DUR Board Meeting
September 2, 2015
Pioneer Room
State Capitol

North Dakota Medicaid
DUR Board Meeting Agenda
Pioneer Room
State Capitol
600 East Boulevard Avenue
Bismarck, ND
September 2, 2015
1pm

1. Administrative items
    - Travel vouchers

2. Old business
    - Review and approval of minutes of 06/15 meeting
    - Budget update
    - Review top 15 therapeutic categories/top 25 drugs
    - Second review cholesterol lowering drugs
    - Second review of injectable anticoagulants
    - Second review of Akynzeo
    - Second review of Nuvessa
    - Second review of Cholbam
    - Update on drugs added to > $3,000 prior authorization (Natpara)

3. New business
    - Sanford Health Plan expansion update
    - Prior authorization updates on current drugs/classes
    - Review of Movantik (naloxegol)
    - Review of Marinol (dronabinol)
    - Review of skin pigment products (hydroquinone)
    - Review of inhaled corticosteroid/long-acting beta-2 adrenergic agonist combination products (budesonide/formoterol, fluticasone/vilanterol, fluticasone/salmeterol, mometasone/formoterol)
    - Review of medications used to treat irritable bowel syndrome (eluxadoline, linaclotide, lubiprostone)
    - Review of medications used to treat ulcerative colitis (balsalazide, mesalamine, olsalazine, sulfasalazine)
    - Review of sodium-glucose co-transporter 2 inhibitors (canagliflozin, dapagliflozin, empagliflozin)
    - Review of immediate release oxycodone
    - Review of immediate release narcotics used in conjunction with immediate release narcotic combinations
    - Review of inhaled anti-infectives for cystic fibrosis (tobramycin, aztreonam)
    - Review of leukotriene modifiers (montelukast, zafirlukast, zileuton)
    - Gabapentin update
    - Criteria recommendations
    - Upcoming meeting date/agenda

4. Adjourn

Please remember to silence all cellular phones during the meeting.

Drug Utilization Review (DUR) Meeting Minutes
June 3, 2015

Members Present: John Savageau, Russ Sobotta, Tanya Schmidt, Laura Schield, Katie Kram, Wendy Brown, Michael Quast, Leann Ness

Members Absent: James Carlson, Steve Irsfeld, Jeffrey Hostetter, Carlotta McCleary, Michael Booth, Peter Woodrow

Medicaid Pharmacy Department: Brendan Joyce, Gary Betting, Alexi Murphy

J. Savageau called the meeting to order at 1:00 p.m. Chair J. Savageau asked for a motion to approve the minutes of the March meeting. W. Brown moved that the minutes be approved, and L. Schield seconded the motion. Chair J. Savageau called for a voice vote to approve the minutes. The motion passed with no audible dissent.

DUR Board member terms:
B. Joyce acknowledged J. Savageau and L. Ness and their work on the ND DUR Board. This meeting will be their last, due to term limits. J. Savageau made a motion to nominate W. Brown to serve as the new DUR Board chair. L. Schield seconded the motion. The motion passed with no audible consent.

Department update:
B. Joyce introduced the new pharmacist working in his department, Alexi Murphy. A. Murphy was hired to oversee the e-PA initiative. The e-PA program will go live in the 3rd quarter, 2015.

The new bill regarding Medication Therapy Management (MTM) passed and will start January, 2016. The MTM program will be used to manage many disease states, including patients with Hepatitis C.

SB2043 addressing supplemental rebates was approved. This bill allows the department to negotiate additional rebates from drug manufacturers and join a multi-state supplemental drug rebate pool. The addition of supplemental rebates will help with the rapidly-increasing drug spend in large part due to specialty medications. The DUR Board will continue to be involved in the drug/class reviews to aid in this process.

Second reviews
A motion and second were made at the March meeting to place Otezla, Xtoro, Hemangeol, Lemtrada, idiopathic pulmonary fibrosis agents, GLP-1 receptor agonist agents, and topical therapies for onychomycosis on prior authorization. The topics were brought up for a second review. K. Bergstresser, representing Celgene spoke regarding Otezla. The motion passed with no audible dissent.

Plan for implementation/changes to narcotic quantity limit
B. Joyce presented information provided by the ND Bureau of Criminal Investigation showing issues that are faced by the agency in Bismarck/Mandan, Jamestown/Valley City, Grand Forks, Fargo, Minot, Williston, Devils Lake and Dickinson. B. Joyce reviewed edits that will be implemented. The board agreed with the edits.

Concurrent use of narcotics and benzodiazepines
A. Murphy presented data showing patients taking concomitant therapy with benzodiazepines and narcotics. A. Murphy reviewed a suggested plan for drug-drug edits that will be implemented over 4 phases. The board recommended a quality improvement effort (handouts, education) and to implement quantity limits on the benzodiazepines.

Cholesterol lowering drugs review
B. Joyce reviewed cholesterol lowering drugs (including the PCSK9 inhibitors) with the board. A motion was made by L. Schield to place the new agents coming to market on prior authorization with a failure of statins. T. Schmidt seconded the motion. There was no public comment. This topic will be reviewed at the next meeting.

Muscle relaxant review
A. Murphy reviewed muscle relaxant information with the board. A motion was made by M. Quast to allow the department to prior authorize carisoprodol and manage the muscle relaxant class as a whole. The motion was seconded by K. Kram. There was no public comment. This topic will be reviewed at the next meeting.

Injectable anticoagulants review
B. Joyce reviewed injectable anticoagulants. This is the first class the board will review for supplemental rebates. A motion was made by M. Quast to allow the department to manage the class of injectable anticoagulants through prior authorization. The motion was seconded by J. Savageau. There was no public comment. This topic will be reviewed at the next meeting.

Akynzeo review
B. Joyce reviewed Akynzeo with the board. K. Kram made a motion to place Akynzeo on prior authorization. M. Quast seconded the motion. This topic will be reviewed at the next meeting.

Nuvessa review
B. Joyce reviewed Nuvessa with the board. There was no public comment. K. Kram made a motion to place Nuvessa on prior authorization. T. Schmidt seconded the motion. This topic will be reviewed at the next meeting.

Cholbam review
B. Joyce reviewed Cholbam with the board. There was no public comment. L. Schield made a motion to place Cholbam on prior authorization. K. Kram seconded the motion. This topic will be reviewed at the next meeting.

Criteria recommendations
The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and are usually consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria and will be used in future DUR cycles. K. Kram moved to approve the new criteria and T. Schmidt seconded the motion. Chair J. Savageau called for a voice vote. The motion passed with no audible dissent.

The next DUR Board meeting will be held September 2 in Bismarck. L. Schield made a motion to adjourn the meeting. W. Brown seconded. The motion passed with no audible dissent. J. Savageau adjourned the meeting.

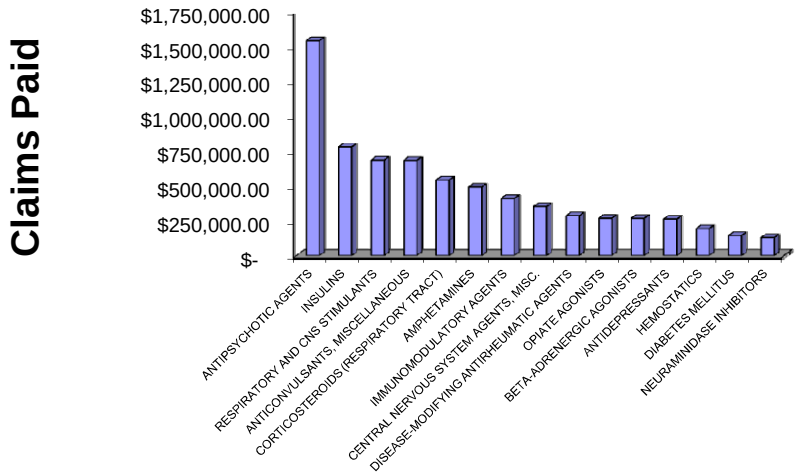
NORTH DAKOTA MEDICAID
Cost Management Analysis

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/01/2015 - 03/31/2015

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	5,979	$ 1,542,405.91	$ 257.97	4.04%
INSULINS	1,681	$ 780,547.77	$ 464.34	1.14%
RESPIRATORY AND CNS STIMULANTS	5,398	$ 686,154.10	$ 127.11	3.65%
ANTICONVULSANTS, MISCELLANEOUS	8,187	$ 683,226.41	$ 83.45	5.53%
CORTICOSTEROIDS (RESPIRATORY TRACT)	2,023	$ 543,460.46	$ 268.64	1.37%
AMPHETAMINES	4,016	$ 492,007.94	$ 122.51	2.71%
IMMUNOMODULATORY AGENTS	71	$ 409,940.87	$ 5,773.82	0.05%
CENTRAL NERVOUS SYSTEM AGENTS, MISC.	1,536	$ 352,652.20	$ 229.59	1.04%
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	103	$ 285,848.54	$ 2,775.23	0.07%
OPIATE AGONISTS	8,620	$ 267,550.54	$ 31.04	5.82%
BETA-ADRENERGIC AGONISTS	4,559	$ 267,105.78	$ 58.59	3.08%
ANTIDEPRESSANTS	13,726	$ 261,923.20	$ 19.08	9.27%
HEMOSTATICS	22	$ 193,898.38	$ 8,813.56	0.01%
DIABETES MELLITUS	1,001	$ 144,888.71	$ 144.74	0.68%
NEURAMINIDASE INHIBITORS	860	$ 130,057.68	$ 151.23	0.58%
Total Top 15	57,782	$ 7,041,668.49	$ 121.87	39.04%

Total Rx Claims From 01/01/2015 - 03/31/2015	148,008

Top 15 Therapeutic Classes
Based on Total Cost of Claims

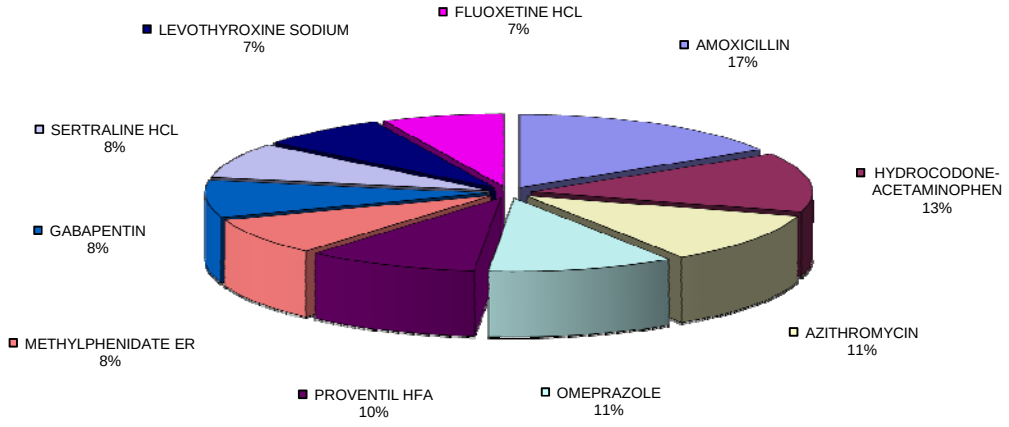


TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/01/2015 - 03/31/2015

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
AMOXICILLIN	PENICILLINS	4,255	$ 44,635.15	$ 10.49	2.87%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	3,416	$ 68,607.60	$ 20.08	2.31%
AZITHROMYCIN	MACROLIDES	2,942	$ 54,762.98	$ 18.61	1.99%
OMEPRAZOLE	PROTON-PUMP INHIBITORS	2,788	$ 31,079.66	$ 11.15	1.88%
PROVENTIL HFA	BETA-ADRENERGIC AGONISTS	2,580	$ 181,180.86	$ 70.23	1.74%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	2,146	$ 347,177.56	$ 161.78	1.45%
GABAPENTIN	ANTICONVULSANTS, MISCELLANEOUS	2,126	$ 64,805.47	$ 30.48	1.44%
SERTRALINE HCL	ANTIDEPRESSANTS	2,055	$ 19,731.54	$ 9.60	1.39%
LEVOTHYROXINE SODIUM	THYROID AGENTS	1,908	$ 31,911.90	$ 16.73	1.29%
FLUOXETINE HCL	ANTIDEPRESSANTS	1,828	$ 12,255.13	$ 6.70	1.24%
AMOX TR-POTASSIUM CLAVULANATE	PENICILLINS	1,799	$ 45,563.25	$ 25.33	1.22%
LISINOPRIL	ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	1,753	$ 12,647.74	$ 7.21	1.18%
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	1,746	$ 33,502.63	$ 19.19	1.18%
TRAZODONE HCL	ANTIDEPRESSANTS	1,701	$ 12,144.46	$ 7.14	1.15%
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	1,659	$ 36,765.13	$ 22.16	1.12%
CEFDINIR	CEPHALOSPORINS	1,595	$ 68,357.52	$ 42.86	1.08%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	1,488	$ 11,710.78	$ 7.87	1.01%
VYVANSE	AMPHETAMINES	1,465	$ 259,880.54	$ 177.39	0.99%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,427	$ 151,061.50	$ 105.86	0.96%
TRAMADOL HCL	OPIATE AGONISTS	1,369	$ 11,579.21	$ 8.46	0.92%
METHYLPHENIDATE HCL	RESPIRATORY AND CNS STIMULANTS	1,357	$ 67,397.03	$ 49.67	0.92%
OXYCODONE-ACETAMINOPHEN	OPIATE AGONISTS	1,329	$ 45,730.95	$ 34.41	0.90%
METFORMIN HCL	BIGUANIDES	1,301	$ 10,561.62	$ 8.12	0.88%
BUPROPION XL	ANTIDEPRESSANTS	1,286	$ 28,802.58	$ 22.40	0.87%
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	1,265	$ 20,089.11	$ 15.88	0.85%
TOTAL TOP 25		48,584	$ 1,671,941.90	$ 34.41	32.83%

Total Rx Claims From 01/01/2015 - 03/31/2015	148,008

Top 10 Drugs
Based on Number of Claims

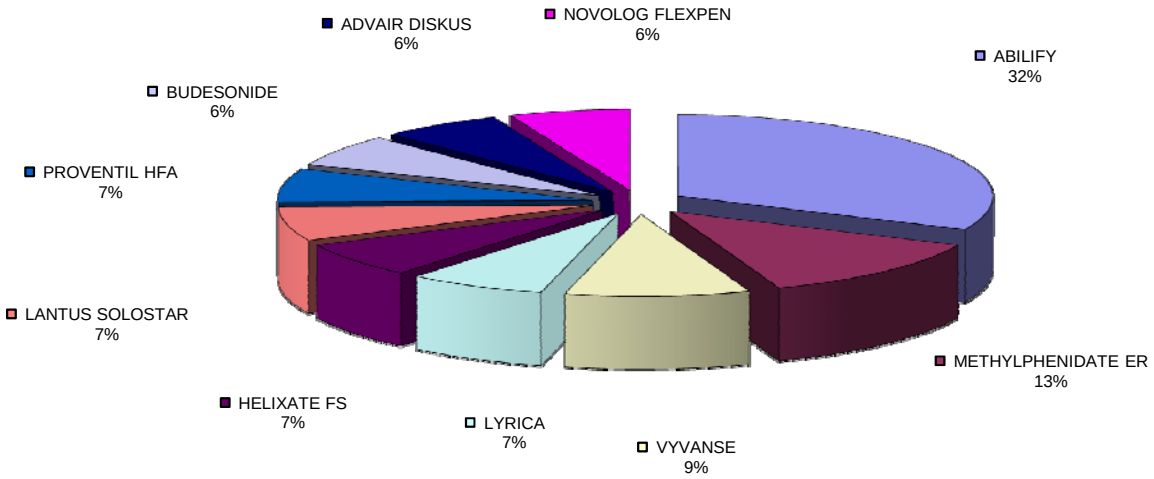


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 01/01/2015 - 03/31/2015

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ABILIFY	ANTIPSYCHOTIC AGENTS	1,125	$ 872,289.89	$ 775.37	0.76%
METHYLPHENIDATE ER	RESPIRATORY AND CNS STIMULANTS	2,146	$ 347,177.56	$ 161.78	1.45%
VYVANSE	AMPHETAMINES	1,465	$ 259,880.54	$ 177.39	0.99%
LYRICA	ANTICONVULSANTS, MISCELLANEOUS	604	$ 194,191.54	$ 321.51	0.41%
HELIXATE FS	HEMOSTATICS	11	$ 190,819.17	$ 17,347.20	0.01%
LANTUS SOLOSTAR	INSULINS	456	$ 185,517.77	$ 406.84	0.31%
PROVENTIL HFA	BETA-ADRENERGIC AGONISTS	2,580	$ 181,180.86	$ 70.23	1.74%
BUDESONIDE	CORTICOSTEROIDS (RESPIRATORY TRACT)	614	$ 173,939.93	$ 283.29	0.41%
ADVAIR DISKUS	CORTICOSTEROIDS (RESPIRATORY TRACT)	551	$ 170,221.47	$ 308.93	0.37%
NOVOLOG FLEXPEN	INSULINS	340	$ 169,836.59	$ 499.52	0.23%
STRATTERA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	601	$ 166,678.55	$ 277.34	0.41%
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINES	1,427	$ 151,061.50	$ 105.86	0.96%
LEVEMIR FLEXTOUCH	INSULINS	276	$ 138,888.14	$ 503.22	0.19%
ENBREL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	37	$ 138,884.76	$ 3,753.64	0.02%
COPAXONE	IMMUNOMODULATORY AGENTS	22	$ 137,163.82	$ 6,234.72	0.01%
GUANFACINE HCL ER	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	681	$ 130,363.57	$ 191.43	0.46%
TAMIFLU	NEURAMINIDASE INHIBITORS	859	$ 129,989.36	$ 151.33	0.58%
FREESTYLE LITE STRIPS	DIABETES MELLITUS	885	$ 126,897.17	$ 143.39	0.60%
SEROQUEL XR	ANTIPSYCHOTIC AGENTS	263	$ 126,127.86	$ 479.57	0.18%
LATUDA	ANTIPSYCHOTIC AGENTS	146	$ 118,681.15	$ 812.88	0.10%
INVEGA SUSTENNA	ANTIPSYCHOTIC AGENTS	73	$ 113,261.60	$ 1,551.53	0.05%
INVEGA	ANTIPSYCHOTIC AGENTS	102	$ 93,208.66	$ 913.81	0.07%
HUMIRA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	31	$ 85,614.97	$ 2,761.77	0.02%
SPIRIVA	ANTIMUSCARINICS/ANTISPASMODICS	273	$ 81,186.50	$ 297.39	0.18%
VIMPAT	ANTICONVULSANTS, MISCELLANEOUS	156	$ 77,022.67	$ 493.74	0.11%
TOTAL TOP 25		15,724	$ 4,560,085.60	$ 290.01	10.62%

