,599,026.69	130	$109,784.11	7.87%	NC
2. SOFOSBUVIR-VELPATASVIR	42	$953,734.53	42	$22,707.97	2.89%	NC
3. TALTZ	118	$920,514.69	52	$74,512.32	2.79%	NC
4. JARDIANCE	1,122	$861,770.10	602	$1,431.51	2.61%	NC
5. VRAYLAR	795	$827,547.36	313	$2,643.92	2.51%	NC
6. VICTOZA	1092	$749,074.37	630	$2,220.53	2.27%	NC
7. DUPIXENT	182	$655,198.07	79	$16,182.44	1.98%	↑2
8. TRIKAFTA	29	$649,356.47	10	$64,935.65	1.97%	↑3
9. VYVANSE	2,211	$641,849.77	1,005	$638.66	1.94%	↑1
10. BIKTARVY	276	$634,714.15	127	$4,997.75	1.92%	↓3
11. INVEGA SUSTENNA	205	$568,090.65	79	$7,191.02	1.72%	↓1
12. NORDITROPIN FLEXPRO	84	$516,651.36	36	$14,351.43	1.56%	NC
13. ELIQUIS	699	$431,803.69	348	$1,240.82	1.31%	↑1
14. COSENTYX	36	$365,179.37	16	$50,846.69	1.11%	↑5
15. SUBLOCADE	172	$348,101.30	87	$4,001.16	1.05%	↑1
16. STELARA	13	$309,996.50	10	$30,999.65	0.94%	↓3
17. INGREZZA	37	$288,789.46	17	$16,987.62	0.87%	↓2
18. INVEGA TRINZA	30	$263,309.21	26	$10,127.28	0.80%	↑8
19. ENBREL	37	$238,773.42	15	$31,020.49	0.72%	↑1
20. DULERA	733	$233,281.93	437	$533.83	0.71%	↑2
21. ABILIFY MAINTENA	91	$229,597.94	37	$6,205.35	0.70%	↓3
22. XIFAXAN	84	$226,490.74	41	$5,524.16	0.69%	↑2
23. FARXIGA	339	$209,360.96	166	$1,261.21	0.63%	NC
24. VERZENIO	13	$200,436.34	5	$40,087.27	0.61%	↑3
25. ADVAIR DISKUS	932	$188,040.21	538	$349.52	0.57%	↑4
Total Claims Cost					**$33,035,140.79**	



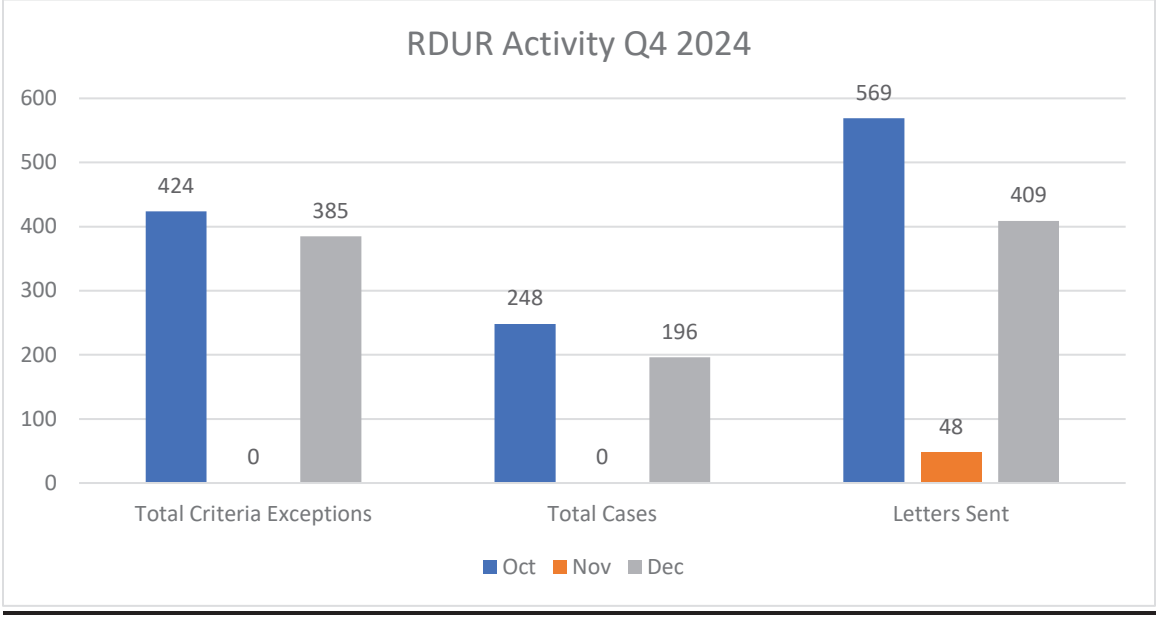
Top 15 Therapeutic Classes Based on Number of Claims from 10/01/2024 – 12/31/2024

Therapeutic Class Description	Claims	Claims Cost	Patients	Cost/Claim	% Claims	Dif.
1. ANTIDEPRESSANTS	25,484	$597,439.41	10,577	$23.44	10.48%	NC
2. ANTIPSYCHOTIC AGENTS	9,815	$2,661,031.09	3,802	$271.12	4.03%	NC
3. AMPHETAMINES	7,156	$878,411.53	2,813	$122.75	2.94%	NC
4. RESPIRATORY AND CNS STIMULANTS	6,903	$474,960.75	2,606	$68.80	2.84%	↑1
5. GABA-MEDIATED ANTICONVULSANTS	6,736	$127,522.37	2,683	$18.93	2.77%	↓1
6. PENICILLIN ANTIBIOTICS	6,651	$110,956.25	5,925	$16.68	2.73%	↑8
7. BETA-ADRENERGIC AGONISTS	6,053	$756,707.56	4,210	$125.01	2.49%	↑6
8. PROTON-PUMP INHIBITORS	5,798	$102,479.26	3,263	$17.67	2.38%	↓1
9. OPIOID AGONISTS	5,765	$99,942.95	2,942	$17.34	2.37%	↓9
10. CENTRAL ALPHA-AGONISTS	5,419	$78,113.58	2,370	$14.41	2.23%	NC
11. NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	5,367	$73,566.63	3,567	$13.71	2.21%	↓2
12. ADRENALS	5,226	$221,895.24	3,836	$42.46	2.15%	↑3
13. HMG-COA REDUCTASE INHIBITORS	5,004	$73,903.91	2,925	$14.77	2.06%	↓1
14. ANTICONVULSANTS, MISCELLANEOUS	4,998	$307,512.21	2,007	$61.53	2.05%	↓3
15. BETA-ADRENERGIC BLOCKING AGENTS	4,873	$81,744.74	2,717	$16.78	2.00%	↓2

Top 15 Therapeutic Classes Based on Claims Cost from 10/01/024 – 12/31/2024

Therapeutic Class Description	Claims	Claims Cost	Patients	Cost/Patient	% Cost	Dif.
1. TNF INHIBITORS	377	$3,043,366.15	148	$20,563.28	9.21%	NC
2. ANTIPSYCHOTIC AGENTS	9,815	$2,661,031.09	3,802	$699.90	8.06%	NC
3. INTERLEUKIN AGENTS	171	$1,608,302.50	75	$21,444.03	4.87%	NC
4. ANTIRETROVIRALS	687	$1,141,461.02	255	$4,476.32	3.46%	↑1
5. SGLT2 INHIB	1,519	$1,101,065.83	796	$1,383.25	3.33%	↑2
6. ANTINEOPLASTIC AGENTS	517	$1,099,997.16	202	$5,445.53	3.33%	↓2
7. INCRETIN MIMETICS	1,323	$956,042.70	633	$1,510.34	2.89%	↑2
8. HCV ANTIVIRALS	42	$953,734.53	42	$22,707.97	2.89%	↓2
9. AMPHETAMINES	7,156	$878,411.53	2,813	$312.27	2.66%	↓1
10. BETA AGONISTS	6,053	$756,707.56	4,210	$179.74	2.29%	NC
11. CFTR CORRECTORS	32	$719,110.79	11	$65,373.71	2.18%	↑5
12. SKIN AGENTS	192	$655,569.39	88	$7,449.65	1.98%	↓1
13. INSULINS	3,005	$629,926.20	1,220	$516.33	1.91%	NC
14. ANTIDEPRESSANTS	25,484	$597,439.41	10,577	$56.48	1.81%	NC
15. ANTICOAGULANTS	1,270	$563,145.69	588	$957.73	1.70%	↑3

RDUR Report: Q4 2024



October Cases by Type of Criteria		
Criteria Description	**# of Cases**	**% of Cases**
Drug-Drug Interactions	23	9.27%
Therapeutic Appropriateness	148	59.68%
Therapeutic Duplication	77	31.05%

December Cases by Type of Criteria		
Criteria Description	**# of Cases**	**% of Cases**
Drug-Disease Precaution	52	26.53%
Drug-Drug and/or Diagnosis Interaction	12	6.12%
Drug-Drug Interaction	54	27.55%
Inferred Drug Disease Precaution	6	3.06%
Overuse Precaution	18	9.18%
Therapeutic Appropriateness	10	5.1%
Underuse Precaution	44	22.45%

November Special Mailing
48 letters sent to prescribers

Introduction

A recent analysis published by the American Dental Association (ADA) indicates overall opioid prescribing among dentists remains too high. Despite a national decrease in opioid utilization (i.e., quantity and strength) by dentists for Medicaid members from 2019 to 2023, the ADA analysis suggests opioid prescriptions are still being written unnecessarily since non-opioid alternatives are recommended first-line to manage pain and mitigate the risk of opioid use disorder. [1, 2]

Claims data for North Dakota Medicaid show that the number of opioid prescriptions written by dentists decreased, but the quantity written per prescription increased from 2019 to 2023. Studies have shown that patients did not use half the opioids prescribed for recovery after a dental surgical extraction; unused medication may increase the risk of misuse.[1]

At the bottom of this report, you will see a list of your patients who have received opioid medication(s) prescribed by a dentist or oral surgeon in the past 120 days per pharmacy claims data. If multiple prescribers are involved, each will receive this information.

Dentist Prescribed Opioids Guidance

Evidenced-based guidelines published by the ADA recommend:

- First-line use of nonsteroidal anti-inflammatory drugs (NSAIDs), alone or in combination with acetaminophen, for surgical tooth extraction and toothache associated with pulp and periapical disease.
- In the rare instance when pain control with an NSAID or acetaminophen is not adequate, use of an opioid at the lowest effective dose is recommended.
  - Use the fewest tablets for the shortest duration.
  - The duration should rarely exceed 3 days. [2, 3]

When prescribing opioids, ADA guidelines recommend clinicians obtain informed consent and provide detailed information of potential risks, such as substance misuse, respiratory depression, and effects on driving. This is critical for adolescents and young adults who are at increased risk of subsequent misuse and substance use disorder after a single prescription. Clinicians can reduce risk of opioid misuse by assessing the appropriateness of opioids and potential drug interactions, checking prescription drug monitoring programs (PDMP), and educating patients on appropriate use and risks associated with overdose and misuse. [2,3,4,5]

Opioid prescribing for children is common in dentistry. The American Academy of Pediatrics (AAP) has recently released guidelines for opioid prescribing in children. Nationally, dentists and surgeons are responsible for 61.4% of the opioid prescriptions written for children and adolescents under 21 years of age. However, expert consensus suggests that equally effective analgesia may be achieved using acetaminophen and NSAIDs alone for procedures such as third molar surgery and tooth extraction. The AAP guidelines further recommend prescribing naloxone alongside every opioid prescription for pediatric patients. [2,3,5]

References:

1. *Okunev I, Frantsve-Hawley J, Trandy E. Trends in national opioid prescribing for dental procedures among patients enrolled in Medicaid. The Journal of the American Dental Association 152.8 (2021): 622-630. Available from: https://jada.ada.org/article/S0002-8177(21)00244-0/fulltext*
2. *Carrasco-Labra A, Polk DE, Urquhart O, Aghaloo T, et al. Evidence-based clinical practice guideline for the pharmacologic management of acute dental pain in adolescents, adults, and older adults: A report from the American Dental Association Science and Research Institute, the University of Pittsburgh, and the University of Pennsylvania. The Journal of the American Dental Association, Volume 155, Issue 2, 2024, Pages 102-117.e9, ISSN 0002-8177. Available from: https://doi.org/10.1016/j.adaj.2023.10.009.*
3. *Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomb Rep 2022;71(No. RR-3):1–95. Available from: http://dx.doi.org/10.15585/mmwr.rr7103a1*
4. *Initiating Opioid Therapy. Centers for Disease Control and Prevention. May 7, 2024. Available from: https://www.cdc.gov/overdose-prevention/hcp/clinical-care/initiating-opioid-therapy.html*
5. *Hadland SE, Agarwal R, Raman SR, Smith MJ, et al. Opioid Prescribing for Acute Pain Management in Children and Adolescents in Outpatient Settings: Clinical Practice Guideline. Pediatrics 2024; e2024068752. 10.1542/peds.2024-068752. Available from: https://doi.org/10.1542/peds.2024-068752*

Clinical Report

Prior Authorization Updates

Drug	PA Status	Class
Adzenys XR – ODT	PA	ADHD Stimulants
Alhemo	PA	Hemophilia
Alomide	PA	Ophthalmic Antihistamines
Alyftrek	PA	Cystic Fibrosis
Aptensio XR (and its generic)	PA	ADHD Stimulants
Attruby	PA	Amyloidosis
Azstarys	PA	ADHD Stimulants
Betimol	Remove PA	Glaucoma
Crenessity	PA	Medications that cost over $3000
Durezol	Remove PA	Ophthalmic Corticosteroids
Dyanavel XR suspension	PA	ADHD Stimulants
Eohilia	PA	Non-preferred Dosage Forms
Hympavzi	PA	Hemophilia
Ilevro	PA	Non-preferred Dosage Forms
Jornay PM	PA	ADHD Stimulants
ketorolac 0.4%	PA	Non-preferred Dosage Forms
Miplyffa	PA	Medications that cost over $3000
Mydayis (and its generic)	PA	ADHD Stimulants
Natacyn	PA	Ophthalmic Anti-infectives
Opipza	PA	Non-preferred dosage forms
Steqeyma	PA	Stelara Biosimilars
Vyvanse chew (and its generic)	PA	ADHD Stimulants
Xelstrym	PA	ADHD Stimulants
Yesintek	PA	Stelara Biosimilars

Summary of Changes for Amyloidosis/TTR Stabilizers

Attruby was added to the section

Attruby-specific conditions were added from specific exclusion criteria from the ATTRibute-CM clinical trial (NCT03860935):

- For Attruby only: The member must not have any of the following:
  - ALT or AST > 2x ULN or Total Bilirubin >3x ULN
  - NT-proBNP level > 8500 pg/mL

Significantly high NT-proBNP level is an indicator of more severe heart failure. These patients are much less likely to respond to treatment.

Attruby is metabolized by the liver, so impaired liver function could decrease the medication functionality or increase side effects.

References:

Gillmore JD, Judge DP, Cappelli F, Fontana M, Garcia-Pavia P, Gibbs S, Grogan M, Hanna M, Hoffman J, Masri A, Maurer MS, Nativi-Nicolau J, Obici L, Poulsen SH, Rockhold F, Shah KB, Soman P, Garg J, Chiswell K, Xu H, Cao X, Lystig T, Sinha U, Fox JC; ATTRibute-CM Investigators. Efficacy and Safety of Acoramidis in Transthyretin Amyloid Cardiomyopathy. N Engl J Med. 2024 Jan 11;390(2):132-142. doi: 10.1056/NEJMoa2305434. PMID: 38197816.

Amyloidosis

TTR Stabilizers

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
ATTRUBY (acoramidis)	
VYNDAQEL (tafamidis)	
VYNDAMAX (tafamidis)	

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- The member must meet FDA-approved label for use (e.g., use outside of studied population will be considered investigational)
- The requested medication must be prescribed by, or in consult with, a cardiologist, geneticist, or specialist in the treatment of amyloidosis.
- Confirmation of the diagnosis by both of the following must be provided:
  - presence of grade 2 or 3 positive bone tracer cardiac scintigraphy
  - absence of monoclonal protein confirmed by serum protein immunofixation, urine protein immunofixation, or serum free light chain ratio analysis
- The member must have heart failure class I or II with at least 1 prior hospitalization for heart failure or with symptoms of volume overload or elevated intracardiac pressures (e.g., elevated jugular venous pressure, shortness of breath or signs of pulmonary congestion on x-ray or auscultation, peripheral edema) despite 6-months of adherent use of a diuretic.
- The member has an end-diastolic interventricular septal wall thickness of at least 12 mm.

- For Attruby only: The member must not have any of the following:
  - ALT or AST > 2x ULN or Total Bilirubin >3x ULN
  - NT-proBNP level > 8500 pg/mL
- The member must not have any of the following:
  - eGFR < 25 mL/min/1.73m^2
  - NYHA class IV symptoms or severe aortic stenosis
  - Previous heart transplant or implanted cardiac mechanical assist device
  - Previous liver transplant
- Baseline 6MWT > 100 meters must be submitted.
- The member is not receiving any other TTR reducing agent (i.e., vutrisiran, patisiran, elplontersen, inotersen)

Renewal Criteria – Approval Duration: 12 months

- For Attruby only: The member has received a therapeutic response as evidenced by stabilization or improvement from baseline in both of the following:
  - 6MWT
  - NT-proBNP level
- For Vyndaqel/Vyndamax only: The member has received a therapeutic response as evidenced by stabilization or improvement from baseline in both of the following:
  - 6MWT
  - NYHA class

Summary of Changes for GLP-1 Agonist Combinations

GLP-1 / GIP Agonist combination molecule tirzepatide has a new indication – Obstructive Sleep Apnea.

Diabetes criteria for tirzepatide and semaglutide has been modified to account for the dual action in the indications of Obstructive Sleep Apnea and Major Adverse Cardiovascular Events respectively.

Diabetes

GLP-1 Agonists^

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (STEP 1 – PA REQUIRED)	NON-PREFERRED AGENTS (STEP 2 – PA REQUIRED)
VICTOZA (liraglutide) - *Brand Required*	BYDUREON BCISE (exenatide microspheres)	++BYETTA (exenatide)
	OZEMPIC (semaglutide)	liraglutide
	RYBELSUS (semaglutide)	TRULICITY (dulaglutide)

++Clinically Non-Preferred: Byetta is less effective than other available agents.
^ See GIP/GLP-1 Agonists section for Mounjaro (tirzepatide) criteria

Clinical information: dose comparison recommendations for switching between GLP-1 agonists

- For GI side effects (start titration at lowest available dose)
- For any other reason, may consider starting at equivalent dose to minimize disruption to glycemic control
  - Victoza 1.2 mg = Trulicity 0.75 mg = Ozempic 0.25 mg = Rybelsus 7 mg
  - Victoza 1.8 mg = Trulicity 1.5 mg = Ozempic 0.5 mg = Rybelsus 14 mg = Mounjaro 2.5 mg
  - Trulicity 3 mg = Ozempic 0.5 mg or 1 mg
  - Trulicity 4.5 mg = Ozempic 1 mg
  - Mounjaro 5 mg = Ozempic 2 mg

References:

1. Almandoz JP, Lingvay I, Morales J, Campos C. Switching Between Glucagon-Like Peptide-1 Receptor Agonists: Rationale and Practical Guidance. Clin Diabetes. 2020 Oct;38(4):390-402. Doi: 10.2337/cd19-0100. PMID: 33132510; PMCID: PMC7566932.

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- Step 1: Ozempic, Rybelsus, Bydureon Bcise:
  - One of the following apply (A or B):
    - The member has been unable to achieve goal A1C (≤ 7%) or TIR (>70%) despite a 90-day trial of triple combination therapy with Victoza, metformin, SGLT-2 inhibitor or insulin, as evidenced by paid claims or pharmacy printouts.
      - If triple therapy cannot be met with Victoza, clinical justification must be provided (subject to clinical review*), and triple therapy must be met with SGLT-2 inhibitor + DPP4 inhibitor + another agent (metformin must be used as tolerated).
      - If triple therapy cannot be met because of inability to use metformin, SGLT-2 inhibitor or insulin, clinical justification must be provided why product cannot be used (subject to clinical review*), and triple therapy must be met with Victoza + two other agents (metformin, SGLT-2 inhibitor or insulin must be used as tolerated).
  - The request is for Ozempic and the member has had a 90-day trial of Victoza and is eligible for approval for semaglutide based on the MACE criteria or tirzepatide based on the Sleep Apnea criteria.
- Step 2:
  - The member has been unable to achieve goal A1C (≤ 7%) or TIR (>70%) despite two 90-day trials of triple combination therapy (one trial with Victoza and one with Ozempic, subject to clinical review*) along with metformin, SGLT-2 inhibitor or insulin, as evidenced by paid claims or pharmacy printouts.
    - If triple therapy cannot be met with Victoza or Ozempic, clinical justification must be provided (subject to clinical review*), and triple therapy must be met with SGLT-2 inhibitor + DPP4 inhibitor + another agent.
    - If triple therapy cannot be met because of inability to use metformin, SGLT-2 inhibitor or insulin, clinical justification must be provided why product cannot be used (subject to clinical review*), and triple therapy must be met with Victoza or Ozempic + two other agents (metformin, SGLT-2 inhibitor, or insulin must be used as tolerated).
  - One of the following have been met:
    - The requested medication must be prescribed by, or in consult with, an endocrinologist or diabetes specialist.
    - The member has received diabetes education from a diabetic specialist, diabetic educator, or pharmacist (may be accomplished through the MTM program).

*GI intolerances (typically will not be considered to bypass trial requirements):

- If on high dose IR metformin, member must trial at minimum a dose of 500 mg ER.
- If on Victoza or Ozempic, member should be evaluated on potential for GI side effects, with GI effects being common across all GLP-1 agonist agents and transient in nature, typically lessoning with ongoing treatment.
- Patient experiencing GI side effects, mitigation efforts should be trialed for at least two months: reduction in meal size, eating slower, decreased intake of greasy, high-fat or spicy food, refrain from laying down after eating.

GIP/GLP-1 Agonists

CLINICAL PA REQUIRED
MOUNJARO (tirzepatide)

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- One of the following is met (A or B):
  - The member meets both of the following (1 and 2):
    - The member has been unable to achieve goal A1C (≤ 7%) or TIR (>70%) despite two 90-day trials of triple combination therapy (one trial with Victoza and one with Ozempic, subject to clinical review*) along with metformin, SGLT-2 inhibitor or insulin, as evidenced by paid claims or pharmacy printouts.
      - If triple therapy cannot be met with Victoza or Ozempic, clinical justification must be provided (subject to clinical review*), and triple therapy must be met with SGLT-2 inhibitor + DPP4 inhibitor + another agent.
      - If triple therapy cannot be met because of inability to use metformin, SGLT-2 inhibitor or insulin, clinical justification must be provided why product cannot be used (subject to clinical review*), and triple therapy must be met with Victoza or Ozempic + two other agents (metformin, SGLT-2 inhibitor, or insulin must be used as tolerated).
    - One of the following have been met (a or b):
      a. The requested medication must be prescribed by, or in consult with, an endocrinologist or diabetes specialist.
      b. The member has received diabetes education from a diabetic specialist, diabetic educator, or pharmacist (may be accomplished through the MTM program).
  - The request is for Mounjaro and the member is otherwise eligible for approval for tirzepatide based on the Sleep Apnea criteria.

*GI intolerances (typically will not be considered to bypass trial requirements):

- If on high dose IR metformin, member must trial at minimum a dose of 500 mg ER.
- If on Victoza or Ozempic, member should be evaluated on potential for GI side effects, with GI effects being common across all GLP-1 agonist agents and transient in nature, typically lessoning with ongoing treatment.
- Patient experiencing GI side effects, mitigation efforts should be trialed for at least two months: reduction in meal size, eating slower, decreased intake of greasy, high-fat or spicy food, refrain from laying down after eating.

Note: If the member qualifies for tirzepatide, the most cost effective tirzepatide product will be authorized.

Reduction of Major Adverse Cardiovascular Events (MACE)

Oral Agents

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
See Lipid-Lowering Agents	
See Platelet Aggregation Inhibitors	

Injectable Agents

PCSK9 (Proprotien Convertase Subtilisin/Kexin Type 9) Inhibitors

PREFERRED AGENTS (ELECTRONIC STEP REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
PRALUENT PEN (alirocumab)	
REPATHA PUSHTRONEX (evolocumab)	
REPATHA SURECLICK (evolocumab)	
REPATHA SYRINGE (evolocumab)	

Electronic Step Therapy Required

- Praluent and Repatha:
  - PA Not Required Criteria: A total of 90-day supply of rosuvastatin or atorvastatin has been paid within 120 days prior to Praluent and Repatha's date of service.
  - PA Required Criteria: The member must have failed a 90-day trial of rosuvastatin or atorvastatin, as evidenced by paid claims or pharmacy printouts.