Total Rx Claims From 01/01/2015 - 03/31/2015	148,008

Top 10 Drugs
Based on Total Claims Cost



PCSK9 INHIBITORS PA FORM

health information designs

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
855-207-0250
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for PCSK9 inhibitors must meet the following criteria:

- **Patient must have a confirmed diagnosis of heterozygous familial hypercholesterolemia.**
- **Requires step therapy.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	**Recipient Date of Birth**	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber NPI	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage:	**FDA approved indication for this request:**		
List all failed medications and dosage:			
Prescriber (or Staff) / Pharmacy Signature		Date	

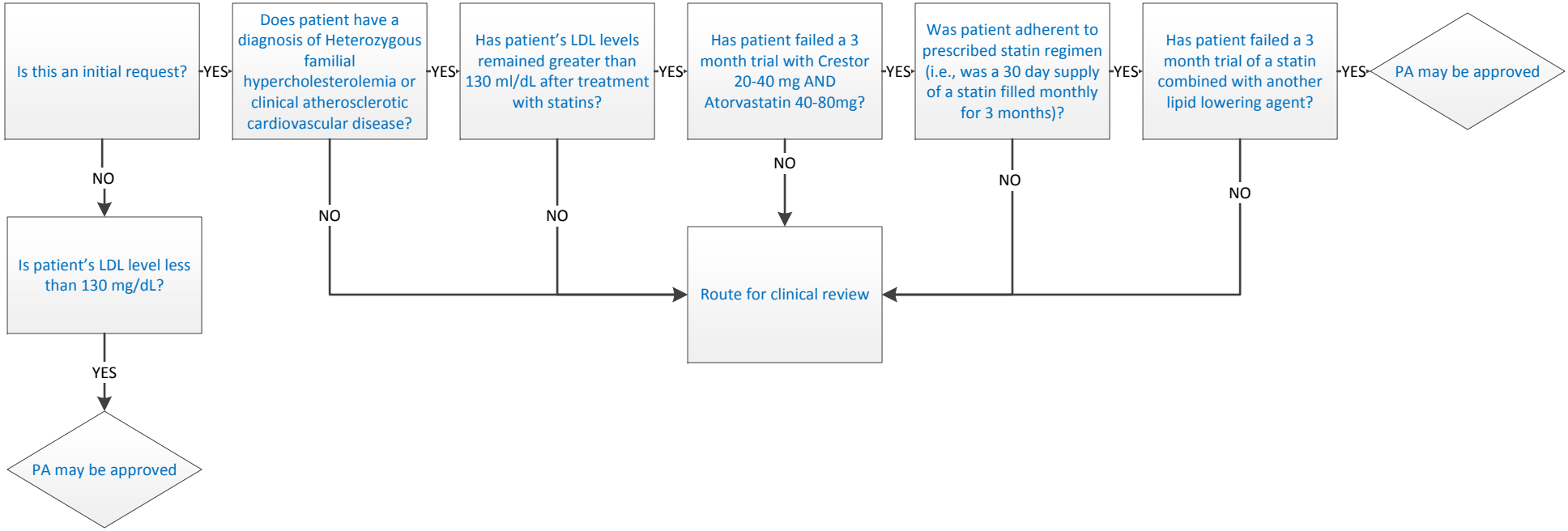
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
PSCK9 Inhibitors Authorization Algorithm



INJECTABLE ANTICOAGULANTS PA FORM

health information designs

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
855-207-0250
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for injectable anticoagulants must meet the following criteria:

- **Patient must have an FDA approved indication.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber NPI	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage:	**FDA approved indication for this request:** **Does the patient have an indication that cannot be treated with Lovenox?** **Does the patient need Extended Treatment for Symptomatic Venous Thromboembolism in Patients with Cancer? □ YES □ NO**		
History of preferred agents (drug name, dates of trial, reason for failure):			
Prescriber (or Staff) / Pharmacy Signature		Date	

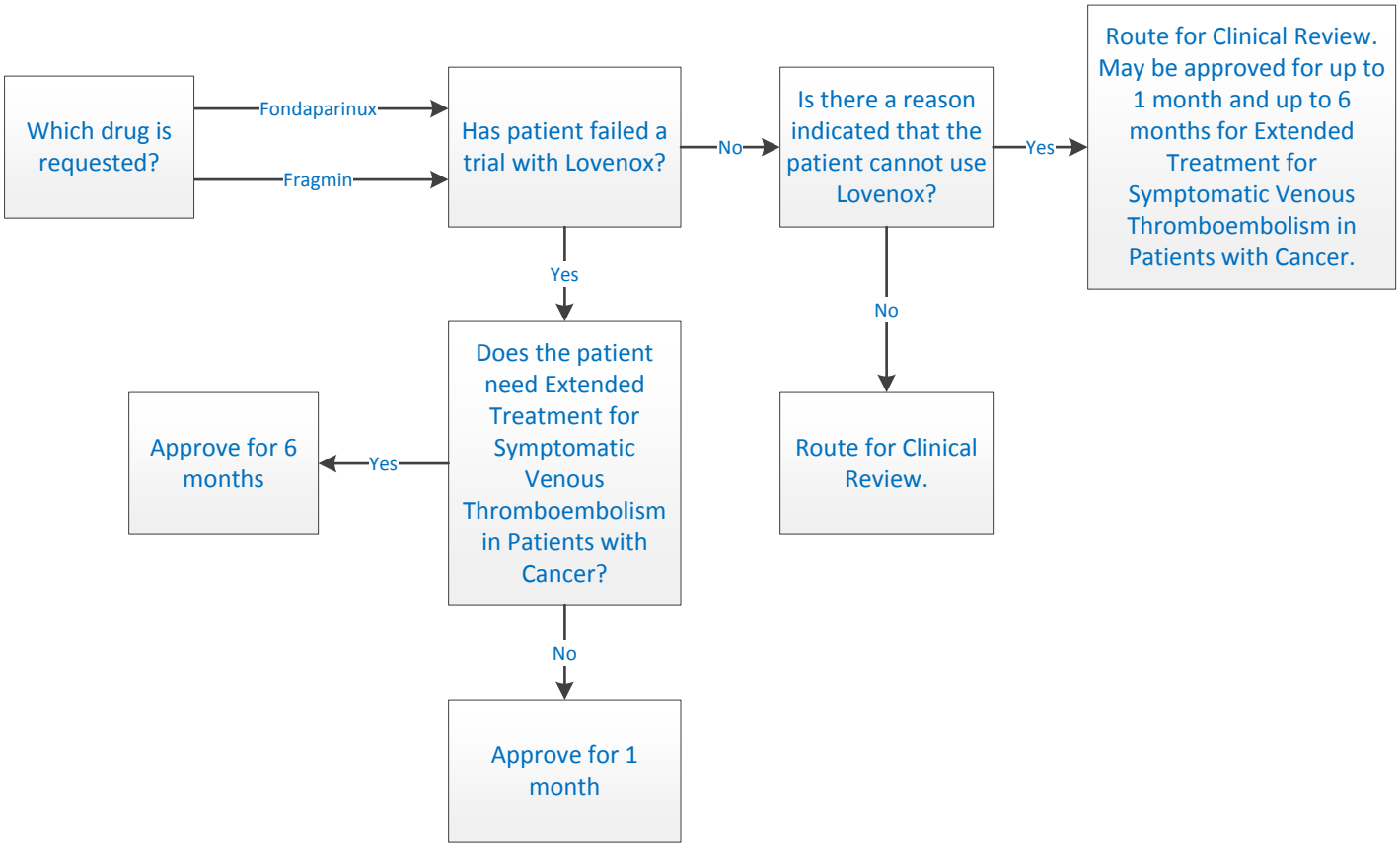
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Injectable Anticoagulants Authorization Algorithm



AKYNZEO PA FORM

health information designs

Fax Completed Form to:
855-207-0250
For questions regarding this Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients receiving a new prescription for Akynzeo must meet the following criteria:

- **Patient must have an FDA approved indication.**
- **Requires step therapy.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber NPI	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage:	**FDA approved indication for this request:**		
	Is the patient receiving moderate or highly emetogenic chemotherapy? □ YES □ NO **Date of final chemotherapy treatment _____**		
History of preferred agents (drug name, dates of trial, reason for failure):			
Prescriber (or Staff) / Pharmacy Signature	Date		

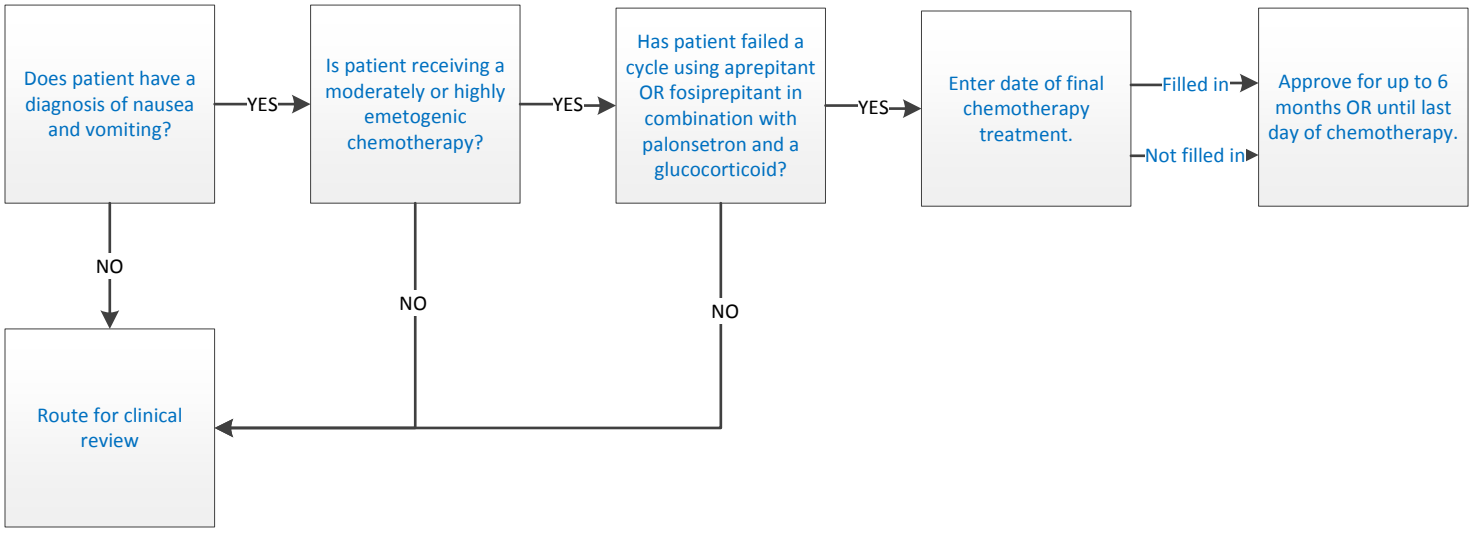
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Akynzeo Authorization Algorithm



NUVESSA PA FORM

health information designs

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
855-207-0250
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for Nuvessa must meet the following criteria:

- **Patient must have an FDA approved indication.**
- **Requires step therapy.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name			
Prescriber NPI	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage:	**FDA approved indication for this request:**		
	Is the patient pregnant? □ **YES** □ **NO**		
History of preferred agents (drug name, dates of trial, reason for failure):			
Prescriber (or Staff) / Pharmacy Signature	Date		

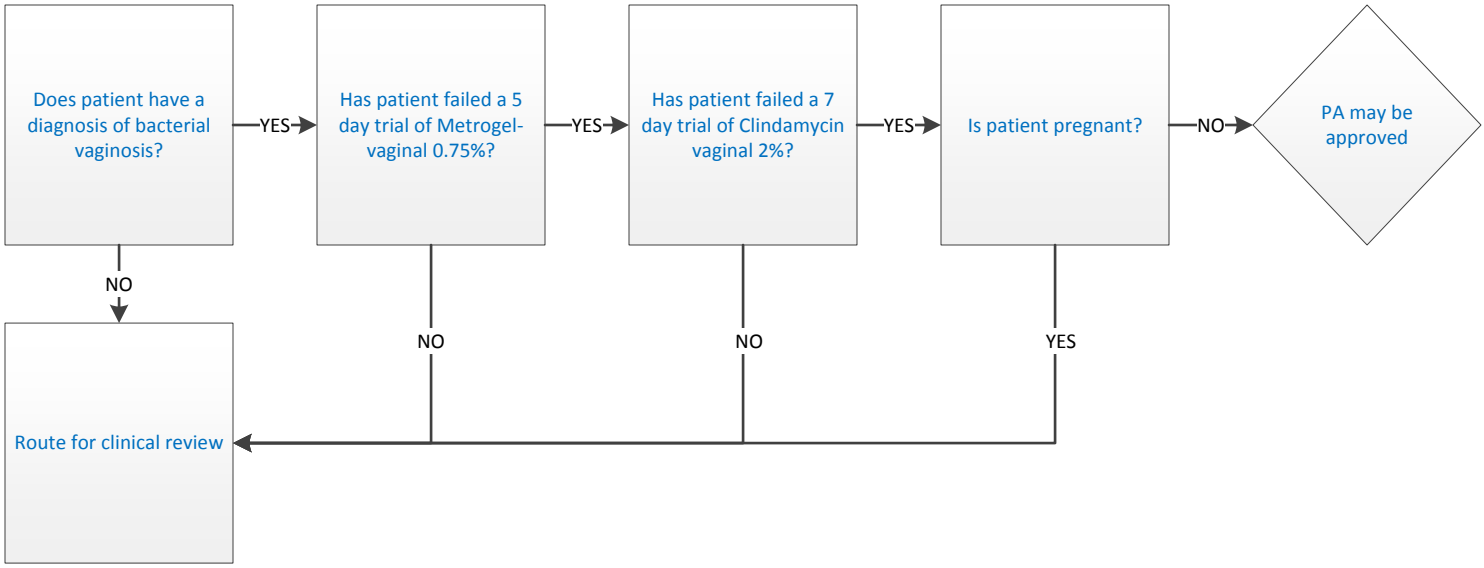
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Nuvessa Authorization Algorithm



MEDICATIONS > $3,000
PA FORM

health information designs

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
855-207-0250
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for medications that cost >$3,000 must meet the following criteria:

- **Patient must have an FDA approved indication for the medication requested.**
- **May be subject to additional criteria. See PA criteria for complete details.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
Physician Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ PROCYSBI □ RAVICTI □ CHOLBAM □ JUXTAPID □ KYNAMRO □ ARCALYST □ NATPARA □ QUTENZA	**FDA approved indication for this request:**		
Physician Signature		Date	