GLP-1 Agonists

CLINICAL PA REQUIRED
WEGOVY (semaglutide)

Prior Authorization Criteria

For reduction of MACE in members with diabetes, please see diabetes category for criteria on indicated agents.

Initial Criteria – Approval Duration: 12 months

- The member is ages of ≥ 55 and < 75.
- The member does not have diabetes, as evidenced by A1c within normal range without diabetes medication.
- The member has an initial BMI of ≥ 27 kg/m^2 and < 35 kg/m^2
- The member has one of the following:
  - Prior myocardial infarction (MI)
  - Prior stroke and peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index < 0.85, peripheral arterial revascularization procure, or amputation due to atherosclerotic disease.
- The member is concurrently taking lipid-lowering and antiplatelet therapy
- If the member is a current tobacco user, the member must have received tobacco cessation counseling in the past year
- If the member qualifies for Wegovy, a dose escalation to 2mg of Ozempic (semaglutide) must be tolerated before Wegovy will be authorized (2.4mg is the only strength indicated for reduction of MACE)

Obstructive Sleep Apnea (OSA)

CLINICAL PA REQUIRED
ZEPBOUND (tirzepatide)

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- The member must meet FDA-approved label for use (e.g., use outside of studied population will be considered investigational)
- The requested medication must be prescribed by, or in consult with, a neurologist, pulmonologist, otolaryngologist, or other sleep medicine specialist
- The member must have a diagnosis of moderate to severe OSA defined as apnea-hypopnea index (AHI) > 15 determined by in-lab attended sleep study or polysomnography (PSG)
- The member must have a diagnosis of obesity (defined as BMI ≥ 30 kg/m2) AND at least one of the following weight-related comorbid conditions:
  - Hypertension
  - Dyslipidemia

    - Diabetes Type II
    - Cardiovascular Disease
- The member must have documentation of participation in a comprehensive weight management program that includes behavioral modification, a reduced-calorie diet, increased physical activity, and pharmacotherapy for at least 6 months, including one of the following:
    - phentermine (if phentermine is unable to be used, bupropion, naltrexone, topiramate may also be used to meet this requirement)
    - semaglutide (required if member has concurrent diabetes – see diabetes criteria)
- The member must have failed a 6-month trial of continuous positive airway pressure (CPAP)
- If the member qualifies for tirzepatide, the most cost effective tirzepatide product will be authorized

Renewal Criteria – Approval Duration: 12 months

- The member has a demonstrated clinical response evidenced by any of the following:
    - Decrease in AHI determined by PSG ≥ 20%, or change in OSA severity status to Remission or Mild Non-Symptomatic OSA (defined as AHI < 5 or AHI 5-14 AND Epworth Sleepiness Scale (ESS) ≤ 10)
    - Weight loss from base line ≥ 10%

Summary of Changes for MASH

Renewal criteria updated based on FDA guidance for industry for endpoints that are reasonably likely to predict clinical benefit.

Steps for Rezdiffra were added based on the following trial information:

Semaglutide: Phase 3 Essence trial (NCT04822181) achieved its primary endpoints by demonstrating a statistically significant and superior improvement in liver fibrosis with no worsening of steatohepatitis, as well as resolution of steatohepatitis with no worsening of liver fibrosis with semaglutide 2.4 mg compared to placebo. Resolution of MASH without worsening of fibrosis placebo-adjusted difference was 29%, while improvement of at least one fibrosis stage without worsening of MASH placebo-adjusted difference was 14%.

Rezdiffra: Phase 3 MAESTRO-NASH (NCT03900429) Resolution of MASH without worsening of fibrosis placebo-adjusted difference was 23%, while improvement of at least one fibrosis stage without worsening of MASH placebo-adjusted difference was 13%.

Pioglitazone: In a meta-analysis of thiazolidinedione studies, regardless of the presence of T2D, thiazolidinedione treatment was associated with resolution of MASH (odds ratio, 3.22; 95% CI, 2.17–4.79; P < .001) and reversal of advanced fibrosis (odds ratio, 3.15; 95% CI, 1.25–7.93; P = .01)

Updated guidance presented by AASLD (post Rezdiffra approval) indicated pioglitazone was more likely to be used with concurrent T2D.

Liraglutide, semaglutide and pioglitazone are not FDA approved but cost-effective compendia supported alternatives for treatment.

References

1. Halsey, Grace. "Semaglutide 2.4 mg: Shows Superior Improvement in Liver Fibrosis, MASH Resolution in Pivotal Phase 3 Trial."
2. Kanwal, Fasiha, et al. "Clinical care pathway for the risk stratification and management of patients with nonalcoholic fatty liver disease." Gastroenterology 161.5 (2021): 1657-1669.

Metabolic Dysfunction-Associated Steatohepatitis (MASH)

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
pioglitazone	REZDIFFRA (resmetirom)
VICTOZA (liraglutide)	OZEMPIC (semaglutide)
	SAXENDA (liraglutide)
	WEGOVY (semaglutide)

Prior Authorization Criteria

Initial Criteria - Approval Duration: 12 months

- The requested medication must be prescribed by, or in consult with, an endocrinologist, gastroenterologist or hepatologist.
- The member has moderate to severe fibrosis (F2 or F3) as determined by one of the following (1-5):
  1. Biopsy
  2. Vibration-controlled transient elastography (VCTE; e.g. Fibroscan)
  3. Enhanced Liver Fibrosis (ELF)
  4. Magnetic Resonance Imaging Proton Density Fat Fraction (MRI-PDFF).
  5. Magnetic resonance elastography (MRE)
- If the member has a history of alcohol use within the past 5 years, one of the following must be met:
  1. The member has a phosphatidylethanol (PEth) level < 20 ng/mL.
  2. The member has submitted two negative alcohol tests with the most recent alcohol test within the past 3 months.
- The member must not have a concomitant terminal diagnosis where life expectancy is less than 1 year.
- Rezdiffra Only:
  - If concurrent Type 2 DM diagnosis, the member has failed a 6-month trial of semaglutide combined with pioglitazone as evidenced by paid claims or pharmacy printouts
  - If no concurrent Type 2 DM diagnosis, the member has failed a 6-month trial of semaglutide as evidenced by paid claims or pharmacy printouts.
- Saxenda Only:
  - If the member qualifies for Saxenda, the most cost effective liraglutide product will be authorized.
- Wegovy Only:
  - If the member qualifies for Wegovy, a dose escalation to 2mg weekly of Ozempic (semaglutide) must be tolerated before Wegovy will be authorized.

Renewal Criteria – Approval Duration: 12 months

- The member must have experienced one of the following (1-3):
  1. Resolution of steatohepatitis AND no worsening of liver fibrosis
  2. Improvement of liver fibrosis greater than or equal to one stage AND no worsening of steatohepatitis
  3. Both resolution of steatohepatitis AND improvement in fibrosis.
- Fibrosis and steatosis are measured by one of the following (1-5):
  1. Biopsy
  2. Vibration-controlled transient elastography (VCTE; e.g. Fibroscan)
  3. Enhanced Liver Fibrosis (ELF)
  4. Magnetic Resonance Imaging Proton Density Fat Fraction (MRI-PDFF)
  5. Magnetic resonance elastography (MRE)

Summary of Changes for Parkinson's disease

A section was created for Device-Assisted Refractory Therapies. Duopa and Vyalev were added to the section.

Parkinson' Agents – Device-Assisted Refractory Therapies

Enteral Suspension

CLINICAL PA REQUIRED
DUOPA (levodopa/carbidopa)

Subcutaneous

CLINICAL PA REQUIRED
VYALEV (foscarbidopa/foslevodopa)

Prior Authorization Criteria

Initial Criteria – Approval Duration: 3 months

- The requested medication must be prescribed by, or in consult with, a neurologist
- The member has a minimum of 3 hours of "off" time per day despite a 3-month trial at least 1 g/day or frequency of 5x per day of levodopa/carbidopa in combination with at least one of the following: a dopamine agonist, a COMT inhibitor, a MOA-B inhibitor, and amantadine, as evidenced by paid claims or pharmacy printouts.
- The member has had a previous response to levodopa.

Renewal Criteria – Approval Duration: 12 months

- The member has had either a 50% reduction or 3-hour reduction in hours per day of "off" time.

Unfinished Business

Summary of Changes for Infantile Hemangioma

Removed trial for Hemangeol for timolol gel forming solution and added criteria to allow for low-risk hemangioma where propranolol may not be appropriate.

Infantile Hemangioma

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
propranolol oral solution	HEMANGEOL (propranolol) ORAL SOLUTION
	timolol gel forming solution (used topically)

Electronic Age Verification

- Hemangeol: The patient must be less than 1 years of age.

Electronic Diagnosis Verification

- Hemangeol: Pharmacy must submit prescriber supplied diagnosis with the claim at point of sale.

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- For timolol gel forming solution only:
  - One of the following must be met:
    - The member is being tapered off of treatment with propranolol oral solution
    - The member has a low risk and uncomplicated hemangioma (e.g., < 2 cm, not ulcerated and not located in central face, periorbital area, lips, chin, neck, oral cavity, lumbosacral, perineal, or perianal area)
- For Hemangeol Only:
  - The member must have failed a 3-month trial of the propranolol oral solution, as evidenced by paid claims or pharmacy printouts.

Summary of Changes for Rescue Inhalers

Moved Airsupra into rescue inhalers category

Rescue Inhalers

Albuterol / Levalbuterol

PREFERRED AGENTS (NO PA REQUIRED)	PREFERRED STEP 1 AGENTS (ELECTRONIC STEP REQUIRED)	NON-PREFERRED STEP 2 AGENTS (PA REQUIRED)
VENTOLIN (albuterol) HFA *– Brand Required*	levalbuterol HFA	albuterol HFA
	PROAIR RESPICLICK (albuterol)	PROVENTIL (albuterol) HFA
		XOPENEX (levalbuterol) HFA

Rescue Inhaler - Corticosteroid/Short-Acting Beta Agonist (SABA) Combination

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
	AIRSUPRA (albuterol/budesonide)

According to the GINA guidelines:
- A low dose ICS should be taken whenever SABA taken for step 1 control of asthma.
- Dispensing ≥ 3 SABA canisters/year is associated with higher risk of emergency department presentations.
- Dispensing ≥ 12 SABA canisters/year is associated with higher risk of death.

GINA Guidelines – SMART:
- For mild asthma, ICS-formoterol is the preferred reliever medication for as needed symptom relief.
- For steps 3-5, ICS-formoterol is preferred for use as an as needed and regular daily treatment.
  Quantity Limits to accommodate SMART therapy:
  - 2 Symbicort or Dulera inhalers per 30-day supply not to exceed a total of 9 inhalers per 365 days without prior approval.

Electronic Step Therapy Required

- Levalbuterol HFA:
  - PA Not Required Criteria: A 30-day supply of albuterol HFA has been paid within 180 days prior to levalbuterol HFA's date of service.
  - PA Required Criteria: The member must have failed a 30-day trial of albuterol HFA, as evidenced by paid claims or pharmacy printouts.

Electronic Concurrent Medications Required

- ProAir Respiclick: A total of 30 days of steroid inhaler must be paid within 40 days prior to ProAir Respiclick's date of service.
  - The quantity limit for Ventolin HFA is set to 2 canisters per 6 months (2 puffs per day). If more is needed, member must switch to ProAir Respiclick HFA and be on a steroid inhaler to control asthma.

  If the following conditions apply, please call for an override by calling provider relations at 1-800-755-2604:
  - If primary insurance will only pay for ProAir Respiclick and member is well-controlled without steroid inhaler (i.e., uses less than 2 canisters per 6 months).

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months
- Airsupra only:
  - The member must have failed a 30-day trial of albuterol and an ICS/LABA, as evidenced by paid claims or pharmacy printouts.
- Non-preferred albuterol only: Xeljanz XR Only: See Preferred Dosage Form Criteria

Therapeutic Duplication

- Short acting beta agonist nebulizers and inhalers are not payable together.
  - Inhalers and Nebulizers work equally well whether used at home, in school, or otherwise outside of the home. If member receives multiple forms of rescue medication, the risk of unidentified uncontrolled asthma and rescue inhaler dependence is increased.