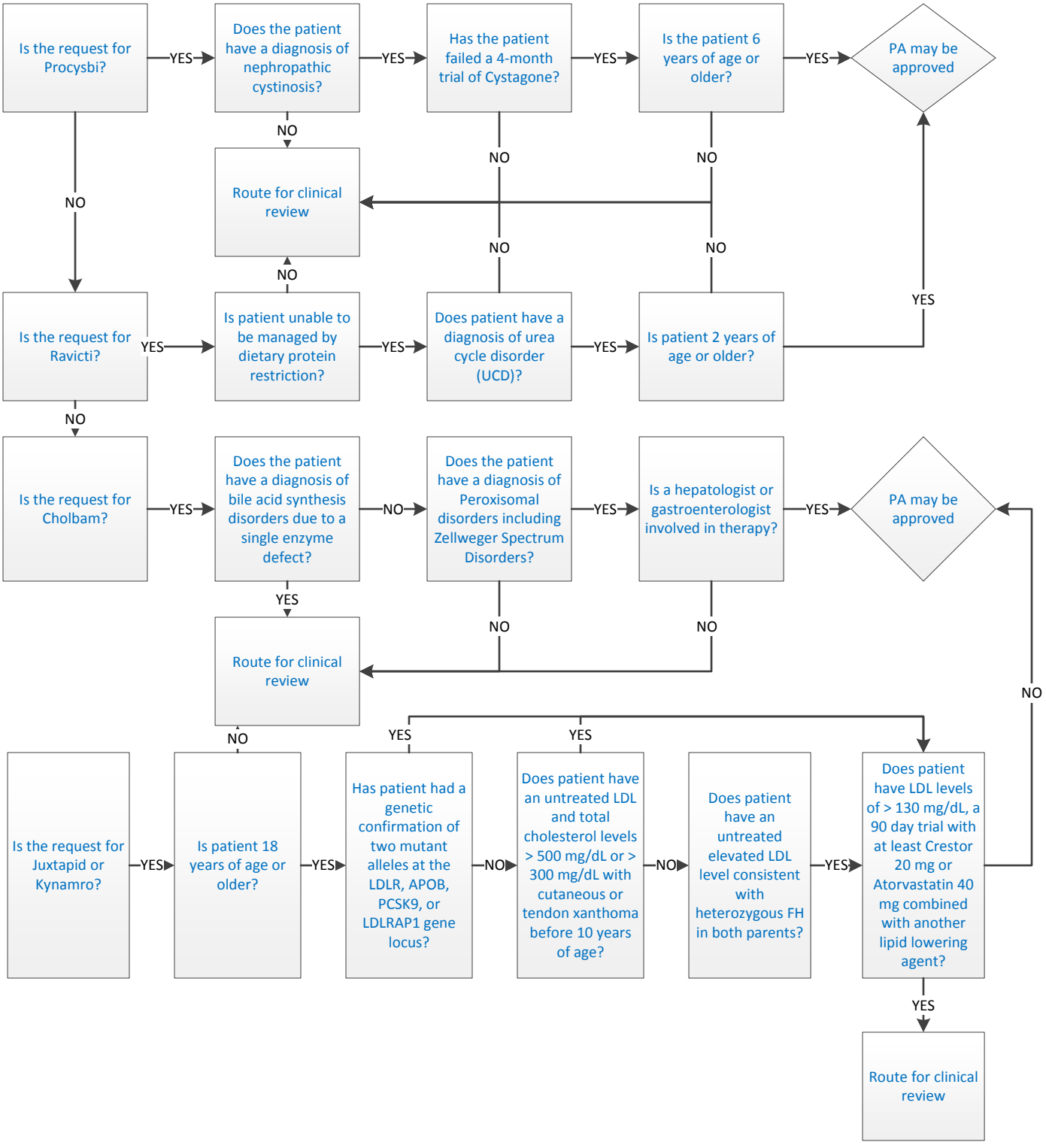
Part II: TO BE COMPLETED BY PHARMACY

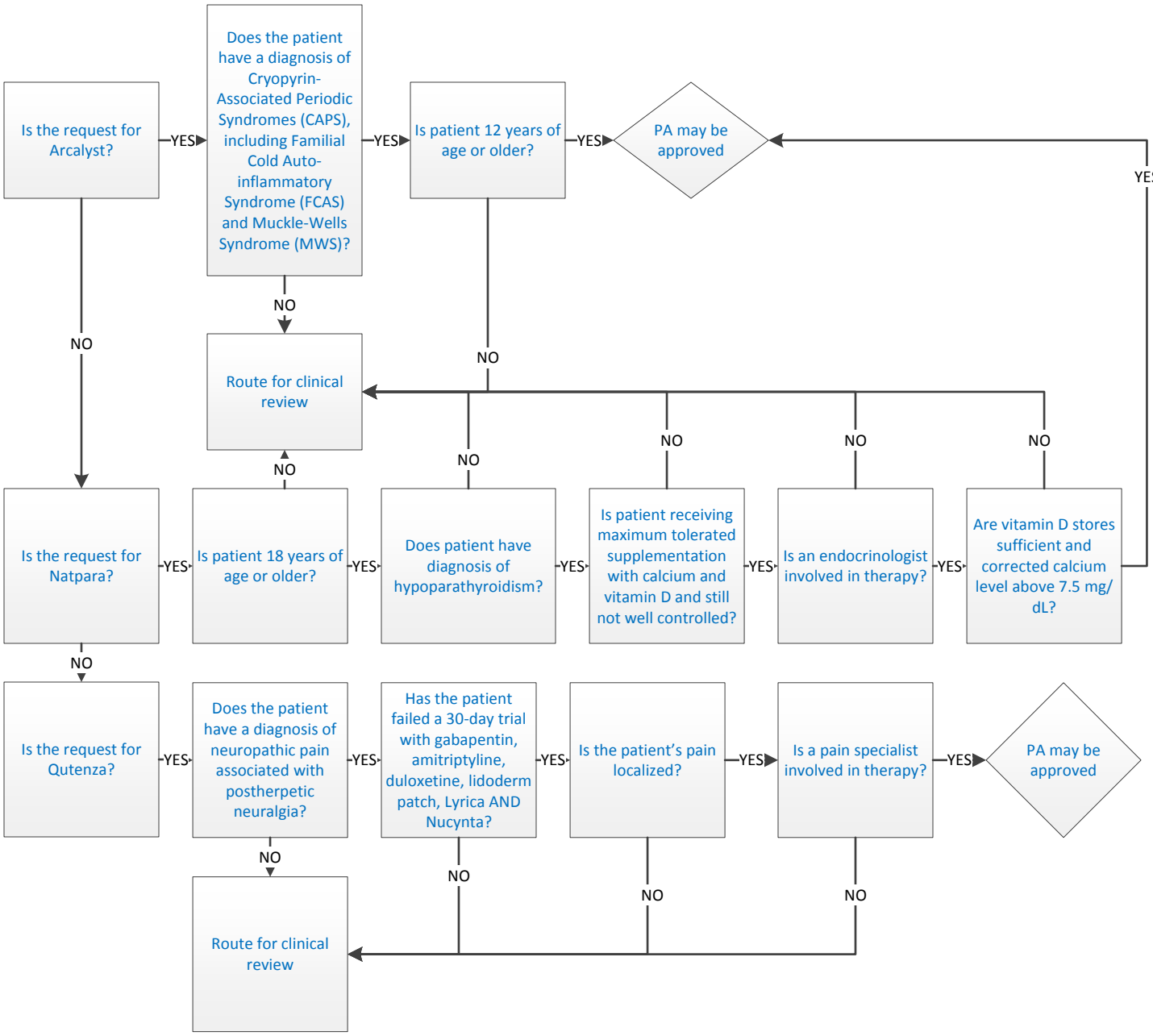
PHARMACY NAME (REQUIRED)			ND MEDICAID PROVIDER NUMBER (REQUIRED)
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC # (REQUIRED)

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Meds > $3,000 Authorization Algorithm

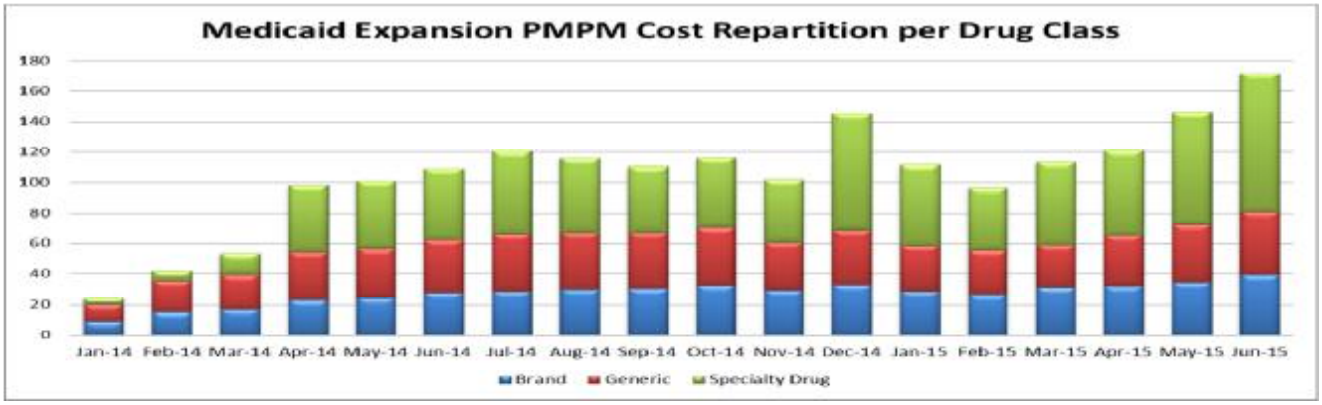


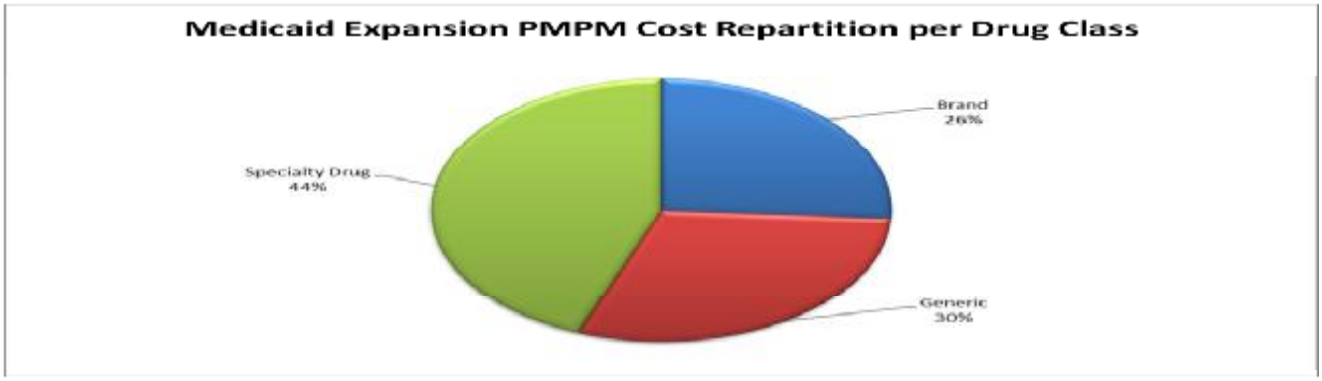

Is the request for Arcalyst?
YES
Does the patient have a diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS)?
YES
Is patient 12 years of age or older?
YES
PA may be approved
YES
NO
NO
Route for clinical review
NO
NO
NO
NO
NO
Is the request for Natpara?
YES
Is patient 18 years of age or older?
YES
Does patient have diagnosis of hypoparathyroidism?
YES
Is patient receiving maximum tolerated supplementation with calcium and vitamin D and still not well controlled?
YES
Is an endocrinologist involved in therapy?
YES
Are vitamin D stores sufficient and corrected calcium level above 7.5 mg/dL?
NO
Is the request for Qutenza?
YES
Does the patient have a diagnosis of neuropathic pain associated with postherpetic neuralgia?
YES
Has the patient failed a 30-day trial with gabapentin, amitriptyline, duloxetine, lidoderm patch, Lyrica AND Nucynta?
YES
Is the patient's pain localized?
YES
Is a pain specialist involved in therapy?
YES
PA may be approved
NO
Route for clinical review
NO
NO
NO

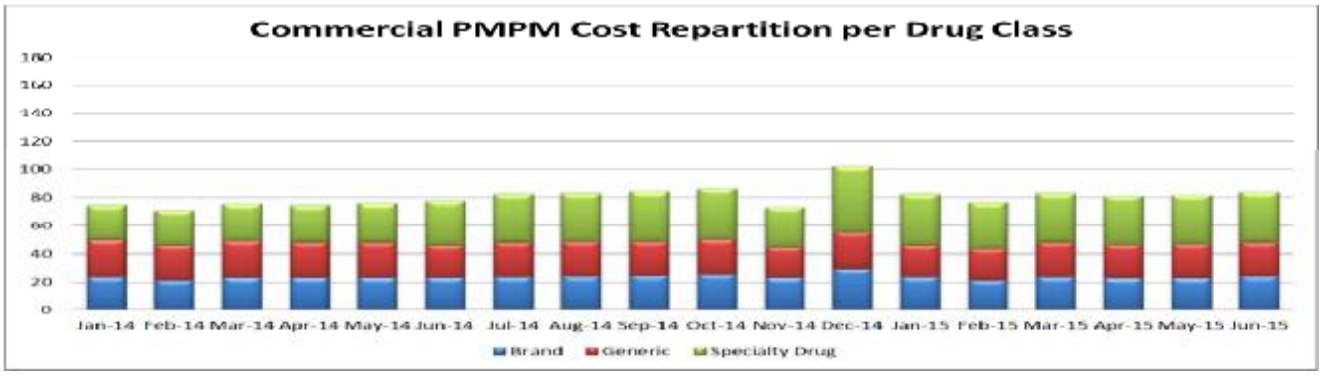
SANFORD HEALTH

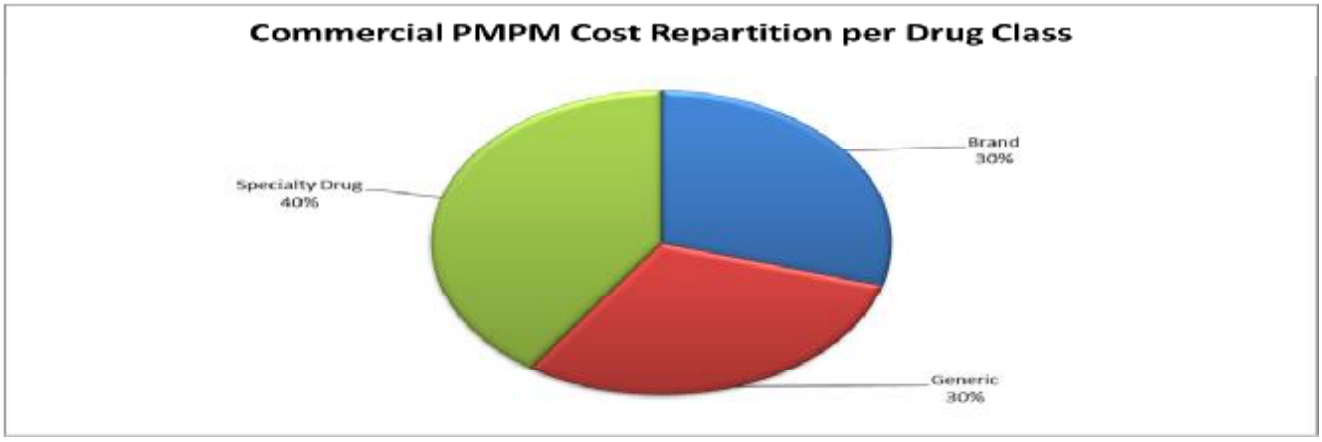
Pharmacy Cost for Medicaid Expansion and Commercial Line of Business Comparison (January 2014 – June 2015)

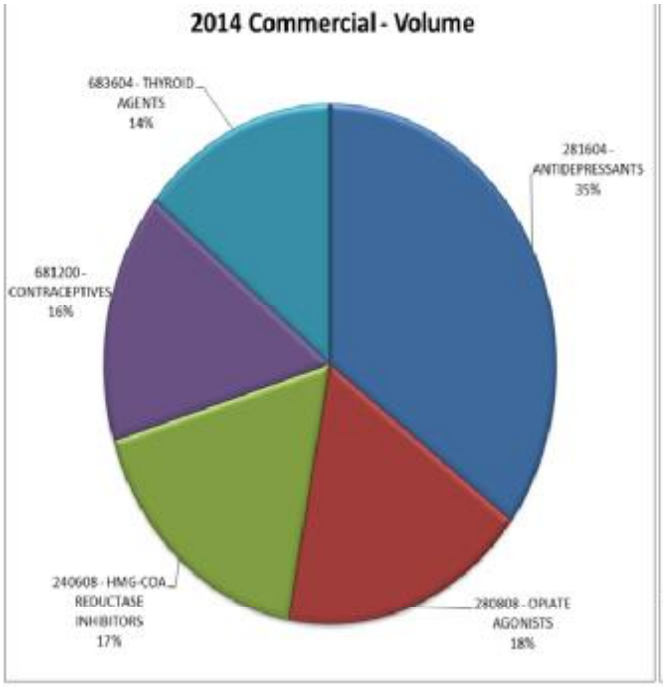
Per Member Per Month information

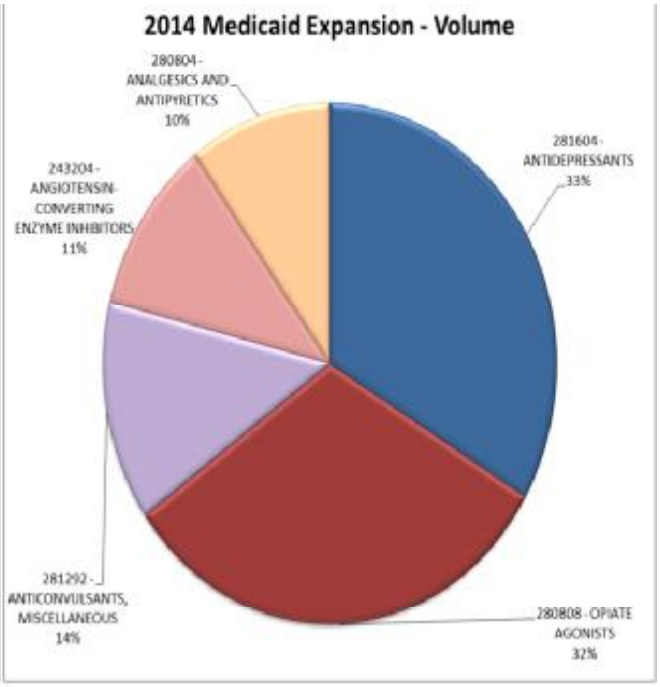


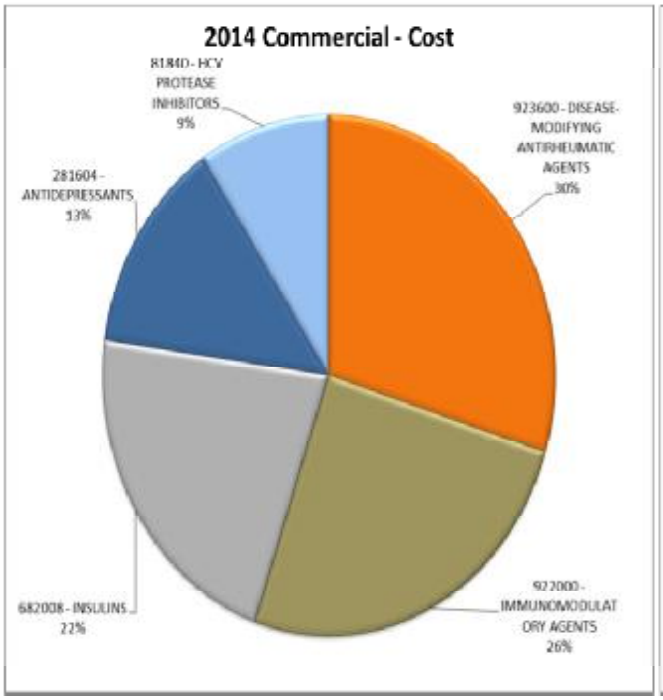


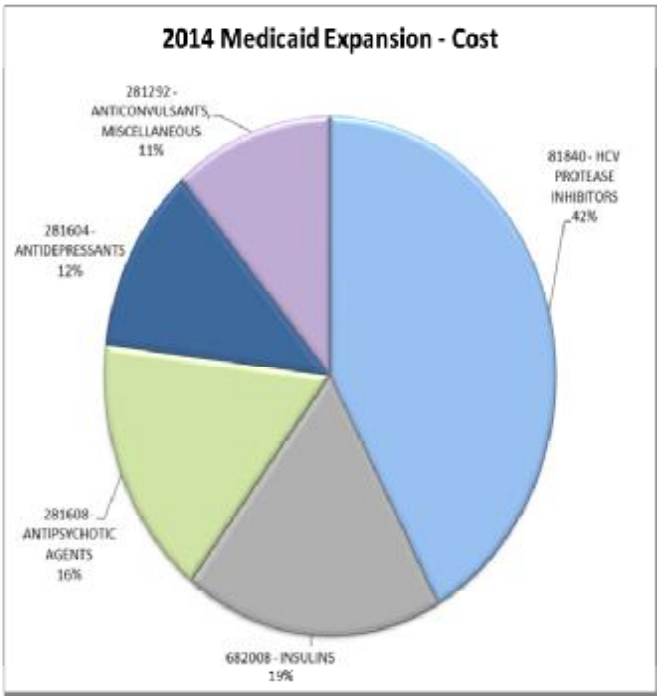


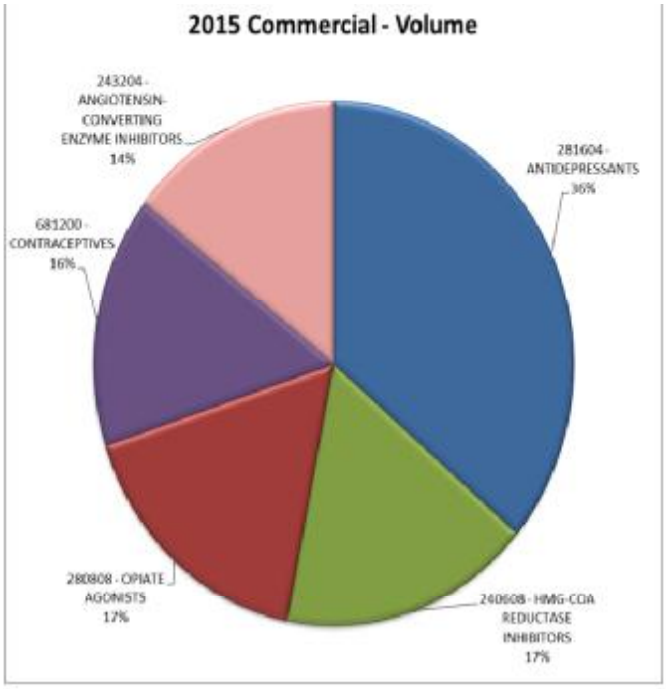


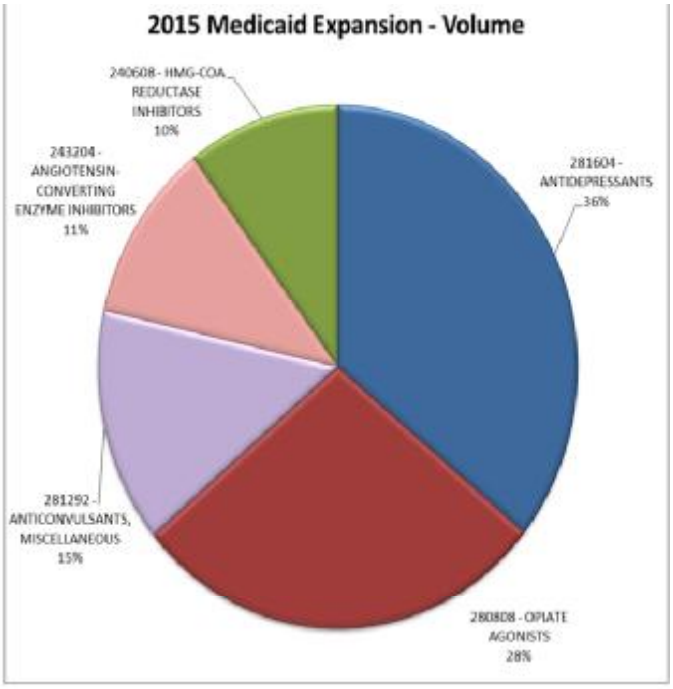

2014 Commercial - Volume
683604 - THYROID AGENTS 14%
281604 - ANTIDEPRESSANTS 35%
681200 - CONTRACEPTIVES 16%
240608 - HMG-COA REDUCTASE INHIBITORS 17%
280808 - OPIATE AGONISTS 18%

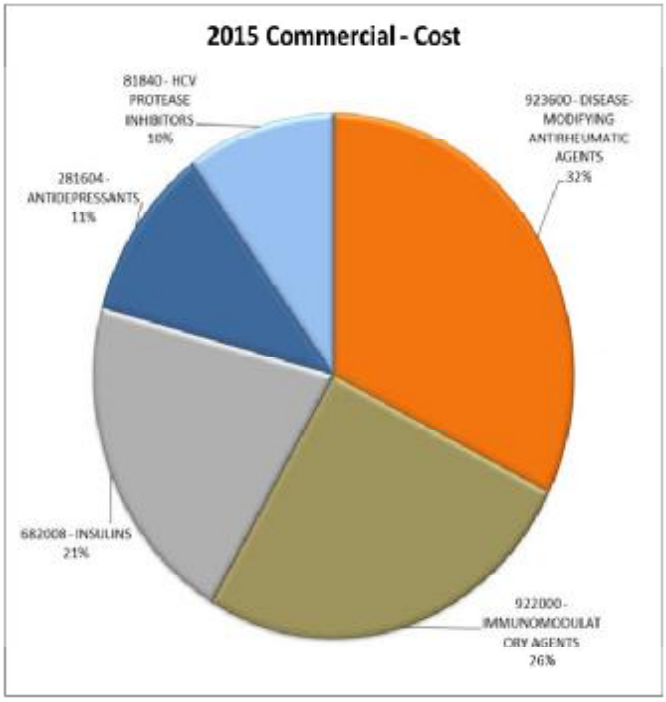

2014 Medicaid Expansion - Volume
280804 - ANALGESICS AND ANTIPYRETICS 10%
281604 - ANTIDEPRESSANTS 33%
243204 - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS 11%
281292 - ANTICONVULSANTS, MISCELLANEOUS 14%
280808 - OPIATE AGONISTS 32%

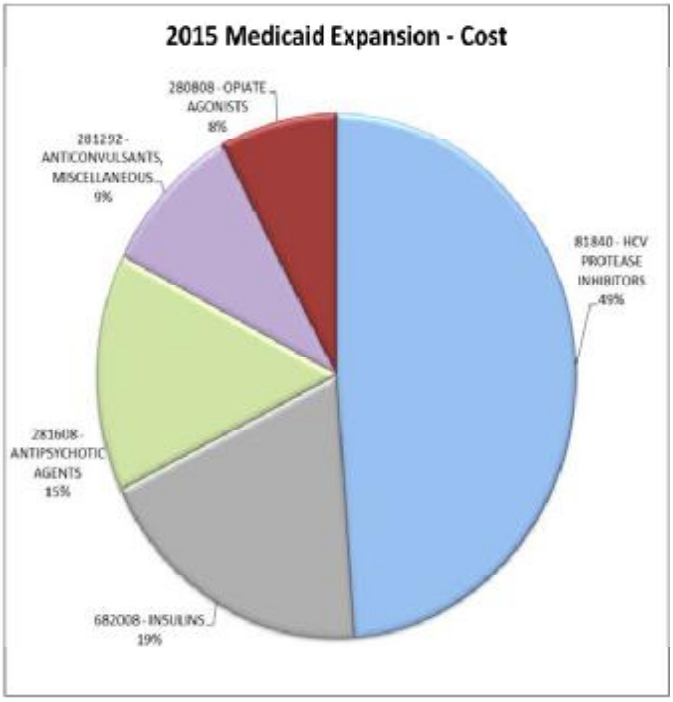

2014 Commercial - Cost
81840 - HCV PROTEASE INHIBITORS 9%
923600 - DISEASE-MODIFYING ANTIRHEUMATIC AGENTS 30%
281604 - ANTIDEPRESSANTS 13%
682008 - INSULINS 22%
922000 - IMMUNOMODULATORY AGENTS 26%


2014 Medicaid Expansion - Cost
281292 - ANTICONVULSANTS, MISCELLANEOUS 11%
81840 - HCV PROTEASE INHIBITORS 42%
281604 - ANTIDEPRESSANTS 12%
281608 - ANTIPSYCHOTIC AGENTS 16%
682008 - INSULINS 19%


2015 Commercial - Volume
243204 - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS 14%
281604 - ANTIDEPRESSANTS 36%
681200 - CONTRACEPTIVES 16%
280808 - OPIATE AGONISTS 17%
240608 - HMG-COA REDUCTASE INHIBITORS 17%


2015 Medicaid Expansion - Volume
240608 - HMG-COA REDUCTASE INHIBITORS 10%
243204 - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS 11%
281604 - ANTIDEPRESSANTS 36%
281292 - ANTICONVULSANTS, MISCELLANEOUS 15%
280808 - OPIATE AGONISTS 28%


2015 Commercial - Cost
81840 - HCV PROTEASE INHIBITORS 10%
923600 - DISEASE-MODIFYING ANTIRHEUMATIC AGENTS 32%
281604 - ANTIDEPRESSANTS 11%
682008 - INSULINS 21%
922000 - IMMUNOMODULATORY AGENTS 26%


2015 Medicaid Expansion - Cost
280808 - OPIATE AGONISTS 8%
281292 - ANTICONVULSANTS, MISCELLANEOUS 9%
81840 - HCV PROTEASE INHIBITORS 49%
281608 - ANTIPSYCHOTIC AGENTS 15%
682008 - INSULINS 19%

Therapeutic Classes Description

	281604 - ANTIDEPRESSANTS
	280808 - OPIATE AGONISTS
	240608 - HMG-COA REDUCTASE INHIBITORS
	681200 - CONTRACEPTIVES
	683604 - THYROID AGENTS
	923600 - DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
	922000 - IMMUNOMODULATORY AGENTS
	682008 - INSULINS
	81840 - HCV PROTEASE INHIBITORS
	243204 - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
	281608 - ANTIPSYCHOTIC AGENTS
	281292 - ANTICONVULSANTS, MISCELLANEOUS
	280804 - ANALGESICS AND ANTIPYRETICS

Medicaid Expansion Top 5 Therapeutic classes

Top 10 by volume			
Description	Utilization Volume	Cost	Year Filled
281604 - ANTIDEPRESSANTS	21,381	792,789	2014
280808 - OPIATE AGONISTS	20,203	640,755	2014
281292 - ANTICONVULSANTS, MISCELLANEOUS	8,743	773,262	2014
243204 - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	7,013	66,563	2014
280804 - ANALGESICS AND ANTIPYRETICS	6,501	195,556	2014
	63,841	2,468,925	

Top 10 by cost			
Description	Utilization Volume	Cost	Year Filled
81840 - HCV PROTEASE INHIBITORS	82	2,853,414	2014
682008 - INSULINS	3,408	1,256,727	2014
281608 - ANTIPSYCHOTIC AGENTS	3,289	1,109,506	2014
281604 - ANTIDEPRESSANTS	21,381	792,789	2014
281292 - ANTICONVULSANTS, MISCELLANEOUS	8,743	773,262	2014
	36,903	6,785,698	

Top 10 by volume			
Description	Utilization Volume	Cost	Year Filled
281604 - ANTIDEPRESSANTS	20,282	542,880	2015
280808 - OPIATE AGONISTS	15,904	581,411	2015
281292 - ANTICONVULSANTS, MISCELLANEOUS	8,225	698,782	2015
243204 - ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	6,373	43,617	2015
240608 - HMG-COA REDUCTASE INHIBITORS	5,811	126,852	2015
	56,595	1,993,543	

Top 10 by cost			
Description	Utilization Volume	Cost	Year Filled
81840 - HCV PROTEASE INHIBITORS	112	3,571,619	2015
682008 - INSULINS	3,287	1,391,667	2015
281608 - ANTIPSYCHOTIC AGENTS	3,138	1,075,662	2015
281292 - ANTICONVULSANTS, MISCELLANEOUS	8,225	698,782	2015
280808 - OPIATE AGONISTS	15,904	581,411	2015
	30,666	7,319,141	

Top 20 Medications by Total Cost

Prog#: MD **Special Group:**

Group/Div No: all **From: 2014/01 through 2014/12**

Drug Name	Most Common Use	Brand/ Generic	Generic Available	Tot Paid by Plan	Tot Paid by Mem	Mos Supply	Plan Avg 30 Day Cost	Mem Avg 30 Day Cost
SOVALDI	Hepatitis C	S	N	$2,081,450.00	$210.00	70	$29,735.00	$3.00
HARVONI	Hepatitis C	S	N	$901,124.00	$81.00	27	$33,374.96	$3.00
ABILIFY	Mental Illness	S	N	$479,587.13	$1,911.00	644	$744.70	$2.97
NOVOLOG FLEXPEN	Diabetes	S	N	$321,241.78	$2,172.00	877	$366.30	$2.48
LYRICA	Nerve Pain	S	N	$281,112.66	$2,862.00	972	$289.21	$2.94
LANTUS SOLOSTAR	Diabetes	S	N	$277,244.91	$2,241.00	868	$319.41	$2.58
ADVAIR DISKUS	Asthma	S	N	$243,850.35	$2,532.00	872	$279.64	$2.90
GABAPENTIN	Seizures	G	Y	$236,831.67	$15.00	4,839	$48.94	$0.00
DULOXETINE HCL	Antidepressant	G	Y	$217,045.07	$0.00	1,668	$130.12	$0.00
HUMIRA	Rheumatoid Arthritis	S	N	$195,661.66	$189.00	63	$3,105.74	$3.00
LEVEMIR FLEXPEN	Diabetes	S	N	$159,083.11	$1,032.00	458	$347.34	$2.25
HYDROCODONE-ACETAMINO	Pain	G	Y	$140,300.94	$0.00	8,795	$15.95	$0.00
OLYSIO	Hepatitis C	S	N	$138,173.43	$18.00	6	$23,028.91	$3.00
QUETIAPINE FUMARATE	Mental Illness	G	Y	$129,100.50	$0.00	1,266	$101.98	$0.00
ENOXAPARIN SODIUM	Anticoagulant	G	Y	$125,575.19	$0.00	147	$854.25	$0.00
SPIRIVA	Chronic Lung Disease	S	N	$120,731.30	$1,413.00	471	$256.33	$3.00
LANTUS	Diabetes	S	N	$119,428.94	$3.00	363	$329.01	$0.01
SYMBICORT	Asthma	S	N	$118,395.03	$1,422.00	477	$248.21	$2.98
HUMALOG	Diabetes	S	N	$114,315.03	$579.00	377	$303.22	$1.54
OMEPRAZOLE	Heartburn or Ulcers	G	Y	$114,121.21	$0.00	4,422	$25.81	$0.00
		Top 20 Total		**$6,514,373.91**	**$16,680.00**	**27,682**	**$235.57**	**$0.60**

The information on this report represents the most common indication of each drug listed. However, please keep in mind that many drugs have multiple purposes and may be taken for conditions other than indicated on this report. The indications are provided for the top drugs processed with members enrolled in Sanford Health Plan.