  If the following conditions apply, please call for an override by calling provider relations at 1-800-755-2604:

- Maximally treated members with end-stage COPD will be allowed an ongoing override (compliance with inhaled steroid, long-acting beta agonist, long-acting muscarinic antagonist, and Daliresp)
- Members with cystic fibrosis will be allowed an ongoing override.
- Acutely ill children will be allowed a one-time override.

References:

1. Albuterol Overuse: A Marker of Psychological Distress? Joe K. Gerald, Tara F. Carr, Christine Y. Wei, Janet T. Holbrook, Lynn B. Gerald. J Allergy Clin Immunol Pract. 2015 Nov-Dec; 3(6): 957–962. Published online 2015 Sep 1. Doi: 10.1016/j.jaip.2015.06.021. PMCID: PMC4641773
2. Global Initiative for Asthma. Global strategy for asthma management and prevention. 2019 GINA Main Report. Available from: www.ginasthma.org. (Accessed February 5, 2020)
3. National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda (MD): National Health, Lung, and Blood Institute (US); 2007 Aug. Available from: https://www.ncbi.nlm.nih.gov/books/NBK7232
4. High-Dose Albuterol by Metered-Dose Inhaler Plus a Spacer Device Versus Nebulization in Preschool Children With Recurrent Wheezing: A Double-Blind, Randomized Equivalence Trial Dominique Ploin, François R. Chapuis, Didier Stamm, Jacques Robert, Louis David, Pierre G. Chatelain, Guy Dutau and Daniel Floret Pediatrics. August 2000, 106 (2) 311-317; DOI: https://doi.org/10.1542/peds.106.2.311

New Business:

Second Review

Migraine

Prophylaxis of Episodic Migraine

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist

PREFERRED AGENTS (CLINICAL PA REQUIRED)	PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
AIMOVIG (erenumab-aooe)	NURTEC ODT (rimegepant) TABLETS	QULIPTA (atogepant) TABLETS
AJOVY (fremanezumab-vfrm)		VYEPTI (eptinezumab-jjmr) – *Medical Billing Only*
EMGALITY (galcanazumab-gnlm)		

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 6 months

- The member must experience 3 or more migraine days per month.
- The member must have failed 2-month trials of at least two of the following agents from different therapeutic classes, as evidenced by paid claims or pharmacy printouts:
  - amitriptyline, atenolol, candesartan, divalproex sodium, metoprolol, nadolol, propranolol, topiramate, venlafaxine, zonisamide
- *Nurtec ODT Only:*
  - The member must have failed a 3-month trial of Ajovy and Emgality, as evidenced by paid claims or pharmacy printouts.

Non-Preferred Agents Criteria:

- *Qulipta Only:*
  - The member must have failed a 3-month trial of Ajovy, Emgality, Aimovig, and Nurtec ODT, as evidenced by paid claims or pharmacy printouts.
- *Vyepti Only:*
  - The member must have failed a 3-month trial of Ajovy, Emgality, Aimovig, Qulipta and Nurtec ODT, as evidenced by paid claims or pharmacy printouts.

Renewal Criteria – Approval Duration: 12 months

- The member must have experienced at least a 50% reduction in migraine frequency, pain intensity, or duration from baseline.

Prophylaxis of Chronic Migraine

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
AIMOVIG (erenumab-aooe)	QULIPTA (atogepant) TABLETS

AJOVY (fremanezumab-vfrm)	VYEPTI (eptinezumab-jjmr) – *Medical Billing Only*
EMGALITY (galcanazumab-gnlm)	

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 6 months
- The member must experience 3 or more migraine days per month.
- The member must have failed 2-month trials of at least two of the following agents from different therapeutic classes, as evidenced by paid claims or pharmacy printouts:
  - amitriptyline, atenolol, candesartan, divalproex sodium, metoprolol, nadolol, propranolol, topiramate, venlafaxine, zonisamide

Non-Preferred Agents Criteria:
- *Qulipta Only:*
  - The member must have failed a 3-month trial of Ajovy, Emgality, and Aimovig, as evidenced by paid claims or pharmacy printouts.
- *Vyepti Only:*
  - The member must have failed a 3-month trial of Ajovy, Emgality, Aimovig, and Qulipta, as evidenced by paid claims or pharmacy printouts.

Renewal Criteria – Approval Duration: 12 months
- The member must have experienced at least a 50% reduction in migraine frequency, pain intensity, or duration from baseline.

Treatment of Migraine

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist

Therapeutic Duplication

- One strength of one medication for treatment of migraine is allowed at a time.

Oral

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
NURTEC ODT (rimegepant)	UBRELVY (ubrogepant)

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 3 months
- The member must have failed a 30-day trial of two triptans (5HT-1 Agonists) of unique ingredients, as evidenced by paid claims or pharmacy printouts.

Non-Preferred Agents Criteria:
- The member must have failed a 30-day trial of the preferred agent, as evidenced by paid claims or pharmacy printouts.

Nasal

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
	ZAVZPRET NASAL SPRAY (zavegepant)

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 3 months

Non-Preferred Agents Criteria:

- The member must have failed a 30-day trial of two triptans (5HT-1 Agonists), one of which must be nasal route, of unique ingredients, as evidenced by paid claims or pharmacy printouts.
- The member must have failed a 30-day trial of Nurtec ODT, Ubrelvy, and Reyvow, as evidenced by paid claims or pharmacy printouts.

Non-Steroidal Anti-inflammatory Drugs (NSAIDS)

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
NSAIDS	ELYXYB (celecoxib)

Prior Authorization Criteria:

- See Preferred Dosage Form criteria

Serotonin (5-HT) 1F Receptor Agonist

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
	REYVOW (lasmiditan)

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 3 months

- The member must have failed a 30-day trial of two triptans (5HT-1 Agonists) of unique ingredients, as evidenced by paid claims or pharmacy printouts.
- The member must have failed a 30-day trial of Nurtec ODT and Ubrelvy, as evidenced by paid claims or pharmacy printouts.

Therapeutic Duplication

- One strength of one medication for treatment of migraine is allowed at a time

Ergot Alkaloids

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
	D.H.E.45 (dihydroergotamine) INJECTION
	dihydroergotamine injection
	dihydroergotamine nasal spray
	ERGOMAR (ergotamine) SL TABLET

	MIGERGOT (ergotamine/caffeine) RECTAL SUPPOSITORY
	TRUDHESA (dihydroergotamine)

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 3 months

- The member must have failed a 30-day trial of two triptans (5HT-1 Agonists) of unique ingredients, as evidenced by paid claims or pharmacy printouts.
- The member must have failed a 30-day trial of a treatment CGRP receptor agonist, as evidenced by paid claims or pharmacy printouts.

Therapeutic Duplication

- One strength of one medication for treatment of migraine is allowed at a time

Triptans (5HT-1 Agonists)

Solid Dosage Forms

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED STEP 1 AGENTS (PA REQUIRED)	NON-PREFERRED STEP 2 AGENTS (PA REQUIRED)
RELPAX (eletriptan) – *Brand Required*	FROVA (frovatriptan) TABLET – *Brand Required*	almotriptan tablet
rizatriptan tablet	naratriptan tablet	AMERGE (naratriptan) TABLET
sumatriptan tablet	zolmitriptan tablet	eletriptan tablet
		frovatriptan tablet
		IMITREX (sumatriptan) TABLET
		MAXALT (rizatriptan) TABLET
		sumatriptan/naproxen tablet
		TREXIMET (sumatriptan/naproxen) TABLET
		ZOMIG (zolmitriptan) TABLET

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

Non-Preferred Step 1 Agents:

- The member must have failed a 30-day trial of rizatriptan, as evidenced by paid claims or pharmacy printouts.
- Members over 18 years old: The member must also have failed a 30-day trial of sumatriptan and eletriptan, as evidenced by paid claims or pharmacy printouts.

Non-Preferred Step 2 Agents:

- The member must have failed a 30-day trial of each available preferred and non-preferred step 1 triptan agent, as evidenced by paid claims or pharmacy printouts

Therapeutic Duplication

- One strength of one medication for treatment of migraine is allowed at a time

Non-Solid Oral Dosage Forms

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
rizatriptan ODT	MAXALT MLT (rizatriptan)
	zolmitriptan ODT

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- The member must have failed a 30-day trial of rizatriptan ODT, as evidenced by paid claims or pharmacy printouts.

Therapeutic Duplication

- One strength of one medication for treatment of migraine is allowed at a time

Nasal Spray

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
sumatriptan spray	TOSYMRA (sumatriptan) NASAL SPRAY
	ZOMIG (zolmitriptan) NASAL SPRAY
	zolmitriptan spray

Injectable

PREFERRED AGENTS (CLINICAL PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
sumatriptan injectable	IMITREX (sumatriptan) INJECTABLE
	ZEMBRACE SYMTOUCH (sumatriptan)

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- The member must be unable to take oral medications or experience nausea/emesis with oral triptans (subject to clinical review).
- Sumatriptan Nasal Spray Only:
    - The member must have failed a 30-day trial with zolmitriptan nasal spray, as evidenced by paid claims or pharmacy printouts.
- Sumatriptan 4mg Injectable Only:
    - The member must have failed a 30-day trial with each of the following: 6mg injectable and zolmitriptan nasal spray, as evidenced by paid claims or pharmacy printouts.

Non-Preferred Agent Criteria:

- See Preferred Dosage Form criteria

Therapeutic Duplication

- One strength of one medication for treatment of migraine is allowed at a time

Cluster Headache

Cluster Headache Prevention

CLINICAL PA REQUIRED
EMGALITY (galcanazumab-gnlm)

- Emgality is to be used as preventative treatment during episodic cluster headache episodes (cluster periods usually last between 2 weeks and 3 months with pain-free periods lasting at least 3 months), as it is not indicated for chronic use

Prior Authorization Criteria

Prior Authorization Form – Migraine Prophylaxis/Treatment

Initial Criteria – Approval Duration: 3 months

- The member has had at least five attacks fulfilling criteria A-C
  - *A.* Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting at least 15 minutes
  - *B.* Occurring with a frequency of at least every other day
  - *C.* The member must have at least one of the following:
    - A sense of restlessness or agitation
    - Any of the following symptoms or signs, ipsilateral to the headache:
      - Conjunctival injection and/or lacrimation
      - Nasal congestion and/or rhinorrhea
      - Eyelid edema
      - Forehead and facial swelling
      - Miosis and/or ptosis
- The member must have had a 2-month trial with verapamil, as evidenced by paid claims or pharmacy printouts.

NSAIDS

Oral Solid Dosage Forms

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
celecoxib	ARTHROTEC (diclofenac/misoprostol)
diclofenac potassium 50 mg tablet	CELEBREX (celecoxib)
diclofenac sodium DR 50 mg, 75 mg	DAYPRO (oxaprozin)
etodolac	diclofenac potassium 25 mg tablet
flurbiprofen	diclofenac potassium 25 mg capsule
ibuprofen	diclofenac sodium 25 mg DR
indomethacin	diclofenac sodium 100 mg ER tablet
indomethacin ER	diclofenac/misoprostol
ketoprofen IR	DUEXIS (famotidine/ibuprofen)
ketorolac	etodolac ER
meclofenamate	famotidine/ibuprofen
mefenamic acid	FELDENE (piroxicam)
meloxicam	fenoprofen
nabumetone	ketoprofen ER 200 mg
naproxen	LOFENA (diclofenac potassium)

piroxicam	meloxicam, submicronized
sulindac	NALFON (fenoprofen)
tolmetin	NAPRELAN (naproxen)
VIMOVO (naproxen/esomeprazole) – *Brand Required*	naproxen ER 500 mg
	naproxen/esomeprazole
	oxaprozin
	RELAFEN DS (nabumetone)
	SEGLENTIS (celecoxib/tramadol)

Electronic Diagnosis Verification

- Mefenamic acid and Meclofenamate: Pharmacy must submit prescriber supplied diagnosis with the claim at point of sale for

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- *Non-preferred agents with no same active ingredient preferred:*
  - The member must have failed a 30-day trial of 3 different oral generic NSAIDs including a COX-2 inhibitor if member has experienced GI intolerances, as evidenced by paid claims or pharmacy print outs
- *Non-preferred agents with same active ingredient preferred*:
  - See Preferred Dosage Form Criteria

Therapeutic Duplication

- One strength of one medication is allowed at a time (topical and oral formulations are not allowed together)

If the following conditions apply, please call for an override by calling provider relations at 1-800-755-2604:

- The member is prescribed ketorolac and will stop regular NSAID therapy during course of ketorolac

Oral Non-Solid Dosage Forms

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
ibuprofen suspension	indomethacin solution
naproxen suspension	

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- The member must have failed a 30-day trial of each preferred agent, as evidenced by paid claims or pharmacy print outs.