B = Brand
G = Generic
N = Non-Specified
O = Over the Counter (ie. Diabetic Supplies)
S = Single-source Brand

Top 20 Medications by Total Cost

Prog#: MD **Special Group:**

Group/Div No: all **From: 2015/01 through 2015/12**

Drug Name	Most Common Use	Brand/ Generic	Generic Available	Tot Paid by Plan	Tot Paid by Mem	Mos Supply	Plan Avg 30 Day Cost	Mem Avg 30 Day Cost
SOVALDI	Hepatitis C	S	N	$1,787,119.00	$153.00	62	$28,824.50	$2.47
HARVONI	Hepatitis C	S	N	$1,390,904.90	$117.00	43	$32,346.63	$2.72
VIEKIRA PAK	Hepatitis C	S	N	$1,031,786.28	$90.00	36	$28,660.73	$2.50
NOVOLOG FLEXPEN	Diabetes	S	N	$561,729.84	$3,000.00	1,291	$435.11	$2.32
LEVEMIR FLEXTOUCH	Diabetes	S	N	$448,372.17	$1,929.00	969	$462.72	$1.99
HUMIRA	Rheumatoid Arthritis	S	N	$423,331.23	$321.00	109	$3,883.77	$2.94
LYRICA	Nerve Pain	S	N	$366,295.21	$2,697.00	1,199	$305.50	$2.25
ABILIFY	Mental Illness	S	N	$355,876.17	$1,182.00	451	$789.08	$2.62
LANTUS SOLOSTAR	Diabetes	S	N	$340,938.80	$2,631.00	1,001	$340.60	$2.63
GABAPENTIN	Seizures	G	Y	$244,599.69	$0.00	5,417	$45.15	$0.00
ADVAIR DISKUS	Asthma	S	N	$227,536.13	$2,148.00	853	$266.75	$2.52
ARIPIPRAZOLE	Mental Illness	G	Y	$203,714.51	$0.00	305	$667.92	$0.00
HYDROCODONE-ACETAMINO	Pain	G	Y	$172,044.94	$0.00	7,561	$22.75	$0.00
SYMBICORT	Asthma	S	N	$155,817.78	$1,650.00	618	$252.13	$2.67
VICTOZA	Diabetes	S	N	$149,852.33	$846.00	300	$499.51	$2.82
LATUDA	Mental Illness	S	N	$142,865.00	$444.00	157	$909.97	$2.83
ONETOUCH ULTRA TEST ST	Diabetes	S	N	$133,274.19	$0.00	1,281	$104.04	$0.00
VYVANSE	ADHD	S	N	$130,885.54	$1,662.00	646	$202.61	$2.57
ATRIPLA	HIV	S	N	$124,756.57	$168.00	56	$2,227.80	$3.00
SPIRIVA	Chronic Lung Disease	S	N	$124,199.98	$1,233.00	509	$244.01	$2.42
		Top 20 Total		**$8,515,900.26**	**$20,271.00**	**22,864**	**$372.46**	**$0.89**

The information on this report represents the most common indication of each drug listed. However, please keep in mind that many drugs have multiple purposes and may be taken for conditions other than indicated on this report. The indications are provided for the top drugs processed with members enrolled in Sanford Health Plan.

B = Brand
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N = Non-Specified
O = Over the Counter (ie. Diabetic Supplies)
S = Single-source Brand

Top 20 Medications by Number of Fills

Prog#: MD **Special Group:**

Group/Div No: MD **From: 2014/01 through 2014/12**

Drug Name	Most Common Use	Brand/ Generic	Generic Available	Tot Paid by Plan	Tot Paid by Mem	Mos Supply	Plan Avg 30 Day Cost	Mem Avg 30 Day Cost
HYDROCODONE-ACETAMINO	Pain	G	Y	$140,300.94	$0.00	8,795	$15.95	$0.00
LISINOPRIL	High Blood Pressure	G	Y	$36,631.47	$0.00	5,412	$6.77	$0.00
GABAPENTIN	Seizures	G	Y	$236,831.67	$15.00	4,839	$48.94	$0.00
OMEPRAZOLE	Heartburn or Ulcers	G	Y	$114,121.21	$0.00	4,422	$25.81	$0.00
TRAMADOL HCL	Pain	G	N	$75,989.39	$0.00	3,855	$19.71	$0.00
METFORMIN HCL	Diabetes	G	Y	$32,781.56	$0.00	3,121	$10.50	$0.00
ATORVASTATIN CALCIUM	High Cholesterol	G	Y	$99,850.20	$0.00	2,987	$33.43	$0.00
LEVOTHYROXINE SODIUM	Thyroid	G	Y	$44,706.79	$0.00	2,947	$15.17	$0.00
SERTRALINE HCL	Depression	G	N	$18,513.20	$0.00	2,923	$6.33	$0.00
CYCLOBENZAPRINE HCL	Muscle Relaxant	G	Y	$28,720.59	$0.00	2,907	$9.88	$0.00
CLONAZEPAM	Seizures	G	Y	$47,630.65	$0.00	2,707	$17.60	$0.00
TRAZODONE HCL	Depression	G	Y	$19,913.95	$0.00	2,577	$7.73	$0.00
SIMVASTATIN	High Cholesterol	G	N	$17,571.82	$0.00	2,367	$7.42	$0.00
OXYCODONE-ACETAMINOPH	Pain	G	Y	$53,389.74	$0.00	2,352	$22.70	$0.00
FLUOXETINE HCL	Depression	G	Y	$34,907.66	$0.00	2,300	$15.18	$0.00
LORAZEPAM	Anxiety	G	Y	$34,346.52	$0.00	2,278	$15.08	$0.00
ALPRAZOLAM	Anxiety	G	Y	$51,268.84	$0.00	2,217	$23.13	$0.00
AMLODIPINE BESYLATE	Hypertension	G	Y	$24,923.05	$0.00	2,191	$11.38	$0.00
HYDROCHLOROTHIAZIDE	High Blood Pressure/ Diuretic	G	Y	$7,479.03	$0.00	2,182	$3.43	$0.00
CITALOPRAM HBR	Depression	G	Y	$15,240.86	$0.00	2,048	$7.44	$0.00
		Top 20 Total		**$1,135,119.14**	**$15.00**	**65,427**	**$17.51**	**$0.00**

The information on this report represents the most common indication of each drug listed. However, please keep in mind that many drugs have multiple purposes and may be taken for conditions other than indicated on this report. The indications are provided for the top drugs processed with members enrolled in Sanford Health Plan.

B = Brand
G = Generic
N = Non-Specified
O = Over the Counter (ie. Diabetic Supplies)
S = Single-source Brand

Top 20 Medications by Number of Fills

Prog#: MD **Special Group:**

Group/Div No: MD **From: 2015/01 through 2015/12**

Drug Name	Most Common Use	Brand/ Generic	Generic Available	Tot Paid by Plan	Tot Paid by Mem	Mos Supply	Plan Avg 30 Day Cost	Mem Avg 30 Day Cost
HYDROCODONE-ACETAMINO	Pain	G	Y	$172,044.94	$0.00	7,561	$22.75	$0.00
LISINOPRIL	High Blood Pressure	G	Y	$29,038.60	$0.00	5,549	$5.23	$0.00
GABAPENTIN	Seizures	G	Y	$244,599.69	$0.00	5,417	$45.15	$0.00
OMEPRAZOLE	Heartburn or Ulcers	G	Y	$109,355.72	$0.00	5,038	$21.71	$0.00
ATORVASTATIN CALCIUM	High Cholesterol	G	Y	$68,850.02	$0.00	3,983	$17.29	$0.00
TRAMADOL HCL	Pain	G	N	$76,087.86	$0.00	3,775	$20.16	$0.00
LEVOTHYROXINE SODIUM	Thyroid	G	Y	$49,469.80	$0.00	3,454	$14.32	$0.00
METFORMIN HCL	Diabetes	G	Y	$32,134.19	$0.00	3,416	$9.41	$0.00
CYCLOBENZAPRINE HCL	Muscle Relaxant	G	Y	$44,674.66	$0.00	3,205	$13.94	$0.00
SERTRALINE HCL	Depression	G	N	$17,192.79	$0.00	3,200	$5.37	$0.00
OXYCODONE-ACETAMINOPH	Pain	G	Y	$122,611.00	$0.00	2,831	$43.31	$0.00
TRAZODONE HCL	Depression	G	Y	$29,081.12	$0.00	2,803	$10.37	$0.00
FLUOXETINE HCL	Depression	G	Y	$48,693.02	$0.00	2,712	$17.95	$0.00
AMLODIPINE BESYLATE	Hypertension	G	Y	$15,812.63	$0.00	2,635	$6.00	$0.00
CLONAZEPAM	Seizures	G	Y	$42,127.02	$0.00	2,633	$16.00	$0.00
ESCITALOPRAM OXALATE	Depression	G	Y	$50,092.25	$0.00	2,411	$20.78	$0.00
HYDROCHLOROTHIAZIDE	High Blood Pressure/ Diuretic	G	Y	$7,526.82	$0.00	2,339	$3.22	$0.00
SIMVASTATIN	High Cholesterol	G	N	$8,994.73	$0.00	2,283	$3.94	$0.00
BUPROPION XL	Antidepressant	G	Y	$79,791.56	$0.00	2,277	$35.04	$0.00
LORAZEPAM	Anxiety	G	Y	$25,801.38	$0.00	2,268	$11.38	$0.00
		Top 20 Total		**$1,273,979.80**	**$0.00**	**69,790**	**$18.26**	**$0.00**

The information on this report represents the most common indication of each drug listed. However, please keep in mind that many drugs have multiple purposes and may be taken for conditions other than indicated on this report. The indications are provided for the top drugs processed with members enrolled in Sanford Health Plan.

B = Brand
G = Generic
N = Non-Specified
O = Over the Counter (ie. Diabetic Supplies)
S = Single-source Brand

Formulary

for ND Medicaid Expansion members

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug formulary that is the core of your pharmacy benefit coverage. In addition to using this list, allowing substitution of generic products is encouraged when appropriate.

Generic drugs are indicated in bold. Tier 2 co-payment will apply to all of the covered brands listed on this formulary. Brand name drugs are listed in CAPITAL letters.

This is NOT a complete listing of covered drugs. For a complete list of medications, you can go to www.sanfordhealthplan.com/myhealthplan and link to the Express Scripts website. If you have questions regarding coverage call (855) 276-7214.

Table of Contents

Abbreviations

Tier 1: Generic Copay
Tier 2: Preferred Brand Name Copay
Tier 3: Non-Preferred Brand Name Copay
PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
SP: Specialty drugs are defined as injectable and non-injectable drugs that have one or more of several key characteristics, including:

- Requirement for frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes.
- Need for intensive patient training and compliance assistance to facilitate therapeutic goals.
- Limited or exclusive product availability and distribution.
- Specialized product handling and/or administration requirements.
- Cost in excess of $500 for a 30-day supply

ST: Step Therapy. Program using protocols that specify the order in which different drugs for a given condition are prescribed. If a Member does not obtain the desired clinical effect or experiences side effects at one step, then the drug choice at another step may be tried. Step therapy requires the use of first-line alternatives before more expensive second-line drugs are covered by the pharmacy benefit.

Drug Name	Tier	PA/Step/QLs/SP
Anti-Infectives		
Antifungal Agents		
clotrimazole	1	
fluconazole	1	
griseofulvin microsize	1	
itraconazole	1	
ketoconazole	1	
nystatin	1	
terbinafine hcl	1	
voriconazole	1	
Antivirals		
abacavir	1	
abacavir-lamivudine-zidovudine	1	
acyclovir	1	
adefovir	1	
amantadine hcl	1	
ATRIPLA	2	
EMTRIVA	2	
EPZICOM	2	
famciclovir	1	
HARVONI	2	PA; SP
ISENTRESS	2	
KALETRA	2	
lamivudine	1	
lamivudine-zidovudine	1	
LEXIVA	2	
nevirapine	1	
NORVIR	2	
PREZISTA	2	
REYATAZ	2	
ribapak dose pack, ribasphere	1	SP
ribavirin	1	SP
SOVALDI	2	PA; SP
SUSTIVA	2	
TAMIFLU	2	
TRUVADA	2	
valacyclovir	1	
VALCYTE	2	
VIRACEPT	2	
VIREAD	2	
zidovudine	1	

Drug Name	Tier	PA/Step/QLs/SP
Cephalosporins		
cefaclor	1	
cefadroxil	1	
cefdinir	1	
cefpodoxime	1	
cefprozil	1	
CEFTIN	2	
cefuroxime axetil	1	
cephalexin	1	
Erythromycins & Other Macrolides		
azithromycin	1	
clarithromycin	1	
E.E.S. GRANULES	2	
ery-tab	1	
ERYPED 200	2	
erythromycin	1	
Miscellaneous Antiinfectives		
ALBENZA	2	
Atovaquone, -proguanil	1	
chloroquine phosphate	1	
clindamycin hcl	1	
DAPSONE	2	
ethambutol	1	
hydroxychloroquine	1	
isoniazid	1	
mefloquine	1	
metronidazole	1	
neomycin	1	
quinine sulfate	1	
rifampin	1	
STROMECTOL	2	
tinidazole	1	
ZYVOX	2	PA
Penicillins		
amoxicillin, -pot clavulanate	1	
ampicillin	1	
dicloxacillin	1	
penicillin v potassium	1	
Quinolones		
AVELOX/ ABC PACK	2	
ciprofloxacin hcl	1	

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Drug Name	Tier	PA/Step/QLs/SP
levofloxacin	1	
moxifloxacin	1	
Sulfa's & Related Agents		
sulfamethoxazole-trimethoprim	1	
Tetracyclines		
doxycycline, - hyclate, -monohydrate	1	
minocycline	1	
tetracycline	1	
Urinary Tract Agents		
MACRODANTIN	2	
methenamine, - hippurate, - mandaelate	1	
MONUROL	2	
nitrofurantoin, -macrocrystal	1	
trimethoprim	1	
Vancomycin		
vancomycin	1	
Antineoplastic & Immunosuppressant Drugs		
Adjunctive Agents		
leucovorin calcium	1	
Antineoplastic & Immunosuppressant Drugs		
anastrozole	1	
azathioprine	1	
bicalutamide	1	
cyclophosphamide	1	
cyclosporine	1	
exemestane	1	
flutamide	1	
gengraf	1	
hydroxyurea	1	
letrozole	1	
megestrol	1	
mercaptopurine	1	
methotrexate sodium	1	
mycophenolate mofetil	1	
RAPAMUNE	2	
tacrolimus	1	
tamoxifen	1	
Autonomic & CNS Drugs, Neurology & Psych		
Anticonvulsants		
carbamazepine	1	