Nasal Dosage Forms

CLINICAL PA REQUIRED
ketorolac nasal spray

Prior Authorization Criteria

Initial Criteria – Approval Duration: 12 months

- The member must have failed a 30-day trial of 3 different oral generic NSAIDs including a COX-2 inhibitor if member has experienced GI intolerances, as evidenced by paid claims or pharmacy print outs
- Clinical justification must be provided explaining why the member is unable to use another dosage form (subject to clinical review).

Topical Dosage Forms

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
diclofenac gel	diclofenac 1.3% patch
diclofenac topical solution (all other labelers)	diclofenac 2% pump
	diclofenac topical solution (labeler 59088)

Prior Authorization Criteria

- See Preferred Dosage Form Criteria

Primary Biliary Cholangitis

PREFERRED AGENTS (NO PA REQUIRED)	NON-PREFERRED AGENTS (PA REQUIRED)
ursodiol tablets	IQIRVO (elafibranor)
	LIVDELZI (seldelpar lysine)
	OCALIVA (obeticholic acid)

Prior Authorization Criteria

Initial Criteria – Approval Duration: 6 months

- The member must meet FDA-approved label for use (e.g., use outside of studied population will be considered investigational)
- The requested medication must be prescribed by, or in cons ult with, a hepatologist or a gastroenterologist
- The diagnosis must be confirmed by liver biopsy
- The member must not have a concomitant terminal diagnosis where life expectancy is less than 1 year.
- The member must not have a history of decompensated cirrhosis
- The member must have failed at least a 6-month trial of ursodiol, as evidenced by paid claims or pharmacy printouts, as evidenced by one of the following
  - ALP > 1.67 x Upper Limits of Normal (ULN) as defined by reporting laboratory
  - Bilirubin > ULN
- If the member has a history of alcohol use within the past 5 years, one of the following must be met (1, 2 or 3):
  1. The member has a carbohydrate-deficient transferrin (CDT) level < 3% within the past 3 months.
  2. The member has a phosphatidylethanol (PEth) level < 20 ng/mL.
  3. The member has submitted two negative alcohol tests with the most recent alcohol test within the past 3 months.

Renewal Criteria – Approval Duration: 12 months

- The member has experienced a therapeutic response as evidenced by one of the following (A or B):
  A. Both of the following (1 or 2):
     1. ALP < 1.67 x ULN OR > 15% decrease in ALP from baseline
     2. Total bilirubin is less than ULN
  B. The member is currently on Livdelzi and is receiving itch benefit and has had previous trials of cholestyramine, rifampin, and naltrexone that did not provide itch relief.

FIRST REVIEW OF DIABETES MELLITUS

Patients with diabetes mellitus experience abnormal carbohydrate metabolism characterized by hyperglycemia. Type 2 diabetes is the most common type in adults affecting approximately 90% while type 1 diabetes affects approximately 5-10%.[1]

Prevalence: Affects approximately 11.6% of the population.[3]

Goals of therapy:

- A1c < 7%
- Time in range (TIR) > 70%
- Cardiac risk reduction
    - Smoking cessation
    - Blood pressure control
    - Reduction in serum lipids
    - Diet and exercise
    - Weight loss or maintenance

Choice of Pharmacological Therapy:

- Metformin for initial therapy for newly diagnosed T2DM
- Treatment algorithms are based on comorbid conditions such as metabolic syndrome, dyslipidemia, hypertension, ASCVD, heart failure, stroke/TIA, CKD, obesity, and hypoglycemia risk.
- The most commonly used medication classes are detailed below, less commonly used classes include alpha-glucosidase inhibitors, bile acid sequestrants, dopamine-2 agonists, and amylin mimetics.

Medication choice[2]:

		Oral					Subcutaneous		
		Metformin	SGLT2	DPP-4 inhibitors	Pioglitazone	Sulfonylureas	Insulin	GLP-1 agonists	GIP/GLP-1 agonists
Positive Effects	Effects on Weight Loss	X	X					X	X
	Effective for MACE	X	X					X	
	Effects on Heart Failure		X						
	Effects on Chronic Kidney Disease		X						
Negative Effects	Increased risk of hypoglycemia					X	X		
	Increased risk of weight gain				X				
	Increased risk of heart failure				X				
	Avoid in patients with CKD	X	X						
	Average Cost/month	$6	$445	$243	$6	$25	$65*	$912	$1,080

**Cost calculated per 1 vial*

***Cost based on lowest WAC per unit, calculated using monthly quantity limits allowed when applicable or maximum recommended dose. Averaged by all medications in drug class.*

Current Utilization:

	Quarter 1 2024			Quarter 2 2024		
Medication	**Rx Count**	**% of Rx**	**Reimb Amount**	**Rx Count**	**% of Rx**	**Reimb Amount**
acarbose	4	0.04%	$ 86.08	18	0.17%	$426.95
alogliptin benzoate	0	0.00%	$ 0.00	0	0.00%	$0.00
canagliflozin	24	0.22%	$18,056.90	26	0.24%	$ 19,346.95
canagliflozin/metformin HCl	8	0.07%	$ 4,751.01	1	0.01%	$ 583.59
dapaglifloz propaned/metformin	7	0.06%	$ 1,807.06	5	0.05%	$ 953.52
dapagliflozin propanediol	379	3.41%	$ 238,664.08	330	3.11%	$198,963.68
dulaglutide	142	1.28%	$130,539.57	120	1.13%	$113,023.92
empaglifloz/linaglip/metformin	7	0.06%	$ 3,291.90	13	0.12%	$ 6,613.49
empagliflozin	1144	10.31%	$841,689.36	1148	10.81%	$ 845,153.13
empagliflozin/metformin HCl	30	0.27%	$15,615.38	39	0.37%	$19,866.02
exenatide microspheres	0	0.00%	$ 0.00	1	0.01%	$ 293.03
glimepiride	90	0.81%	$1,269.71	79	0.74%	$ 1,104.76
glipizide	259	2.33%	$4,144.06	246	2.32%	$3,776.52
glipizide/metformin HCl	1	0.01%	$49.76	0	0.00%	$0.00
insulin aspart	1292	11.64%	$289,379.84	902	8.50%	$184,508.88
insulin aspart (niacinamide)	8	0.07%	$ 5,388.65	7	0.07%	$5,113.77
insulin aspart prot/insuln asp	27	0.24%	$ 4,848.57	21	0.20%	$3,865.95
insulin aspart/B3/pump cart	0	0.00%	$ 0.00	0	0.00%	$0.00
insulin degludec	73	0.66%	$ 64,709.36	59	0.56%	$58,347.04
insulin detemir	313	13.02%	$79,122.14	243	2.29%	$49,178.93
insulin glargine hum.rec.analog	1445	0.31%	$ 208,117.76	1474	13.89%	$191,191.86
insulin glargine-yfgn	34	0.31%	$ 6,860.75	5	0.05%	$ 122.98
insulin glulisine	3	0.03%	$ 910.02	3	0.03%	$ 528.35
insulin lispro	300	2.70%	$ 53,692.99	529	4.98%	$102,757.11
insulin lispro protamin/lispro	0	0.00%	$0.00	1	0.01%	$ 94.52
insulin NPH human isophane	1	0.01%	$ 99.76	0	0.00%	$0.00
insulin regular	13	0.12%	$29,211.81	19	0.18%	$44,401.49
linagliptin	18	0.16%	$ 8,784.91	11	0.10%	$4,898.81
linagliptin/metformin HCl	3	0.03%	$ 1,548.81	3	0.03%	$1,544.56
liraglutide	1322	11.91%	$952,824.71	1264	11.91%	$ 849,527.86
metformin HCl	3764	33.91%	$ 52,936.50	3669	34.56%	$53,603.58
pioglitazone HCl	92	0.83%	$ 1,509.87	86	0.81%	$ 1,285.41
pramlintide acetate	0	0.00%	$0.00	1	0.01%	$ 1,242.62
semaglutide	47	0.42%	$ 39,868.37	55	0.52%	$ 47,884.87
sitagliptin phos/metformin HCl	111	1.00%	$40,070.52	94	0.89%	$42,203.32
sitagliptin phosphate	126	1.14%	$ 84,982.99	129	1.22%	$74,501.70
tirzepatide	12	0.11%	$ 11,642.38	14	0.13%	$ 14,603.34
TOTALS	11099		**$ 3,196,475.58**	10615		**$ 2,941,085.56**

	Quarter 3 2024			Quarter 4 2024		
Medication	**Rx Count**	**% of Rx**	**Reimb Amount**	**Rx Count**	**% of Rx**	**Reimb Amount**
acarbose	11	0.10%	$259.81	19	0.19%	$402.29
alogliptin benzoate	0	0.00%	$0.00	0	0.00%	$0.00
canagliflozin	17	0.15%	$12,425.82	0	0.00%	$0.00
canagliflozin/metformin HCl	0	0.00%	$0.00	0	0.00%	$0.00
dapaglifloz propaned/metformin	3	0.03%	$1,101.49	8	0.08%	$ 2,268.14
dapagliflozin propanediol	369	3.28%	$233,592.02	339	3.35%	$209,360.96
dulaglutide	66	0.59%	$60,870.25	40	0.40%	$35,283.37
empaglifloz/linaglip/metformin	18	0.16%	$ 9,432.85	20	0.20%	$10,828.13
empagliflozin	1341	11.91%	$928,945.07	1122	11.09%	$861,770.10
empagliflozin/metformin HCl	39	0.35%	$19,246.56	30	0.30%	$16,838.50
exenatide microspheres	3	0.03%	$1,393.39	3	0.03%	$882.89
glimepiride	91	0.81%	$1,935.91	88	0.87%	$1,253.66
glipizide	250	2.22%	$7,100.47	205	2.03%	$3,190.98
glipizide/metformin HCl	0	0.00%	$0.00	0	0.00%	$0.00
insulin aspart	45	0.40%	$5,044.61	39	0.39%	$8,321.10
insulin aspart (niacinamide)	8	0.07%	$4,607.88	14	0.14%	$5,803.48
insulin aspart prot/insuln asp	20	0.18%	$5,161.44	17	0.17%	$2,906.61
insulin aspart/B3/pump cart	0	0.00%	$0.00	1	0.01%	$839.96
insulin degludec	83	0.74%	$69,170.81	56	0.55%	$60,495.26
insulin detemir	214	1.90%	$40,466.28	72	0.71%	$14,059.56
insulin glargine hum.rec.analog	1396	12.40%	$182,063.55	1548	15.31%	$231,885.29
insulin glargine-yfgn	53	0.47%	$14,691.92	11	0.11%	$173.05
insulin glulisine	0	0.00%	$0.00	0	0.00%	$0.00
insulin lispro	1347	11.96%	$293,988.23	1373	13.58%	$313,134.36
insulin lispro protamin/lispro	5	0.04%	$ 511.46	2	0.02%	$252.20
insulin NPH human isophane	0	0.00%	$0.00	3	0.03%	$395.35
insulin regular	20	0.18%	$43,722.84	18	0.18%	$31,923.98
linagliptin	13	0.12%	$6,701.16	2	0.02%	$1,031.57
linagliptin/metformin HCl	3	0.03%	$1,545.47	3	0.03%	$1,551.12
liraglutide	1200	10.66%	$792,821.71	1093	10.81%	$749,793.37
metformin HCl	3926	34.87%	$109,069.88	3436	33.97%	$49,171.75
pioglitazone HCl	130	1.15%	$5,599.60	76	0.75%	$1,151.97
pramlintide acetate	1	0.01%	$1,242.62	3	0.03%	$3,673.78
semaglutide	260	2.31%	$166,751.03	173	1.71%	$155,473.26
sitagliptin phos/metformin HCl	83	0.74%	$ 50,684.12	80	0.79%	$39,088.18
sitagliptin phosphate	232	2.06%	$149,535.86	206	2.04%	$142,654.74
tirzepatide	12	0.11%	$12,521.10	14	0.14%	$14,609.81
TOTALS	11259		**$3,232,205.21**	10114		**$ 2,970,468.77**

References:

1. *Inzucchi, S, Lupsa, B. Clinical presentation, diagnosis, and initial evaluation of diabetes mellitus in adults. UpToDate, Hussain Z, Nathan DM (Ed) [Internet]. Waltham, MA: UptoDate; Dec 18, 2023. Available from: www.uptodate.com*
2. *Khan, SE. American Diabetes Association: Standards of Care in Diabetes – 2025. Jan 2025. Vol 48. Available from: www.professional.diabetes.org.*
3. *Statistics about Diabetes. Available from: diabetes.org.*
4. *Quick Answers and Red Book. IBM Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. January 31, 2025. https://www.micromedexsolutions.com*

NORTH DAKOTA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
1ST QUARTER 2025

Criteria Recommendations ***Approved Rejected***

1. Ensifentrine / Overuse _____ _____
Alert Message: Ohtuvayre (ensifentrine) may be over-utilized. The recommended maintenance dose of ensifentrine is 3 mg (one unit-dose ampule) twice daily.

Drugs/Diseases
Util A Util B Util C
Ensifentrine

Max Dose: 6 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Ohtuvayre Prescribing Information, June 2024, Verona Pharma.

2. Ensifentrine / Therapeutic Appropriateness _____ _____
Alert Message: The safety and effectiveness of Ohtuvayre (ensifentrine) have not been established in pediatric patients.

Drugs/Diseases
Util A Util B Util C
Ensifentrine

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Ohtuvayre Prescribing Information, June 2024, Verona Pharma.

3. Ensifentrine / Hepatic Impairment _____ _____
Alert Message: Ohtuvayre (ensifentrine) should be used with caution in patients with hepatic impairment. In clinical trials, ensifentrine systemic exposure increased by 2.3-fold in subjects with moderate or severe hepatic impairment compared with healthy subjects.

Drugs/Diseases
Util A Util B Util C
Ensifentrine Hepatic Impairment

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Ohtuvayre Prescribing Information, June 2024, Verona Pharma.

Criteria Recommendations	*Approved*	*Rejected*

4. Ensifentrine / Psychiatric Adverse Reactions _____ _____

Alert Message: Treatment with Ohtuvayre (ensifentrine) is associated with an increase in psychiatric adverse reactions. Psychiatric events, including suicide-related adverse reactions, were reported in clinical studies in patients who received ensifentrine. Carefully weigh the risks and benefits of treatment with ensifentrine in patients with a history of depression and/or suicidal thoughts or behavior.

Drugs/Diseases

Util A	Util B	Util C (Include)
Ensifentrine		Attempted Suicide
Suicidal Ideation		
Psychiatric Disorders		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Ohtuvayre Prescribing Information, June 2024, Verona Pharma.

5. Ensifentrine / Lactation _____ _____

Alert Message: There are no data on the presence of Ohtuvayre (ensifentrine) in human milk, the effects on the breastfed child, or the effects on milk production. There are no data from animal studies on the presence of ensifentrine in milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ensifentrine and any potential adverse effects on the breastfed child from ensifentrine or the underlying maternal condition.

Drugs/Diseases

Util A	Util B	Util C
Ensifentrine	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Ohtuvayre Prescribing Information, June 2024, Verona Pharma.

6. Ensifentrine / Non-adherence _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Ohtuvayre (ensifentrine). 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
Ensifentrine		

References:
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.
Lareau SC, Yawn BP. Improving Adherence with Inhaler Therapy in COPD. International Journal of COPD. 2010 Nov 24;5:401-406.
Restrepo RD, Alvarez MT, Wittnebel LD, et al., Medication Adherence Issues in Patients Treated for COPD. International Journal of COPD. 2008;3(3):371-384.
Kim J, Combs K, Downs J, Tillman F., Medication Adherence: The Elephant in the Room. US Pharm. 2018;43(1)30-34.

Criteria Recommendations ***Approved Rejected***

7. Givinostat / Therapeutic Appropriateness _____ _____
Alert Message: The safety and effectiveness of Duvyzat (givinostat) in pediatric patients younger than 6 years of age have not been established.

Drugs/Diseases

Util A	Util B	Util C
Givinostat		

Age Range: 0 – 5 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

8. Givinostat / Hematological Changes _____ _____
Alert Message: Duvyzat (givinostat) can cause dose-related thrombocytopenia and other signs of myelosuppression, including decreased hemoglobin and neutropenia. Monitor blood counts every 2 weeks for the first 2 months of treatment, then monthly for the next 3 months, and every 3 months thereafter. Modify the dosage of givinostat per the official prescribing information for confirmed thrombocytopenia. Treatment should be permanently discontinued if the abnormalities worsen despite dose modification. If a patient develops signs or symptoms of thrombocytopenia, obtain a platelet count as soon as possible and hold dosing until the platelet count is confirmed.

Drugs/Diseases

Util A	Util B	Util C
Givinostat	Anemia	
	Neutropenia	
	Thrombocytopenia	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

9. Givinostat / Elevated Triglycerides _____ _____
Alert Message: Duvyzat (givinostat) can cause elevations in triglycerides. In clinical Study 1, hypertriglyceridemia occurred in 23% of patients treated with givinostat (one of whom had familial hypertriglyceridemia) compared to 7% of patients on placebo. Monitor triglycerides at 1 month, 3 months, 6 months, and then every 6 months thereafter. Modify the dosage if fasting triglycerides are verified > 300 mg/dL. Treatment with givinostat should be discontinued if triglycerides remain elevated despite adequate dietary intervention and dosage adjustment.

Drugs/Diseases

Util A	Util B	Util C
Givinostat	Elevated Triglycerides	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

10. Givinostat / Gastrointestinal Adverse Effects _____ _____

Alert Message: Gastrointestinal disturbances, including diarrhea, nausea/vomiting, and abdominal pain were common adverse reactions in Duvyzat (givinostat) clinical trials in DMD. Antiemetics or antidiarrheal medications may be considered during treatment with givinostat. Fluid and electrolytes should be replaced as needed to prevent dehydration. Modify the dosage of givinostat in patients with moderate or severe diarrhea, and treatment should be discontinued if significant gastrointestinal symptoms persist.

Drugs/Diseases

Util A	Util B	Util C
Givinostat	Diarrhea	
	Nausea	
	Vomiting	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

11. Givinostat / Sensitive OCT2 Substrates _____ _____

Alert Message: Duvyzat (givinostat) is a weak inhibitor of the renal uptake transporter OCT2. Closely monitor patients when givinostat is used in combination with drugs known as sensitive substrates of the OCT2 transporter, for which a small change in substrate plasma concentration may lead to serious toxicities.

Drugs/Diseases

Util A	Util B	Util C
Givinostat	Dofetilide	
	Metformin	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

12. Givinostat / QT Prolongation _____ _____

Alert Message: Duvyzat (givinostat) can cause prolongation of the QTc interval. Avoid the use of givinostat in patients who are at an increased risk for ventricular arrhythmias (including torsades de pointes), such as those with congenital long QT syndrome, coronary artery disease, and electrolyte disturbance, as well as patients concurrently taking other medications known to cause QT prolongation.

Util A	Util B	Util C
Givinostat	Hypokalemia	
	Hypomagnesemia	
	QT Prolongation	
	Ventricular Arrhythmias	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

13. Givinostat / QT Prolongation _____ _____

Alert Message: Duvyzat (givinostat) can cause prolongation of the QTc interval. Avoid the concomitant use of givinostat with other medicinal products known to cause QT prolongation. If concomitant use cannot be avoided, obtain ECGs when initiating givinostat, during concomitant use, and as clinically indicated. Withhold givinostat if the QTc interval is > 500 ms or the change from baseline is > 60 ms.

Drugs/Diseases

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

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

14. Givinostat / Sensitive 3A4 Substrates _____ _____

Alert Message: Duvyzat (givinostat) is a weak inhibitor of intestinal CYP3A4. Closely monitor patients when givinostat is used in combination with orally administered CYP3A4 sensitive substrates for which a small change in substrate plasma concentration may lead to serious toxicities.

Drugs/Diseases

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

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Duvyzat Prescribing Information, March 2024, ITF Therapeutics, LLC.

15. Duvelisib / Moderate CYP3A4 Inducers _____ _____

Alert Message: The concurrent use of Copiktra (duvelisib) with moderate CYP3A4 inducers should be avoided. Duvelisib is a CYP3A4 substrate, and co-administration with a moderate CYP3A4 inducer may result in decreased duvelisib exposure and loss of duvelisib efficacy. If co-administration with a moderate CYP3A4 inducer cannot be avoided, increase the duvelisib dose on Day 12 of co-administration with the moderate CYP3A4 inducer as recommended in the official prescribing information. After the inducer has been discontinued for at least 14 days, resume duvelisib at the dose taken prior to initiating the moderate CYP3A4 inducer.

Drugs/Diseases

Util A	Util B	Util C
Duvelisib	Bosentan	Modafinil
	Cenobamate	Nafcillin
	Efavirenz	Rifapentine
	Etravirine	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.

16. Clonidine XR Suspension / Overuse _____ _____

Alert Message: Onyda XR (clonidine extended-release suspension) may be over-utilized. The maximum recommended dose of clonidine extended-release suspension is 0.4 mg once daily at bedtime.

Drugs/Diseases

Util A	Util B	Util C
Clonidine XR Susp		

Max Dose: 0.4mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Onyda XR Prescribing Information, May 2024, Tris Pharma, Inc.

Criteria Recommendations	*Approved*	*Rejected*

17. Clonidine XR Suspension / Therapeutic Appropriateness _____ _____

Alert Message: The safety and efficacy of Onyda XR (clonidine extended-release suspension) in pediatric patients below the age of 6 years has not been established.

Drugs/Diseases

Util A	Util B	Util C
Clonidine XR Susp		

Age Range: 0 – 5 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Onyda XR Prescribing Information, May 2024, Tris Pharma, Inc.

18. Clonidine XR Suspension / Drugs affecting Sinus Node or AV Node _____ _____

Alert Message: Concomitant use of Onyda XR (clonidine extended-release suspension) with drugs that affect sinus node function or AV node conduction should be avoided. Concurrent use of clonidine with these agents potentiates bradycardia and the risk of AV block.

Drugs/Diseases

Util A	Util B	Util C
Clonidine XR Susp	Amiodarone	
	Beta-Blockers	
	Diltiazem	
	Digoxin	
	Verapamil	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Onyda XR Prescribing Information, May 2024, Tris Pharma, Inc.

19. Clonidine XR Suspension / Lactation _____ _____

Alert Message: Exercise caution when Onyda XR (clonidine extended-release suspension) is administered to a nursing patient. Based on published lactation studies, clonidine is present in human milk. If an infant is exposed to clonidine through breastmilk, monitor for symptoms of hypotension and bradycardia, such as sedation, lethargy, tachypnea, and poor feeding. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for clonidine extended-release suspension and any potential adverse effects on the breastfed child from clonidine or the underlying maternal condition.

Drugs/Diseases

Util A	Util B	Util C
Clonidine XR Susp	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Onyda XR Prescribing Information, May 2024, Tris Pharma, Inc.

Criteria Recommendations ***Approved Rejected***

20. Capivasertib / Overuse _____ _____
Alert Message: Truqap (capivasertib) may be over-utilized. The recommended dosage of capivasertib is 400 mg orally twice daily (approximately 12 hours apart) for 4 days followed by 3 days off.

Drugs/Diseases
Util A Util B Util C
Capivasertib

Max Dose: 800 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

21. Capivasertib / Therapeutic Appropriateness _____ _____
Alert Message: The safety and effectiveness of Truqap (capivasertib) have not been established in pediatric patients.

Drugs/Diseases
Util A Util B Util C
Capivasertib

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

22. Capivasertib / Hyperglycemia _____ _____
Alert Message: Severe hyperglycemia, associated with ketoacidosis, occurred in patients treated with Truqap (capivasertib). Hyperglycemia occurred in 18% of patients treated with capivasertib. If a patient experiences hyperglycemia after initiating treatment with capivasertib, monitor FG as clinically indicated, and at least twice weekly until FG decreases to normal levels. During treatment with antihyperglycemic medication, continue monitoring FG at least once a week for 8 weeks, followed by once every 2 weeks and as clinically indicated. Consider consultation with a healthcare practitioner with expertise in the treatment of hyperglycemia and counsel patients on lifestyle changes. Withhold, reduce dose, or permanently discontinue capivasertib based on severity.

Drugs/Diseases
Util A Util B Util C
Capivasertib Hyperglycemia

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

23. Capivasertib / Diabetes Requiring Insulin _____ _____

Alert Message: The safety of Truqap (capivasertib) has not been established in patients with Type I diabetes or diabetes requiring insulin. Patients with insulin-dependent diabetes were excluded from the clinical trial CAPItello-291. Severe hyperglycemia, associated with ketoacidosis, occurred in patients treated with capivasertib.