Drug Name	Tier	PA/Step/QLs/SP
clonazepam	1	
diazepam	1	
divalproex	1	
epitol	1	
ethosuximide	1	
felbamate	1	
gabapentin	1	
lamotrigine	1	
levetiracetam	1	
LYRICA	2	
oxcarbazepine	1	
phenobarbital	1	
phenytoin/sodium extended	1	
primidone	1	
TEGRETOL XR	2	
tiagabine	1	
topiramate	1	
valproic acid	1	
VIMPAT	2	
zonisamide	1	
Antiparkinsonism Agents		
AZILECT	2	
benztropine	1	
bromocriptine	1	
carbidopa-levodopa, -entacapone	1	
entacapone	1	
pramipexole	1	
ropinirole	1	
selegiline hcl	1	
trihexyphenidyl	1	
Migraine & Cluster Headache Therapy		
isometh-dichloral-acetaminophn	1	
naratriptan	1	QL – Limit 9/Rx
RELPAX	2	QL – Limit 12/Rx
rizatriptan	1	QL – Limit 12/Rx
sumatriptan tablets	1	QL – Limit 12/Rx
sumatriptan injections	1	QL – Limit 1kit/Rx
sumatriptan nasal spray	1	QL – Limit 6/Rx
zolmitriptan	1	QL – Limit 12/Rx
Miscellaneous Neurological Therapy		
AUBAGIO	2	PA; SP

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Drug Name	Tier	PA/Step/QLs/SP
COPAXONE	2	PA; SP
donepezil	1	
galantamine	1	
NAMENDA	2	
rivastigmine tartrate	1	
Muscle Relaxants & Antispasmodic Therapy		
baclofen	1	
carisoprodol	1	
chlorzoxazone	1	
cyclobenzaprine	1	
dantrolene	1	
MESTINON TIMESPAN	2	
metaxalone	1	
methocarbamol	1	
orphenadrine citrate	1	
pyridostigmine bromide	1	
tizanidine	1	
Narcotic Analgesics		
ABSTRAL	2	
acetaminophen-codeine	1	
ascomp with codeine	1	
buprenorphine hcl	1	
butalbital compound w/codeine	1	
butalbital-acetaminop-caf-cod	1	
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
codeine sulfate	1	
BUTRANS	2	
endocet	1	
fentanyl patches	1	
FENTORA	2	
hydrocodone-acetaminophen	1	
hydrocodone-ibuprofen	1	
hydromorphone	1	
meperidine	1	
methadone	1	
morphine	1	
ONSOLIS	2	SP
oxycodone	1	
oxycodone-acetaminophen	1	

Drug Name	Tier	PA/Step/QLs/SP
oxycodone-aspirin	1	
OXYCONTIN	2	
oxymorphone	1	
reprexain	1	
ROXICET	2	
vicodin/es/hp	1	
zamicet	1	
Non-Narcotic Analgesics		
buprenorphine-naloxone	1	
butorphanol tartrate	1	
celecoxib	1	
diclofenac sodium	1	
diclofenac-misoprostol	1	
diflunisal	1	
etodolac	1	
FLECTOR	2	
flurbiprofen	1	
ibuprofen	1	
indomethacin	1	
ketoprofen	1	
ketorolac	1	
mefenamic acid	1	
meloxicam	1	
nabumetone	1	
naltrexone	1	
naproxen	1	
oxaprozin	1	
pentazocine-naloxone	1	
piroxicam	1	
salsalate	1	
SUBOXONE	2	
sulindac	1	
tramadol	1	
tramadol-acetaminophen	1	
VOLTAREN GEL	2	
Psychotherapeutic Drugs		
ABILIFY	2	
alprazolam	1	
amitriptyline	1	
amitriptyline-chlordiazepoxide	1	
amphetamine salt combo	1	

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Drug Name	Tier	PA/Step/QLs/SP
bupropion hcl	1	
buspirone	1	
chlordiazepoxide hcl	1	
chlorpromazine	1	
citalopram	1	
clomipramine	1	
clonidine hcl	1	
clorazepate dipotassium	1	
clozapine	1	
desipramine	1	
dexmethylphenidate	1	
dextroamphetamine	1	
dextroamphetamine-amphetamine	1	
diazepam	1	
doxepin	1	
duloxetine	1	
escitalopram oxalate	1	
estazolam	1	
eszopiclone	1	
fluoxetine	1	
fluphenazine hcl	1	
flurazepam	1	
fluvoxamine	1	
haloperidol	1	
imipramine hcl	1	
LATUDA	2	
lithium carbonate	1	
lorazepam	1	
loxapine succinate	1	
methylphenidate	1	
mirtazapine	1	
modafinil	1	
nefazodone	1	
nortriptyline	1	
olanzapine	1	
olanzapine-fluoxetine	1	
ORAP	2	
oxazepam	1	
paroxetine hcl	1	
perphenazine	1	
perphenazine-amitriptyline	1	
phenelzine	1	
PRISTIQ	2	ST
protriptyline	1	
quetiapine	1	
risperidone	1	
SEROQUEL XR	2	
sertraline	1	
STRATTERA	2	
temazepam	1	
thioridazine	1	
thiothixene	1	
tranylcypromine	1	
trazodone	1	
triazolam	1	
trifluoperazine	1	
venlafaxine	1	
VIIBRYD	2	ST
VYVANSE	2	
XYREM	2	SP
zaleplon	1	
ziprasidone hcl	1	
zolpidem	1	
Cardiovascular, Hypertension & Lipids		
Antiarrhythmic Agents		
amiodarone	1	
flecainide	1	
mexiletine	1	
MULTAQ	2	
pacerone	1	
propafenone	1	
sotalol	1	
TIKOSYN	2	
Antihypertensive Therapy		
acebutolol	1	
afeditab cr	1	
amiloride, -hctz	1	
amlodipine, -benazepril	1	
atenolol, -chlorthalidone	1	
benazepril, -hctz	1	
betaxolol	1	
bisoprolol, -hctz	1	

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Drug Name	Tier	PA/Step/QLs/SP
bumetanide	1	
candesartan, -hctz	1	
captopril	1	
cartia xt	1	
carvedilol	1	
chlorothiazide	1	
chlorthalidone	1	
clonidine	1	
dilt-xr	1	
diltiazem hcl	1	
DIURIL	2	
doxazosin	1	
enalapril, -hctz	1	
eplerenone	1	
felodipine	1	
fosinopril, -hctz	1	
furosemide	1	
guanfacine	1	
hydralazine	1	
hydrochlorothiazide (hctz)	1	
indapamide	1	
irbesartan, -hctz	1	
labetalol	1	
lisinopril, -hctz	1	
losartan, -hctz	1	
matzim la	1	
methyldopa	1	
metolazone	1	
metoprolol	1	
minoxidil	1	
moexipril, -hctz	1	
nadolol	1	
nifedical xl	1	
nifedipine	1	
nisoldipine	1	
perindopril erbumine	1	
pindolol	1	
prazosin	1	
propranolol	1	
quinapril, -hctz	1	
ramipril	1	
spironolacton, -hctz	1	
taztia xt	1	
telmisartan, -hctz	1	
terazosin	1	
timolol maleate	1	
torsemide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hctz	1	
verapamil	1	
Cardiac Glycosides		
digox	1	
digoxin	1	
Coagulation Therapy		
AGGRENOX	2	
BRILINTA	2	
cilostazol	1	
clopidogrel	1	
dipyridamole	1	
EFFIENT	2	
enoxaparin	1	
fondaparinux	1	
FRAGMIN	2	
jantoven	1	
MEPHYTON	2	
pentoxifylline	1	
PRADAXA	2	
ticlopidine	1	
warfarin	1	
XARELTO	2	
Lipid/Cholesterol Lowering Agents		
ADVICOR	2	
amlodipine-atorvastatin	1	
atorvastatin	1	
cholestyramine light	1	
colestipol	1	
CRESTOR	2	ST
fenofibrate	1	
fluvastatin	1	
gemfibrozil	1	

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Drug Name	Tier	PA/Step/QLs/SP
LIPTRUZET	2	ST
lovastatin	1	
LOVAZA	2	PA
niacin	1	
omega-3 acid ethyl esters	1	
pravastatin	1	
prevalite	1	
simvastatin	1	
ZETIA	2	ST
Miscellaneous Cardiovascular Agents		
RANEXA	2	
Nitrates		
isosorbide dinitrate	1	
isosorbide mononitrate	1	
nitro-bid	1	
nitroglycerin	1	
NITROSTAT	2	
Dermatologicals/Topical Therapy		
Antipsoriatic / Antiseborrheic		
acitretin	1	
calcipotriene	1	
calcipotriene-betamethasone	1	
PRAMOSONE	2	
selenium sulfide	1	
sulfacetamide sodium	1	
Burn Therapy		
silver sulfadiazine	1	
Keratolytics		
salicylic acid	1	
Miscellaneous Dermatologicals		
CARAC	2	
diclofenac sodium	1	
ELIDEL	2	
fluorouracil	1	
imiquimod	1	
podofilox	1	
PROTOPIC	2	
x-viate	1	
ZYCLARA	2	
Therapy For Acne		
adapalene	1	

Drug Name	Tier	PA/Step/QLs/SP
BENZACLIN PUMP	2	
clindamycin phosphate	1	
clindamycin-benzoyl peroxide	1	
DIFFERIN	2	
EPIDUO	2	
ery pads	1	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
metronidazole	1	
myorisan	1	
sulfacetamide sod-sulfur-urea	1	
sulfacetamide sodium-sulfur	1	
TAZORAC	2	
tretinoin	1	Age > 30 OR Derm only
zenatane	1	
Topical Anesthetics		
lidocaine	1	
lidocaine hcl	1	
Topical Antibacterials		
gentamicin	1	
mupirocin	1	
sulfacetamide sodium	1	
Topical Antifungals		
ciclopirox	1	
clotrimazole-betamethasone	1	
econazole	1	
ketoconazole	1	
nyamyc	1	
nystatin	1	
nystatin-triamcinolone	1	
nystop	1	
Topical Antivirals		
acyclovir	1	
DENAVIR	2	
ZOVIRAX	2	
Topical Corticosteroids		
alclometasone	1	
betamethasone, -dipropionate, -valerate	1	
clobetasol	1	

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Drug Name	Tier	PA/Step/QLs/SP
desonide	1	
desoximetasone	1	
diflorasone	1	
fluocinolone	1	
fluocinonide	1	
fluticasone	1	
halobetasol propionate	1	
hydrocortisone, -butyrate, -valerate	1	
mometasone	1	
triamcinolone acetonide	1	
Topical Scabicides / Pediculicides		
EURAX	2	
malathion	1	
permethrin	1	
spinosad	1	
Diagnostics & Miscellaneous Agents		
Miscellaneous Agents		
acamprosate	1	
anagrelide	1	
cevimeline	1	
disulfiram	1	
pilocarpine hcl	1	
RENAGEL	2	
RENVELA	2	
sevelamer carbonate	1	
Ear, Nose & Throat Medications		
Miscellaneous Agents		
azelastine	1	
BACTROBAN NASAL	2	
ipratropium bromide nasal	1	
triamcinolone acetonide	1	
Miscellaneous Otic Preparations		
acetic acid	1	
antipyrine-benzocaine	1	
ciprofloxacin hcl	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin	1	
Otic Steroid / Antibiotic		
neomycin-polymyxin-hc	1	
Endocrine/Diabetes		
Adrenal Hormones		
dexamethasone	1	
fludrocortisone	1	
hydrocortisone	1	
methylprednisolone	1	
prednisolone	1	
prednisone	1	
veripred 20	1	
Antithyroid Agents		
methimazole	1	
propylthiouracil	1	
Diabetes, Supplies		
acarbose	1	
ACTOPLUS MET XR	2	
BYDUREON	2	ST
BYETTA	2	ST
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
INVOKANA	2	
JANUMET/XR	2	
JANUVIA	2	
KOMBIGLYZE XR	2	
LANTUS VIAL	1	
LANTUS SOLOSTAR	2	
LEVEMIR VIAL	1	
LEVEMIR FLEXPEN/FLEXTOUCH	2	
metformin	1	
nateglinide	1	
NOVOLIN 70/30, -N, -R VIALS	1	
NOVOLOG VIALs	1	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70-30 VIALs	1	
NOVOLOG MIX 70-30 FLEXPEN	2	
NOVOLOG PENFILL	2	

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Drug Name	Tier	PA/Step/QLs/SP
ONE TOUCH TEST STRIPs	1	
ONGLYZA	2	
pioglitazone, - metformin	1	
repaglinide	1	
TRULICITY	2	ST
VICTOZA	2	ST
Miscellaneous Hormones		
ANDRODERM	2	PA
ANDROGEL	2	PA
AXIRON	2	PA
cabergoline	1	
calcitonin (salmon)	1	
calcitriol	1	
clomiphene citrate	1	
desmopressin	1	
fortical	1	
paricalcitol	1	
SENSIPAR	2	
testosterone cypionate	1	PA
Thyroid Hormones		
ARMOUR THYROID	2	
levothyroxine	1	
levoxyl	1	
liothyronine	1	
unithroid	1	
Gastroenterology		
Antidiarrheals & Antispasmodics		
chlordiazepoxide-clidinium	1	
dicyclomine	1	
diphenoxylate-atropine	1	
glycopyrrolate	1	
hyoscyamine sulfate	1	
methscopolamine	1	
Miscellaneous Gastrointestinal Agents		
alophen	1	
AMITIZA	2	
ASACOL, - HD	2	
balsalazide	1	
budesonide	1	
CANASA	2	
compro	1	
constulose	1	
CORTIFOAM	2	
CREON	2	
cromolyn	1	
DELZICOL	2	
dronabinol	1	
EMEND	2	QL – Limit 3/Rx
enulose	1	
generlac	1	
GOLYTELY	2	
granisetron hcl	1	QL – Limit 2/Rx
hydrocortisone-pramoxine	1	
lactulose	1	
LIALDA	2	
LINZESS	2	
meclizine	1	
mesalamine	1	
metoclopramide hcl	1	
ondansetron	1	
pancrelipase 5000	1	
peg 3350-electrolytes	1	
peg-3350 with flavor packs	1	
peg-electrolyte soln	1	
PENTASA	2	
prochlorperazine	1	
PROCTOFOAM HC	2	
proctosol hc	1	
sulfasalazine	1	
sulfazine	1	
trilyte with flavor packets	1	
trimethobenzamide	1	
ursodiol	1	
Ulcer Therapy		
amoxicil-clarithromy-lansopraz	1	
carafate	1	
cimetidine	1	
famotidine	1	
first- lansoprazole	1	
first- omeprazole	1	
misoprostol	1	
omeprazole	1	

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Drug Name	Tier	PA/Step/QLs/SP
pantoprazole	1	
rabeprazole	1	
sucralfate	1	
Immunology, Vaccines & Biotechnology		
Biotechnology Drugs		
ARANESP	2	SP
AVONEX	2	PA; SP
EXTAVIA	2	PA; SP
HUMATROPE	2	PA; SP
NEUPOGEN	2	SP
NUTROPIN/AQ/NUSPAN	2	PA; SP
PEGASYS/PROCLICK	2	PA; SP
PEGINTRON/ REDIPEN	2	PA; SP
PROCRIT	2	SP
REBIF/REBIDOSE/TITRATION PACK	2	PA; SP
Musculoskeletal & Rheumatology		
Gout Therapy		
allopurinol	1	
colchicine-probenecid	1	
COLCRYS	2	
probenecid	1	
Osteoporosis Therapy		
alendronate	1	
FORTEO	2	PA; SP
ibandronate	1	
raloxifene	1	
risedronate	1	
Other Rheumatologicals		
ENBREL, -SURECLICK	2	PA; SP
HUMIRA, -PEN	2	PA; SP
leflunomide	1	QL
OTEZLA	2	PA; SP
SAVELLA	2	
XELJANZ	2	PA; SP
Obstetrics & Gynecology		
Estrogens & Progestins		
camila	1	
COMBIPATCH	2	
covaryx	1	
CRINONE	2	
eemt	1	

Drug Name	Tier	PA/Step/QLs/SP
errin	1	
ESTRACE	2	
estradiol	1	
estradiol-norethindrone acet	1	
ESTRING	2	
estrogens-methyltestosterone	1	
estropipate	1	
FEMHRT LOW DOSE	2	
FEMRING	2	
heather	1	
jencycla	1	
jinteli	1	
jolivette	1	
medroxyprogesterone	1	
mimvey	1	
nora-be	1	
norethindrone acetate	1	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized	1	
VAGIFEM	2	
VIVELLE-DOT	2	
Miscellaneous OB/GYN		
clindamycin phosphate vaginal cream	1	
metronidazole	1	
NUVARING	2	
terconazole vaginal cream, -suppository	1	
tranexamic acid	1	
vandazole	1	
xulane	1	
Oral Contraceptives & Related Agents		
altavera (28)	1	
alyacen	1	
apri	1	
aranelle (28)	1	
aviane	1	
azurette (28)	1	
caziant (28)	1	
chateal	1	

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Drug Name	Tier	PA/Step/QLs/SP
cryselle (28)	1	
cyclafem	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7 (28)	1	
drospirenone-ethinyl estradiol	1	
elinest	1	
emoquette	1	
enpresse	1	
enskyce	1	
estarylla	1	
falmina (28)	1	
gildess	1	
gildess fe	1	
introvale	1	
jolessa	1	
junel	1	
junel fe	1	
kariva (28)	1	
kelnor 1/35 (28)	1	
kurvelo	1	
leena 28	1	
lessina	1	
levonest (28)	1	
levonorgestrel	1	
levonorgestrel-ethinyl estrad	1	
levora-28	1	
low-ogestrel (28)	1	
lutera (28)	1	
marlissa	1	
microgestin	1	
microgestin fe	1	
mono-linyah	1	
mononessa (28)	1	
my way	1	
myzilra	1	
necon	1	
next choice	1	
next choice one dose	1	
nikki (28)	1	
norgestimate-ethinyl estradiol	1	
norgestrel-ethinyl estradiol	1	
nortrel	1	
ocella	1	
orsythia	1	
portia	1	
previfem	1	
quasense	1	
reclipsen (28)	1	
sprintec (28)	1	
sronyx	1	
syeda	1	
tri-estarylla	1	
tri-linyah	1	
tri-previfem (28)	1	
tri-sprintec (28)	1	
trinessa (28)	1	
trivora (28)	1	
velivet triphasic regimen (28)	1	
viorele (28)	1	
wera (28)	1	
zarah	1	
zovia	1	
Oxytocics		
methylergonovine	1	
Ophthalmology		
Antibiotics		
AZASITE	2	
bacitracin	1	
bacitracin-polymyxin b	1	
CILOXAN	2	
ciprofloxacin hcl	1	
erythromycin	1	
gatifloxacin	1	
gentak	1	
gentamicin	1	
neomycin-polymyxin-gramicidin	1	
ofloxacin	1	
polymyxin b sulf-trimethoprim	1	
tobramycin	1	
TOBREX	2	
VIGAMOX	2	
Antivirals		

PA = drug requires prior authorization. ST = drug requires step therapy. QL = drug has restrictions on the quantity that can be obtained. SP = drug must obtained at specific network specialty pharmacies.

Drug Name	Tier	PA/Step/QLs/SP
trifluridine	1	
Beta-Blockers		
betaxolol	1	
carteolol	1	
levobunolol	1	
timolol maleate	1	
Cycloplegic Mydriatics		
atropine	1	
cyclopentolate	1	
Direct Acting Miotics		
pilocarpine hcl	1	
Miscellaneous Ophthalmologics		
azelastine	1	
cromolyn	1	
epinastine	1	
PATADAY	2	
PATANOL	2	
RESTASIS	2	
Non-Steroidal Anti-Inflammatory Agents		
ACUVAIL	2	
bromfenac	1	
diclofenac sodium	1	
flurbiprofen sodium	1	
ketorolac	1	
Oral Drugs For Glaucoma		
acetazolamide	1	
methazolamide	1	
Other Glaucoma Drugs		
dorzolamide	1	
dorzolamide-timolol	1	
latanoprost	1	
LUMIGAN	2	PA
travoprost (benzalkonium)	1	
Steroid-Antibiotic Combinations		
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc	1	
tobramycin-dexamethasone	1	
Steroids		
dexamethasone sodium phosphate	1	
fluorometholone	1	
FML S.O.P.	2	

Drug Name	Tier	PA/Step/QLs/SP
LOTEMAX	2	
PRED MILD	2	
prednisolone acetate	1	
Steroid-Sulfonamide Combinations		
BLEPHAMIDE	2	
sulfacetamide-prednisolone	1	
Sulfonamides		
sulfacetamide sodium	1	
Sympathomimetics		
ALPHAGAN P	2	
brimonidine	1	
Respiratory, Allergy, Cough & Cold		
Antihistamine & Antiallergenic Agents		
AUVI-Q	2	
cetirizine	1	
epinephrine	1	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
hydroxyzine hcl	1	
phenadoz	1	
promethazine	1	
promethegan	1	
Cough & Cold Therapy		
benzonatate	1	
BROMFED DM	2	
chlorpheniramine-hydrocodone	1	
cpm-pseudoephed-hydrocodone	1	
hydrocodone-homatropine	1	
hydromet	1	
promethazine vc, - codeine, -dm	1	
Pulmonary Agents		
acetylcysteine	1	
ADVAIR DISKUS, -HFA	2	
albuterol sulfate	1	
ATROVENT HFA	2	
BREO ELLIPTA	2	
budesonide	1	
COMBIVENT, -RESPIMAT	2	
DALIRESP	2	
FLOVENT DISKUS, - HFA	2	
flunisolide	1	

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Drug Name	Tier	PA/Step/QLs/SP
fluticasone	1	
FORADIL AEROLIZER	2	
ipratropium bromide	1	
ipratropium-albuterol	1	
LETAIRIS	2	PA; SP
levalbuterol hcl	1	
montelukast	1	
NASONEX	2	
PERFOROMIST	2	
PROAIR HFA	2	
PULMICORT FLEXHALER	2	
QVAR	2	
SEREVENT DISKUS	2	
SPIRIVA	2	
SYMBICORT	2	
theophylline	1	
TRACLEER	2	PA; SP
triamcinolone acetonide	1	
VENTOLIN HFA	2	
zafirlukast	1	
Urologicals		
Anticholinergics & Antispasmodics		
flavoxate	1	
oxybutynin chloride	1	
tolterodine	1	
TOVIAZ	2	
trospium	1	
VESICARE	2	
Benign Prostatic Hyperplasia (BPH) Therapy		
alfuzosin	1	
finasteride	1	
tamsulosin	1	
Cholinergic Stimulants		
bethanechol chloride	1	
Miscellaneous Urologicals		
cytra-k	1	
ELMIRON	2	
potassium citrate	1	
UROCIT-K 15	2	
Urinary Anesthetics		
phenazopyridine	1	

Drug Name	Tier	PA/Step/QLs/SP
Vitamins, Hematinics & Electrolytes		
Electrolytes		
eliphos	1	
klor-con	1	
oyster shell calcium-vit d3	1	
phospha 250 neutral	1	
potassium chloride	1	
Vitamins & Hematinics		
b complex-vitamin c-folic acid	1	
folic acid	1	
one daily prenatal	1	
prenatal complete	1	
prenatal multivitamins	1	
rena-vite	1	

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PRODUCT DETAILS OF MOVANTIK (NALOXEGOL)

INDICATIONS AND USE: Movantik is an opioid antagonist indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain.

DOSAGE FORMS: Tablets: 12.5 mg and 25 mg.

ADMINISTRATION:

- Discontinue maintenance laxative therapy before starting Movantik; may resume laxatives if patients have OIC symptoms after taking Movantik for 3 days.
- Take on an empty stomach at least 1 hour prior to the first meal of the day or 2 hours after the meal.
- Swallow tablets whole, do not crush or chew.
- Avoid consumption of grapefruit or grapefruit juice.
- Discontinue if treatment with opioid pain medication is also discontinued.

WARNINGS AND PRECAUTIONS:

- Gastrointestinal perforation – Consider the overall risk benefit in patients with known or suspected lesions of the GI tract. Monitor for severe, persistent or worsening abdominal pain; discontinue if development of symptoms.
- Opioid withdrawal – consider the overall risk benefit in patients with disruptions to the blood-brain barrier. Monitor for symptoms of opioid withdrawal.

ADVERSE REACTIONS: The most common adverse reactions in clinical trials (≥ 3%) are: abdominal pain, diarrhea, nausea, flatulence, vomiting, and headache.

DRUG INTERACTIONS:

- Moderate CYP3A4 inhibitors (e.g., diltiazem, erythromycin, verapamil) – Increased naloxegol concentrations; avoid concomitant use; if unavoidable, reduce dosage to 12.5mg once daily and monitor for adverse reactions.
- Strong CYP3A4 inducers (e.g., rifampin): Decreased concentrations of naloxegol; concomitant use is not recommended.
- Other opioid antagonists: Potential for additive effect and increased risk of opioid withdrawal; avoid concomitant use.

PATIENT COUNSELING INFORMATION:

- Discontinue all maintenance laxative therapy prior to initiation of Movantik.
- Take on an empty stomach.
- Swallow tablets whole, do not crush or chew.
- Avoid grapefruit or grapefruit juice.

COST

- Movantik 12.5 mg approximately $9 per tablet.
- Movantik 25 mg approximately $9 per tablet.

References:

1. Movantik [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2015.

PRODUCT DETAILS OF MARINOL (DRONABINOL)

INDICATIONS AND USE: Marinol is an orally active cannabinoid which has complex effects on the central nervous system (CNS), including central sympathomimetic activity. Marinol is indicated for the treatment of anorexia associated with weight loss in patients with AIDS, and nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

DOSAGE FORMS: Capsules: 2.5 mg, 5 mg and 10 mg.

ADMINISTRATION:

- Appetite stimulation: Initially 2.5 mg orally twice daily before lunch and supper. The dosage may be gradually increased to a maximum of 20 mg/day administered in divided doses.
- Antiemetic: Initial dose of 5 mg/m^2 given 1 to 3 hours prior to administration of chemotherapy, then every 2 to 4 hours after chemotherapy is given for a total of 4 to 6 doses/day. In the absence of significant side effects, the dose may be escalated by 2.5 mg/m^2 increments to a maximum of 15 mg/m^2 per dose.

WARNINGS AND PRECAUTIONS:

- Gastrointestinal perforation – Consider the overall risk benefit in patients with known or suspected lesions of the GI tract. Monitor for severe, persistent or worsening abdominal pain; discontinue if development of symptoms.
- Opioid withdrawal – consider the overall risk benefit in patients with disruptions to the blood-brain barrier. Monitor for symptoms of opioid withdrawal.

ADVERSE REACTIONS: The most common adverse reactions in clinical trials (≥ 3-10 %) are: abdominal pain, nausea, vomiting, dizziness, euphoria, paranoid reaction, somnolence, and thinking abnormal.

DRUG INTERACTIONS:

- Amphetamines, cocaine, other sympathomimetic agents – additive hypertension, tachycardia, possibly cardiotoxicity.
- Atropine, scopolamine, antihistamines, other anticholinergic agents – Additive or super-additive tachycardia, drowsiness.
- Tricyclic antidepressants – Additive tachycardia, hypertensions, drowsiness.
- Barbiturates, benzodiazepines, ethanol, lithium, opioids, buspirone, antihistamines, muscle relaxants, other CNS depressants – Additive drowsiness and CNS depression.
- Disulfiram – A reversible hypomanic reaction was reported.
- Fluoxetine – Possible reversible hypomania.
- Antipyrine/barbiturates – Decreased clearance of these agents.
- Theophylline – Increased theophylline metabolism.

PATIENT COUNSELING INFORMATION:

- Tell the doctor if patient has heart disease or cardiac disorders.
- Tell the doctor if patient has a history of drug or alcohol abuse.
- Tell the doctor if patient has mental health problems.
- Tell the doctor if patient has a history of seizures.

COST

- Marinol 2.5 mg approximately $11 per brand capsule, $5 per generic.
- Marinol 5 mg approximately $24 per brand capsule, $10 per generic.
- Marinol 10 mg approximately $45 per brand capsule, $20 per generic.

References:

1. Marinol [package insert]. North Chicago, IL: AbbVie Inc.; February 2013.

PRODUCT DETAILS OF HYDROQUINONE CONTAINING AGENTS

INDICATIONS AND USE: Hydroquinone is indicated for the gradual temporary bleaching of hyperpigmented skin conditions such as chloasma, melasma, freckles, senile lentigines and other undesired areas of melanin hyperpigmentation.

DOSAGE FORMS: Cream: 4%; Solution: 3%; Emulsion: 4%

ADMINISTRATION:

- Apply to the affected area(s) and rub in well twice daily or as directed
- Apply a sunscreen to treated areas or wear sun-protective clothing to prevent repigmentation.
- If no improvement is seen after 2 months of treatment, use of this product should be discontinued.

WARNINGS AND PRECAUTIONS:

- Bleaching – hydroquinone is a skin-bleaching agent which may produce unwanted cosmetic effects if not used as directed.
- Irritation – Treatment should be discontinued if itching, excessive inflammation, or vesicle formation occurs.
- Sun exposure – During the depigmentation maintenance treatment subsequent to the intensive depigmentation therapy, sun exposure of the bleached skin should be avoided to prevent repigmentation.
- For external use only – Avoid contact with eyes. Use in paranasal and infraorbital areas increases the chance of irritation.
- Sensitivity – A mild, transient stinging may occur in people with sensitive skin. Do not use on broken or irritated skin. Discontinue use if irritation or rash occurs.
- Peroxide – Concurrent use of peroxide may result in transient dark staining of skin areas due to oxidation of hydroquinone.
- Sulfite sensitivity – Some hydroquinone products may contain sodium metabisulfite, a sulfite that may cause serious allergic-type reactions.

ADVERSE REACTIONS: No systemic adverse reactions have been reported. Occasional hypersensitivity (localized contact dermatitis) may occur, in which case the medication should be discontinued and the physician notified immediately.

References:

1. Hydroquinone. Facts & Comparisons eAnswers. 2015 Clinical Drug Information, LLC. Accessed July 2015.

PRODUCT DETAILS OF INHALED CORTICOSTEROID/LONG-ACTING BETA-2 AGONISTS COMBINATION PRODUCTIONS

INDICATIONS AND USE:

Advair Diskus (fluticasone/salmeterol)

- Treatment of asthma in patients aged 4 years and older.
- Maintenance treatment of airflow obstruction and reducing exacerbations in patients with chronic obstructive pulmonary disease.

Advair HFA (fluticasone/salmeterol)

- Treatment of asthma in patients aged 12 years and older.

Breo Ellipta (fluticasone/vilanterol)

- Long-term, once-daily, maintenance treatment of airflow obstruction and reducing exacerbations in patients with chronic obstructive pulmonary disease.
- Once-daily treatment of asthma in patients aged 18 years and older.

Dulera (mometasone/formoterol)

- Treatment of asthma in patients aged 12 years and older.

Symbicort (budesonide/formoterol)

- Treatment of asthma in patients 12 years and older.
- Maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease including chronic bronchitis and emphysema.

DOSAGE FORMS:

- Advair Diskus – Inhalation powder containing a combination of fluticasone propionate (100, 250, or 500 mcg) and salmeterol (50 mcg).
- Advair HFA – Inhalation aerosol containing a combination of fluticasone propionate (45, 115, or 230 mcg) and salmeterol (21 mcg).
- Breo Ellipta – Inhalation powder containing 2 foil blister strips. One strip contains fluticasone furoate (100 or 200 mcg) and the other contains vilanterol (25 mcg).
- Dulera – Inhalation aerosol containing a combination of mometasone furoate (100 or 200 mcg) and formoterol fumarate (5 mcg).
- Symbicort – Inhalation aerosol containing a combination of budesonide (80 or 160 mcg) and formoterol (4.5 mcg).

ADMINISTRATION:

Advair Diskus

- Treatment of asthma in patients aged 12 years and older: One inhalation twice daily. Starting dosage is based on asthma severity.
- Treatment of asthma in patients aged 4 to 11 years: One inhalation of Advair Diskus 100/50 twice daily.
- Maintenance treatment of COPD: One inhalation of Advair Diskus 250/50 twice daily.

Advair HFA

- Treatment of asthma in patients aged 12 years and older: Two inhalations twice daily. Starting dosage is based on asthma severity.

Breo Ellipta

- Maintenance treatment of COPD: One inhalation of Breo Ellipta 100/25 once daily.
- Treatment of asthma in patients aged 18 years and older: One inhalation once daily. Starting dosage is based on asthma severity.

Dulera

- Treatment of asthma in patients aged 12 years and older: Two inhalations twice daily. Starting dosage is based on prior asthma therapy.

Symbicort

- Treatment of asthma in patients aged 12 years and older: Two inhalations twice daily. Starting dosage is based on asthma severity.
- Maintenance treatment of airflow obstruction in COPD: Two inhalations of Symbicort 160/4.5 twice daily.

WARNINGS AND PRECAUTIONS:

- BLACK BOX WARNING: LABA increase the risk of asthma-related death and asthma-related hospitalizations.
- Do not initiate in acutely deteriorating asthma or COPD. Do not use to treat acute symptoms.
- Do not use in combination with an additional medicine containing LABA because of risk of overdose.
- *Candida albicans* infection of the mouth and pharynx may occur. Advise patient to rinse his/her mouth with water without swallowing after inhalation.
- Increased risk of pneumonia in patients with COPD.
- Potential worsening of infections.
- Risk of impaired adrenal function when transferring from systemic corticosteroids. Taper patients slowly.
- Hypercorticism and adrenal suppression may occur with very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue.
- If paradoxical bronchospasm occurs, discontinue.
- Use with caution in patients with cardiovascular or central nervous system disorders because of beta-adrenergic stimulation.
- Assess for decrease in bone mineral density initially and periodically thereafter.
- Monitor growth of pediatric patients.
- Close monitoring for glaucoma and cataracts is warranted.
- Be alert to eosinophilic conditions, hypokalemia, and hyperglycemia.
- Use with caution in patients with convulsive disorders, thyrotoxicosis, diabetes mellitus, and ketoacidosis.
- Dulera/Symbicort – Strong CYP3A4 inhibitors increase systemic corticosteroid effects. Exercise caution.