Drugs/Diseases

Util A	Util B	Util C (Include)
Capivasertib	Type 1 Diabetes	Insulin
	Type 2 Diabetes	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

24. Capivasertib / Diarrhea _____ _____

Alert Message: Severe diarrhea associated with dehydration occurred in patients who received Truqap (capivasertib). In clinical trials, diarrhea occurred in 72% of patients. Monitor patients for signs and symptoms of diarrhea. Advise patients to increase oral fluids and start antidiarrheal treatment at the first sign of diarrhea while taking capivasertib. Withhold, reduce dose, or permanently discontinue capivasertib based on severity.

Drugs/Diseases

Util A	Util B	Util C
Capivasertib	Diarrhea	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

25. Capivasertib / Cutaneous Adverse Reactions _____ _____

Alert Message: Cutaneous adverse reactions, which can be severe, including erythema multiforme (EM), palmar-plantar erythrodysesthesia, and drug reaction with eosinophilia and systemic symptoms (DRESS), occurred in patients who received Truqap (capivasertib). Monitor patients for signs and symptoms of cutaneous adverse reactions. Early consultation with a dermatologist is recommended. Withhold, reduce dose, or permanently discontinue capivasertib based on severity.

Drugs/Diseases

Util A	Util B	Util C
Capivasertib	Erythema Multiforme	
	Generalized Skin Eruptions due to Medications	
	Drug Rash with Eosinophilia and Systemic Symptoms Syndrome	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

26. Capivasertib / Strong or Moderate CYP3A4 Inducers _____ _____

Alert Message: Avoid concomitant use of Truqap (capivasertib) with strong or moderate CYP3A inducers. Capivasertib is a CYP3A substrate. Strong and moderate CYP3A inducers decrease capivasertib exposure, which may reduce the effectiveness of capivasertib.

Drugs/Diseases

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

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

27. Capivasertib / Strong CYP3A4 Inhibitors _____ _____

Alert Message: Avoid concomitant use of Truqap (capivasertib) with a strong CYP3A inhibitor. Capivasertib is a CYP3A substrate. Strong CYP3A inhibitors increase capivasertib exposure, which may increase the risk of capivasertib adverse reactions. If concomitant use cannot be avoided, reduce the dose of capivasertib to 320 mg twice daily for 4 days followed by 3 days off, and monitor patients for adverse reactions. After discontinuation of a strong CYP3A inhibitor, resume the capivasertib dosage (after 3 to 5 half-lives of the inhibitor) that was taken prior to initiating the strong CYP3A inhibitor.

Drugs/Diseases

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

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

28. Capivasertib / Moderate CYP3A4 Inhibitors _____ _____

Alert Message: Truqap (capivasertib) is a CYP3A substrate, and concurrent use with a moderate CYP3A inhibitor increases capivasertib exposure, which may increase the risk of capivasertib adverse reactions. When capivasertib is used with a moderate CYP3A inhibitor, reduce the dose of capivasertib to 320 mg twice daily for 4 days followed by 3 days off, and monitor patients for adverse reactions. After discontinuation of a moderate CYP3A inhibitor, resume the capivasertib dosage (after 3 to 5 half-lives of the inhibitor) that was taken prior to initiating the moderate CYP3A inhibitor.

Drugs/Diseases

Util A	Util B			Util C
Capivasertib	Aprepitant	Cyclosporine	Fluconazole	
	Cimetidine	Diltiazem	Fluvoxamine	
	Ciprofloxacin	Dronedarone	Imatinib	
	Crizotinib	Erythromycin	Verapamil	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

Criteria Recommendations ***Approved Rejected***

29. Capivasertib / Pregnancy / Pregnancy Negating _____ _____

Alert Message: Based on findings in animals and the mechanism of action, Truqap (capivasertib) can cause fetal harm when administered during pregnancy. There are no available data on the use of capivasertib during pregnancy. In an animal reproduction study, oral administration of capivasertib to pregnant rats during the period of organogenesis caused adverse developmental outcomes, including embryo-fetal mortality and reduced fetal weights at maternal exposures 0.7 times the human exposure (AUC) at the recommended dose of 400 mg twice daily.

Drugs/Diseases

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

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

30. Capivasertib / Lactation _____ _____

Alert Message: There are no data on the presence of Truqap (capivasertib) or its metabolites in human milk or their effects on milk production or the breastfed child. Capivasertib was detected in the plasma of suckling rat pups. Because of the potential for serious adverse reactions in a breastfed child, advise against breastfeeding during treatment with capivasertib.

Drugs/Diseases

Util A	Util B	Util C
Capivasertib	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

31. Capivasertib / Therapeutic Appropriateness _____ _____

Alert Message: Advise females of reproductive potential to use effective contraception during treatment with Truqap (capivasertib) and for 1 month after the last dose. Based on findings in animals and the mechanism of action, capivasertib can cause fetal harm when administered to a pregnant patient.

Drugs/Diseases

Util A	Util B	Util C
Capivasertib		

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Truqap Prescribing Information, Sept. 2024, AstraZeneca.

Criteria Recommendations	*Approved*	*Rejected*	
32. Capivasertib / Therapeutic Appropriateness Advise male patients with female partners of reproductive potential to use effective contraception during treatment with Truqap (capivasertib) and for 4 months after the last dose. Drugs/Diseases Util A / Util B / Util C Capivasertib Gender: Male References: Clinical Pharmacology, 2024 Elsevier/Gold Standard. Truqap Prescribing Information, Sept. 2024, AstraZeneca.	_____	_____	Alert Message:
33. Secukinumab / Overuse nr-axSpA & ERA Alert Message: Cosentyx (secukinumab) may be over-utilized. The recommended maximum dose of subcutaneous secukinumab in adults with nr-axSpA or ERA is 150 mg every 4 weeks. Drugs/Diseases Util A / Util B / Util C (Include) Secukinumab / Non-Radiographic Axial Spondyloarthritis Enthesitis-Related Arthritis Max Dose: 150 mg q 4 weeks Age Range: 18 – 999 yoa References: Clinical Pharmacology, 2024 Elsevier/Gold Standard. Cosentyx Prescribing Information, Oct. 2024, Novartis Pharmaceuticals Corp.	_____	_____	
34. Secukinumab / Overuse Hidradenitis Suppurativa Alert Message: Cosentyx (secukinumab) may be over-utilized. The recommended maximum dose of subcutaneous secukinumab in adults with hidradenitis suppurativa is 300 mg every 2 weeks. Drugs/Diseases Util A / Util B / Util C (Include) Secukinumab / Hidradenitis Suppurativa Max Dose: 300 mg q 2 weeks Age Range: 18 – 999 yoa References: Clinical Pharmacology, 2024 Elsevier/Gold Standard. Cosentyx Prescribing Information, Oct. 2024, Novartis Pharmaceuticals Corp.	_____	_____	

35. Secukinumab / Therapeutic Appropriateness HD _____ _____
Alert Message: The safety and effectiveness of Cosentyx (secukinumab) for the treatment of hidradenitis suppurativa in pediatric patients have not been established.

Drugs/Diseases

Util A	Util B	Util C (Include)
Secukinumab		Hidradenitis Suppurativa

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Cosentyx Prescribing Information, Oct. 2024, Novartis Pharmaceuticals Corp.

36. Secukinumab / Therapeutic Appropriateness ERA _____ _____
Alert Message: The safety and effectiveness of Cosentyx (secukinumab) for the treatment of enthesitis-related arthritis in pediatric patients below the age of 4 or with a body weight of less than 15 kg have not been established.

Drugs/Diseases

Util A	Util B	Util C(Include)
Secukinumab		Enthesitis-Related Arthritis

Age Range: 0 – 3 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Cosentyx Prescribing Information, Oct. 2024, Novartis Pharmaceuticals Corp

37. Secukinumab / Therapeutic Appropriateness AS _____ _____
Alert Message: The safety and effectiveness of Cosentyx (secukinumab) for the treatment of ankylosing spondylitis in pediatric patients have not been established.

Drugs/Diseases

Util A	Util B	Util C (Include)
Secukinumab		Ankylosing Spondylitis

Age Range: 0 – 18 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Cosentyx Prescribing Information, Oct. 2024, Novartis Pharmaceuticals Corp.

38. Secukinumab / Therapeutic Appropriateness nr-axSpA _____ _____
Alert Message: The safety and effectiveness of Cosentyx (secukinumab) for the treatment of non-radiographic axial spondyloarthritis in pediatric patients have not been established.

Drugs/Diseases

Util A	Util B	Util C (Include)
Secukinumab		Non-Radiographic Axial Spondyloarthritis

Age Range: 0 – 18 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Cosentyx Prescribing Information, Oct. 2024, Novartis Pharmaceuticals Corp.

39. Tofacitinib XR / Renal Impairment, Hepatic & Strong 3A4 Inhibitors / UC _____ _____
Alert Message: Dosage modification of Xeljanz XR (tofacitinib extended-release) is recommended in patients with moderate or severe renal insufficiency or moderate hepatic impairment (Child-Pugh Class B). In patients with ulcerative colitis receiving tofacitinib extended-release 22 mg once daily, reduce the dose to 11 mg extended-release once daily. If the patient is taking 11 mg extended-release once daily, switch to 5 mg immediate-release tofacitinib once daily.

Drugs/Diseases

Util A	Util B	Util C (Include)
Tofacitinib XR	Moderate & Severe Renal Insufficiency Moderate Hepatic Impairment	Ulcerative Colitis

References:
Xeljanz Prescribing Information, November 2024, Pfizer, Inc.
Clinical Pharmacology, 2024 Elsevier/Gold Standard.

40. Tofacitinib XR / Strong 3A4 Inhibitors & 3A4/2C19 Inhibitors / UC _____ _____
Alert Message: Dosage modification of Xeljanz XR (tofacitinib extended-release) is recommended when it is co-administered with a strong CYP3A4 inhibitor or with one or more concomitant medications that cause both moderate CYP3A4 inhibition and potent CYP2C19 inhibition. In patients with ulcerative colitis receiving tofacitinib extended-release 22 mg once daily, reduce the dose to 11 mg extended-release once daily. If the patient is taking 11 mg extended-release once daily, reduce to 5 mg immediate-release tofacitinib once daily.

Drugs/Diseases

Util A	Util B	Util C (Include)
Tofacitinib XR	Clarithromycin Cobicistat Fluconazole Fluvoxamine Itraconazole Ketoconazole Nefazodone Nelfinavir Posaconazole Ritonavir Voriconazole	Ulcerative Colitis

References:
Xeljanz Prescribing Information, November 2024, Pfizer, Inc.
Clinical Pharmacology, 2024 Elsevier/Gold Standard.

Criteria Recommendations ***Approved Rejected***

41. Erdafitinib / Overuse _____ _____
Alert Message: Balversa (erdafitinib) may be over-utilized. The recommended starting dose of maximum erdafitinib is 8 mg (two 4 mg tablets) orally once daily, with a dose increase to a maximum of 9 mg (three 3 mg tablets) once daily based on tolerability, including hyperphosphatemia, at 14 to 21 days.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib		

Max Dose: 9 mg/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

42. Erdafitinib / Therapeutic Appropriateness _____ _____
Alert Message: The safety and effectiveness of Balversa (erdafitinib) in pediatric patients have not been established.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib		

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

43. Erdafitinib / Ocular Disorders _____ _____
Alert Message: Balversa (erdafitinib) can cause ocular disorders, including central serous retinopathy/retinal pigment epithelial detachment (CSR/RPED) resulting in visual field defect. Perform monthly ophthalmological examinations during the first 4 months of treatment and every 3 months afterward and urgently at any time for visual symptoms. Withhold or permanently discontinue erdafitinib based on severity and/or ophthalmology exam findings.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib	Ocular Disorders	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

44. Erdafitinib / Hyperphosphatemia & Soft Tissue Mineralization _____ _____

Alert Message: Balversa (erdafitinib) can cause hyperphosphatemia, leading to soft tissue mineralization, cutaneous calcinosis, non-uremic calciphylaxis, and vascular calcification. Increases in phosphate levels are a pharmacodynamic effect of erdafitinib. Monitor for hyperphosphatemia throughout treatment. Restrict dietary phosphate intake (600-800 mg daily) and avoid concomitant use of agents that may increase serum phosphate levels. If serum phosphate is above 7.0 mg/dL, consider adding an oral phosphate binder until serum phosphate levels returns < 7.0 mg/dL.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib	Hyperphosphatemia	
Soft Tissue Mineralization		
Cutaneous Calcinosis		
Non-uremic Calciphylaxis		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

45. Erdafitinib / Moderate CYP2C9 or Potent CYP3A4 Inhibitors _____ _____

Alert Message: Co-administration of Balversa (erdafitinib) with moderate CYP2C9 or strong CYP3A4 inhibitors may result in increased erdafitinib plasma concentrations. Increased erdafitinib plasma concentrations may lead to increased drug-related toxicity. Consider alternative therapies that are not moderate CYP2C9 or strong CYP3A4 inhibitors during treatment with erdafitinib. If co-administration of a moderate CYP2C9 or strong CYP3A4 inhibitor is unavoidable, monitor closely for adverse reactions and consider modifications accordingly.

Drugs/Diseases

Util A	Util B			Util C
Erdafitinib	Clarithromycin	Nefazodone	Voriconazole	
	Cobicistat	Nelfinavir	Amiodarone	
	Itraconazole	Posaconazole	Fluconazole	
	Ketoconazole	Ritonavir	Miconazole	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

46. Erdafitinib / Strong CYP3A4 Inducers _____ _____

Alert Message: Avoid co-administration of strong CYP3A4 inducers with Balversa (erdafitinib). Co-administration of erdafitinib (a CYP3A4 substrate) with strong CYP3A4 inducers may cause decreased erdafitinib plasma concentrations and decreased efficacy.

Drugs/Diseases

Util A	Util B		Util C
Erdafitinib	Apalutamide	Phenobarbital	
	Carbamazepine	Phenytoin	
	Enzalutamide	Primidone	
	Mitotane	Rifampin	

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.

Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

Criteria Recommendations ***Approved*** ***Rejected***

47. Erdafitinib / Moderate CYP3A4 Inducers _____ _____

Alert Message: Co-administration of Balversa (erdafitinib) with moderate CYP3A4 inducers may result in decreased erdafitinib plasma concentrations and decreased efficacy. If a moderate CYP3A4 inducer must be co-administered at the start of erdafitinib treatment, administer erdafitinib at a dose of 9 mg daily. When a moderate CYP3A4 inducer is discontinued, continue erdafitinib at the same dose, in the absence of drug-related toxicity.

Drugs/Diseases

Util A	Util B		Util C
Erdafitinib	Bosentan	Rifapentine	
	Modafinil	Efavirenz	
	Cenobamate	Etravirine	
	Nafcillin		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

48. Erdafitinib / P-gp Substrates _____ _____

Alert Message: Co-administration of Balversa (erdafitinib) with P-gp substrates may result in increased plasma concentrations of P-gp substrates. Increased plasma concentrations of P-gp substrates may lead to increased toxicity of the P-gp substrates. If co-administration of erdafitinib with P-gp substrates is unavoidable, separate erdafitinib administration by at least 6 hours before or after administration of P-gp substrates with a narrow therapeutic index.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

49. Erdafitinib / Pregnancy / Pregnancy Negating _____ _____

Alert Message: Based on the mechanism of action and findings in animal reproduction studies, Balversa (erdafitinib) can cause fetal harm when administered to a pregnant patient. In an embryo-fetal toxicity study, oral administration of erdafitinib to pregnant rats during the period of organogenesis caused malformations and embryo-fetal death at maternal exposures that were less than the human exposures at the maximum human recommended dose based on the area under the curve (AUC). Advise pregnant women of the potential risk to the fetus. Advise female patients of reproductive potential to use effective contraception during treatment with erdafitinib and for one month after the last dose.

Drugs/Diseases

Util A	Util B	Util C (Negate)
Erdafitinib	Pregnancy	Abortion
Delivery		
Miscarriage		
Gender: Female		
Age Range: 11 – 50 yoa		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

Criteria Recommendations ***Approved*** ***Rejected***

50. Erdafitinib / Lactation _____ _____
Alert Message: There are no data on the presence of Balversa (erdafitinib) in human milk, the effects of erdafitinib on the breastfed child, or milk production. Because of the potential for serious adverse reactions from erdafitinib in a breastfed child, advise lactating women not to breastfeed during treatment with erdafitinib and for one month following the last dose.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

51. Erdafitinib / Therapeutic Appropriateness _____ _____
Alert Message: Advise females of reproductive potential to use effective contraception during treatment with Balversa (erdafitinib) and for one month after the last dose. Based on the mechanism of action and findings in animal reproduction studies, erdafitinib can cause fetal harm when administered to a pregnant woman.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib		

Gender: Female
Age Range: 11 – 50 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

52. Erdafitinib / Therapeutic Appropriateness _____ _____
Alert Message: Advise male patients with female partners of reproductive potential to use effective contraception during treatment with Balversa (erdafitinib) and for one month after the last dose.

Drugs/Diseases

Util A	Util B	Util C
Erdafitinib		

Gender: Male

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
Balversa Prescribing Information, Oct. 2024, Janssen Products, LP.

53. Erdafitinib / Non-adherence _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Balversa (erdafitinib). 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
Erdafitinib

References:
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med 2005; 353:487- 497.
Ruddy K, Mayer E, Partridge A. Patient Adherence and Persistence With Oral Anticancer Treatment. CA Cancer J Clin 2009;59:56-66.
Barillet M, Prevost V, Joly F, Clarisse B. Oral Antineoplastic Agents: How do We Care About Adherence?. Br J Clin Pharmacol. 2015;80(6):1289–1302. doi:10.1111/bcp.12734
Greer JA, Amoyal N, Nisotel L, et al. Systemic Review of Adherence to Oral Antineoplastic Therapies. The Oncologist. 2016;21:354-376.

54. Sitagliptin/metformin / Overuse _____ _____

Alert Message: Zituvimet (sitagliptin/metformin) may be over-utilized. The manufacturer's recommended maximum dose is 100 mg sitagliptin /2000 mg metformin daily.

Drugs/Diseases
Util A Util B Util C
Sitagliptin/Metformin

Max Dose: 100 mg/2000mg day

References:
Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

55. Sitagliptin/metformin / Therapeutic Appropriateness _____ _____

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

Drugs/Diseases
Util A Util B Util C
Sitagliptin/Metformin

Age Range: 0 – 17 yoa

References:
Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

56. Sitagliptin/metformin / Severe Renal Impairment _____ _____

Alert Message: Zituvimet (sitagliptin/metformin) use is contraindicated in patients with severe renal impairment (eGFR below 30 mL/min/1.73m2). In clinical studies, a 4-fold increase in the plasma AUC of sitagliptin was observed in patients with severe renal impairment including patients with end-stage renal disease (ESRD) on hemodialysis, compared to normal healthy control subjects.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin/Metformin	CKD Stage 4	
	CKD Stage 5	
	ESRD	
	Hemodialysis	

References:

Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

57. Sitagliptin/metformin / Moderate Renal Impairment _____ _____

Alert Message: Zituvimet (sitagliptin/metformin) use is not recommended in patients with an eGFR between 30 and less than 45 mL/min/1.73 m2 because these patients require a lower dosage of sitagliptin than what is available in the fixed combination sitagliptin/metformin product.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin/Metformin	CKD Stage 3b	

References:

Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

58. Sitagliptin/metformin / Type 1 Diabetes _____ _____

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

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin/Metformin	Type 1 Diabetes	

References:

Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

59. Sitagliptin/metformin / Insulin & Insulin Secretagogues _____ _____

Alert Message: The concurrent use of Zituvimet (sitagliptin/metformin) 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/metformin.

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin/Metformin	Insulin	
	Insulin Secretagogues	

References:

Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

60. Sitagliptin/metformin / Pregnancy / Pregnancy Negating _____ _____

Alert Message: Available data with Zituvimet (sitagliptin/metformin) and sitagliptin use in pregnant women are not sufficient to inform a sitagliptin/metformin-associated or sitagliptin-associated risk for major birth defects and miscarriage. Published studies with metformin use during pregnancy have not reported a clear association with metformin and major birth defect or miscarriage risk. During pregnancy, consider appropriate alternative therapies. Sitagliptin/metformin should be used during pregnancy only if clearly needed.

Drugs/Diseases

Util A	Util B	Util C (Negating)
Sitagliptin/Metformin	Pregnancy	Abortion
Delivery		
Miscarriage		
Gender: Female		
Age Range: 11 – 50 yoa		

References:

Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
UpToDate Inc. (2024). Sitagliptin and Metformin: Drug Information. Lexi-Drugs, UpToDate Lexidrug. Retrieved August 14, 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.
American Diabetes Association (ADA). 15. Management of Diabetes in Pregnancy. Standards of Care in Diabetes-2024. Diabetes Care 2024;47(Suppl. 1):S282-S294.

61. Sitagliptin/metformin / Lactation _____ _____

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

Drugs/Diseases

Util A	Util B	Util C
Sitagliptin/Metformin	Lactation	

Gender: Female
Age Range: 11 – 50 yoa

References:

Merative Micromedex DRUGDEX (electronic version). Merative, Ann Arbor, Michigan, USA. 2024.
Zituvimet Prescribing Information, Nov. 2023, Zydus Pharmaceuticals, Inc.

Criteria Recommendations	*Approved*	*Rejected*

62. Sitagliptin/metformin / Non-adherence _____ _____

Alert Message: Based on refill history, your patient may be under-utilizing Zituvimet (sitagliptin/metformin). 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/Metformin		

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.

63. Talicia / Overuse _____ _____

Alert Message: Talicia (omeprazole/amoxicillin/rifabutin) may be over-utilized. The recommended maintenance dose is four (4) omeprazole/amoxicillin/rifabutin capsules 3 times daily (at least 4 hours apart) with food for 14 days.

Drugs/Diseases

Util A	Util B	Util C
Omeprazole/amoxicillin/rifabutin		

Max Dose: 4 capsules/day

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.

64. Talicia / Therapeutic Appropriateness _____ _____

Alert Message: The safety and effectiveness of Talicia (omeprazole/amoxicillin/rifabutin) in pediatric patients below the age of 18 years with H. pylori infection have not been established.

Drugs/Diseases

Util A	Util B	Util C
Omeprazole/amoxicillin/rifabutin		

Age Range: 0 – 17 yoa

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.

65. Talicia / Overuse _____ _____

Alert Message: Talicia (omeprazole/amoxicillin/rifabutin) may be over-utilized. The recommended duration of therapy with omeprazole/amoxicillin/rifabutin capsules is 14 days.

Drugs/Diseases

Util A	Util B	Util C
Omeprazole/amoxicillin/rifabutin		

Max Duration: 14 days

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.

66. Talicia / Severe Renal Impairment _____ _____

Alert Message: The use of Talicia (omeprazole/amoxicillin/rifabutin) should be avoided in patients with severe renal impairment (GFR < 30 mL/min). The amoxicillin-component of the combination product is primarily eliminated by the kidney.

Drugs/Diseases

Util A	Util B	Util C (Include)
Omeprazole/amoxicillin/rifabutin		Chronic Kidney Disease Stage 4
Chronic Kidney Disease Stage 5		
ESRD		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.

67. Talicia / Hepatic Impairment _____ _____

Alert Message: It is recommended to avoid the use of Talicia (omeprazole/amoxicillin/rifabutin) in patients with hepatic impairment. In patients with hepatic impairment (Child-Pugh Class A, B, or C) exposure to omeprazole substantially increased compared to healthy subjects.

Drugs/Diseases

Util A	Util B	Util C (Include)
Omeprazole/amoxicillin/rifabutin		Hepatic Impairment

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.

68. Talicia / Pregnancy / Pregnancy Negating _____ _____

Alert Message: Talicia (omeprazole/amoxicillin/rifabutin) may cause fetal harm when administered to a pregnant patient. The use of omeprazole/amoxicillin/rifabutin is not recommended for use during pregnancy. If omeprazole/amoxicillin/rifabutin is used during pregnancy, advise pregnant women of the potential risk to a fetus.

Drugs/Diseases

Util A	Util B	Util C (Include)
Omeprazole/amoxicillin/rifabutin	Pregnancy	Abortion
Delivery		
Miscarriage		
Gender: Female		
Age Range: 11 – 50 yoa		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.

69. Talicia / Lactation _____ _____

Alert Message: The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Talicia (omeprazole/amoxicillin/rifabutin) and any potential adverse effects on the breast-fed child from omeprazole/amoxicillin/rifabutin or the underlying condition.

Drugs/Diseases

Util A	Util B	Util C
Omeprazole/amoxicillin/rifabutin	Lactation	
Gender: Female		
Age Range: 11 – 50 yoa		

References:
Clinical Pharmacology, 2024 Elsevier/Gold Standard.
Talicia Prescribing Information, May 2024, RedHill Biopharma, Inc.