ADVERSE REACTIONS:
Advair Diskus – The most common adverse reactions in clinical trials (≥ 3%) include: upper respiratory tract infection or inflammation, pharyngitis, dysphonia, oral candidiasis, bronchitis, cough, headaches, nausea, vomiting, pneumonia, throat irritation, viral respiratory infections, and musculoskeletal pain.

Advair HFA – The most common adverse reactions in clinical trials (≥ 3%) include: upper respiratory tract infection or inflammation, throat irritation, dysphonia, headache, dizziness, nausea and vomiting.

Breo Ellipta COPD – The most common adverse reactions in clinical trials (≥ 3%) are nasopharyngitis, upper respiratory tract infection, headache, and oral candidiasis.
Breo Ellipta Asthma – The most common adverse reactions in clinical trials (≥ 2%) are nasopharyngitis, oral candidiasis, headache, influenza, upper respiratory tract infection, bronchitis, sinusitis, oropharyngeal pain, dysphonia, and cough.

Dulera – The most common adverse reactions in clinical trials (≥ 3%) include: nasopharyngitis, sinusitis, and headache.

Symbicort – The most common adverse reactions in clinical trials (≥ 3%) include: nasopharyngitis, headache, upper respiratory tract infection, pharyngolaryngeal pain, sinusitis, influenza, back pain, nasal congestion, stomach discomfort, vomiting, bronchitis, and oral candidiasis.

UTILIZATION

ND Medicaid Inhaled Corticosteroid/LABA Combination Products Utilization		
01/01/15 - 06/30/15		
Label Name	**Rx Num**	**Total Reimb Amt**
ADVAIR 100-50 DISKUS	191	$45,515.58
ADVAIR 250-50 DISKUS	642	$191,869.56
ADVAIR 500-50 DISKUS	272	$105,385.22
ADVAIR HFA 115-21 MCG INHALER	134	$35,975.71
ADVAIR HFA 230-21 MCG INHALER	34	$14,511.86
ADVAIR HFA 45-21 MCG INHALER	5	$805.68
BREO ELLIPTA 100-25 MCG INH	17	$5,158.31
DULERA 100 MCG/5 MCG INHALER	76	$18,515.04
DULERA 200 MCG/5 MCG INHALER	114	$29,544.57
SYMBICORT 160-4.5 MCG INHALER	349	$96,977.72
SYMBICORT 80-4.5 MCG INHALER	124	$31,366.46
Totals	**1958**	**$575,625.71**

References:

1. Advair Diskus [package insert]. Research Triangle Park: GlaxoSmithKline; July 2014.
2. Advair HFA [package insert]. Research Triangle Park: GlaxoSmithKline; December 2014.
3. Breo Ellipta [package insert]. Research Triangle Park: GlaxoSmithKline; April 2015.
4. Dulera [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2015.
5. Symbicort [package insert]. Wilmington, DE: AstraZeneca LP; May 2012.

MISCELLANEOUS AGENTS USED TO TREAT IRRITABLE BOWEL SYNDROME

INDICATIONS AND USE:

- Viberzi (eluxadoline) – Treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults.
- Linzess (linaclotide) – Treatment of chronic idiopathic constipation in adults and treatment of irritable bowel syndrome (IBS) with constipation in adults.
- Amitiza (lubiprostone) – Treatment of chronic idiopathic constipation in adults; treatment of irritable bowel syndrome (IBS) with constipation in women 18 years and older; and treatment of opioid-induced constipation (OIC) in adults with chronic non-cancer pain.

DOSAGE FORMS:

- Viberzi – 75 mg and 100 mg tablets
- Linzess – 145 mcg and 290 mcg capsules
- Amitiza – 8 mcg and 24 mcg capsules

ADMINISTRATION:

- Viberzi – recommended dosage in adults is 100 mg twice daily taken with food.
- Linzess – IBS-C: Take 290 mcg orally once daily. CIC: Take 145 mcg orally once daily.
- Amitiza – CIC and OIC: Take 24 mcg taken twice daily orally with food and water. IBS-C: Take 8 mcg twice daily orally with food and water.

WARNINGS AND PRECAUTIONS:

- Viberzi – Sphincter of Oddi Spasm and Pancreatitis: Monitor patients without a gallbladder for new or worsening abdominal pain, with or without nausea and vomiting, or acute biliary pain with liver or pancreatic enzyme elevations.
- Linzess – Diarrhea: Patients may experience severe diarrhea.
- Amitiza – Patients may experience nausea; concomitant administration of food may reduce this symptom. Do not prescribe for patients with severe diarrhea. Patients may experience dyspnea within an hour of first dose. Evaluate patients with symptoms suggestive of mechanical gastrointestinal obstruction prior to initiating treatment.

ADVERSE REACTIONS:

- Viberzi – Most common adverse reactions (> 5%) are constipation, nausea, and abdominal pain.
- Linzess – Most common adverse reactions (incidence of at least 2%) reported in IBS-C or CIC patients are diarrhea, abdominal pain, flatulence, and abdominal distension.
- Amitiza – Most common adverse reactions (incidence > 4%) are nausea, diarrhea, headache, abdominal pain, abdominal distension, and flatulence.

UTILIZATION

ND Medicaid Medications to Treat IBS Utilization		
01/01/15 – 06/30/15		
Linaclotide	124	$33,516.82
Lubiprostone	56	$13,726.65
Totals	180	$47,243.47

References:

1. Viberzi [package insert]. Cincinnati, OH: Forest Pharmaceuticals, Inc.; May 2015.
2. Linzess [package insert]. St. Louis, MO: Forest Pharmaceuticals, Inc.; July 2014.
3. Amitiza [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; April 2013.

PRODUCT DETAILS OF AGENTS USED TO TREAT ULCERATIVE COLITIS

INDICATIONS AND USE:

- Balsalazide – for the treatment of mild to moderate ulcerative colitis in patients 5 years and older (capsules) and in male patients 18 years and older (tablets).
- Apriso (mesalamine) – for the treatment of moderately active ulcerative colitis in adults.
- Asacol HD (mesalamine) – for the treatment of moderately active ulcerative colitis in adults.
- Delzicol (mesalamine) – for the treatment of mildly to moderately active ulcerative colitis in patients 12 years of age and older.
- Lialda (mesalamine) – for the induction of remission in adults with active, mild to moderate ulcerative colitis and for the maintenance of remission of ulcerative colitis.
- Pentasa (mesalamine) – for the induction of remission and the treatment of patients with mildly to moderately active ulcerative colitis.
- Olsalazine – for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine.
- Sulfasalazine (immediate and delayed release) – treatment of mild to moderate ulcerative colitis; adjunctive therapy in severe ulcerative colitis; prolongation of the remission period between acute attacks of ulcerative colitis.

DOSAGE FORMS:

- Balsalazide – Capsules 750 mg; Tablets 1.1 g.
- Mesalamine – Extended-release capsules 0.375 g; Delayed release tablets 800 mg; Delayed release capsules 400 mg; Delayed release tablets 1.2 g; Extended release capsule 250 mg and 500 mg.
- Olsalazine – Capsules 250 mg.
- Sulfasalazine – Tablets 500 mg; Delayed release tablets 500 mg.

ADMINISTRATION:

- Balsalazide tablets – Adults 3.3 g two times daily up to 8 weeks.
- Balsalazide capsules – Adults 2,250 mg three times daily up to 8 weeks. Pediatric patients 5 – 17 years of age 2,250 mg three times daily or 750 mg three times daily up to 8 weeks.
- Apriso (mesalamine) – Four capsules once daily in the morning with or without food.
- Asacol HD (mesalamine) – Two 800 mg tablets three times daily for 6 weeks.
- Delzicol (mesalamine) – Adults 800 mg three times daily for 6 weeks. Pediatric patients 12 years and older total daily dose is weight based up to a maximum of 2.4 grams/day for 6 weeks.
- Lialda (mesalamine) – For induction of remission two to four 1.2 g tablets taken once daily with food. For maintenance of remission, two 1.2 g tablets taken once daily with food.
- Pentasa (mesalamine) – 1 g four times daily for up to 8 weeks.
- Olsalazine – 1 g/day in 2 divided doses.

- Sulfasalazine – Initial dosage 3 to 4 g/day in evenly divided doses with dosage intervals not exceeding 8 hours. Maintenance dosage 2 g/day.

WARNINGS AND PRECAUTIONS:

- Balsalazide is converted to mesalamine, which has been associated with an acute intolerance syndrome that may be difficult to distinguish from an exacerbation of ulcerative colitis. If acute intolerance syndrome is suspected, promptly discontinue treatment with balsalazide.
- Patients with pyloric stenosis may have prolonged gastric retention of balsalazide.
- Renal toxicity
- Renal function impairment
- Hepatic function impairment
- Hepatotoxicity
- Approximately 17% of subjects receiving olsalazine in clinical studies reported diarrhea.
- Deaths associated with the administration of sulfasalazine have been reported from irreversible neuromuscular CNS changes.
- Deaths associated with the administration of sulfasalazine have been reported from agranulocytosis, aplastic anemia, and other blood dyscrasias. Monitor blood counts frequently.
- Serious infections, including fatal sepsis and pneumonia, have been reported. Some infections were associated with agranulocytosis, neutropenia, or myelosuppression. Discontinue sulfasalazine if a patient develops a serious infection.
- Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported. Patients are at highest risk for these events early in therapy, with most events occurring within the first month of treatment. Discontinue sulfasalazine at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

ADVERSE REACTIONS:

- Balsalazide capsules – In controlled clinical trials, patients receiving balsalazide 6.75 g/day most frequently reported the following adverse reactions: headache (8%); abdominal pain (6%); diarrhea, nausea (5%); arthralgia, respiratory tract infection, vomiting (4%).
- Balsalazide tablets – The most common adverse reactions with balsalazide were anemia, diarrhea, fatigue, headache, nasopharyngitis, pharyngolaryngeal pain and urinary tract infection.
- Apriso (mesalamine) – The most common adverse reactions (incidence ≥3%) are headache, diarrhea, upper abdominal pain, nausea, nasopharyngitis, flu or flu-like illness, sinusitis.
- Asacol (mesalamine) – The most common adverse reactions (incidence > 2% of patients) were headache, nausea, nasopharyngitis, abdominal pain, and worsening of ulcerative colitis.
- Delzicol (mesalamine) – The most common adverse reactions (incidence ≥ 5% of adults) were abdominal pain, eructation, pain, back pain, rash, dyspepsia, rhinitis, flu syndrome,

asthenia, flatulence, vomiting, fever, arthralgia, constipation, and gastrointestinal bleeding.

- Lialda (mesalamine) – The most common adverse reactions (incidence ≥ 2 %) are ulcerative colitis, headache, flatulence, liver function test abnormality, and abdominal pain.
- Pentasa (mesalamine) – The most common events (incidence ≥ 1%) were diarrhea, headache, nausea, abdominal pain, dyspepsia, vomiting, and rash.
- Olsalazine – The most commonly reported adverse reactions leading to treatment withdrawal were diarrhea or loose stools, abdominal pain and rash or itching (slightly greater than 1% of patients receiving olsalazine).
- Sulfasalazine – The most common events (incidence > 10%) were skin rash, anorexia, dyspepsia, gastric distress, nausea, vomiting, and oligospermia.

UTILIZATION

ND Medicaid Medications Used to Treat Ulcerative Colitis		
01/01/15 - 06/30/15		
Label Name	**Rx Num**	**Total Reimb Amt**
LIALDA DR 1.2 GM TABLET	23	$14,265.72
ASACOL HD DR 800 MG TABLET	23	$12,624.59
PENTASA 500 MG CAPSULE	10	$7,062.79
DELZICOL DR 400 MG CAPSULE	11	$4,699.29
PENTASA 250 MG CAPSULE	5	$2,384.20
SULFASALAZINE 500 MG TABLET	29	$399.89
SULFASALAZINE DR 500 MG TAB	6	$196.40
SULFAZINE EC 500 MG TAB	4	$196.40
SULFAZINE 500 MG TABLET	12	$139.18
Totals	**123**	**$41,968.46**

References:

1. Apriso [package insert]. Raleigh, NC: Salix Pharmaceuticals, Inc.; July 2009.
2. Asacol HD [package insert]. Rockway, NJ: Warner Chilcott (US), LLC; October 2013.
3. Delzicol [package insert]. Rockway, NJ: Warner Chilcott (US), LLC; October 2014.
4. Lialda [package insert]. Wayne, PA: Shire US Inc.; June 2014.
5. Pentasa [package insert]. Wayne, PA: Shire US Inc.; July 2013.
6. Colazal [package insert]. Raleigh, NC: Salix Pharmaceuticals, Inc.; May 2008.
7. Giazo [package insert]. Raleigh, NC: Salix Pharmaceuticals, Inc.; February 2012.

PRODUCT DETAILS OF SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2)

INDICATIONS AND USE: SLGT2 inhibitors are indicated for the treatment of type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycemic control.

DOSAGE FORMS:

- Canagliflozin: Tablets 100 mg and 300mg
- Dapagliflozin: Tablets 5 mg and 10 mg
- Empagliflozin: Tablets 10 mg and 25 mg

ADMINISTRATION:

- Canagliflozin: Initial dosages is 100 mg once daily. May increase to 300 mg once daily in patients who require additional glycemic control.
- Dapagliflozin: Initial dosage is 5 mg once daily. May increase to 10 mg once daily in patients who require additional glycemic control.
- Empagliflozin: Usual dose is 10 mg once daily. May increase to 25 mg once daily.

WARNINGS AND PRECAUTIONS:

Canagliflozin, Dapagliflozin, Empagliflozin

- May cause symptomatic hypotension due to intravascular volume depletion, especially in patients with renal impairment, elderly, patients on other antihypertensives, or those with low systolic blood pressure.
- Impairment in renal function. Monitor renal function frequently.
- May increase the risk of genital mycotic infections.
- May cause dose-related LDL-C elevation.
- May cause hypoglycemia. Consider a lower dose of insulin or the insulin secretagogue to reduce the risk of hypoglycemia.

Canagliflozin

- May cause hyperkalemia.

Dapagliflozin

- Bladder cancer – an imbalance in bladder cancers was observed in clinical trials. Dapagliflozin should not be used in patients with active bladder cancer and should be used in caution in patients with a history of bladder cancer.

Empagliflozin

- Urinary tract infection – monitor and treat as appropriate.

ADVERSE REACTIONS:

- Canagliflozin – The most common adverse reactions in clinical trials (≥ 5 %) are: female genital mycotic infections, urinary tract infection, and increased urination.
- Dapagliflozin – The most common adverse reactions in clinical trials (≥ 5 %) are: female mycotic infections, nasopharyngitis, and urinary tract infections.
- Empagliflozin – The most common adverse reactions in clinical trials (≥ 5 %) are: urinary tract infections and female genital mycotic infections.

DRUG INTERACTIONS:

Canagliflozin

- Coadministration with rifampin decreased canagliflozin area under the curve by 51%. This decrease may decrease efficacy.
- Coadministration with digoxin increases the area under the curve. Patients should be monitored.
- Monitoring glycemic control with urine glucose tests is not recommended.
- Monitoring glycemic control with 1,5-AG assay is not recommended.

Dapagliflozin

- Monitoring glycemic control with urine glucose tests is not recommended.
- Monitoring glycemic control with 1,5-AG assay is not recommended.

Empagliflozin

- Coadministration with diuretics resulted in increased urine volume and frequency of voids, which might enhance the potential for volume depletion.
- Coadministration with insulin or insulin secretagogues increases the risk for hypoglycemia.
- Monitoring glycemic control with urine glucose tests is not recommended.
- Monitoring glycemic control with 1,5-AG assay is not recommended.

UTILIZATION:

ND Medicaid SGLT2 Inhibitor Utilization		
01/01/2015 – 06/30/2015		
Drug Name	**Rx Num**	**Total Reimb Amt**
Canagliflozin	70	$25,144.48
Dapagliflozin	21	$7,524.64
Empagliflozin	10	$2,283.14
Totals	101	$34,952.26

References:

1. Facts & Comparisons eAnswers. 2015 Clinical Drug Information, LLC. Accessed July, 2015
2. Invokana® [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; March 2015.
3. Farxiga® [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; March 2015.
4. Jardiance® [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; June 2015.

Oxycodone 15mg - 1 tablet equals **22.5 MED PRN** (Morphine Equivalent Dose)						
Qty Dispensed	**Days Supply**	**Qty/Day**	**Breakthrough Pain %**	**PRN Fill History**	**Long Acting**	**Reimburse Amount**
240	30	8.00	3%	PRN Filled monthly	720 MED	$55.23
90	30	3.00	13%	PRN Filled monthly	180 MED	$24.21
84	28	3.00	19%	PRN Filled monthly	120 MED	$32.88
120	30	4.00	19%	PRN Filled monthly (+ 10 MED/dose Narcotic/Acetaminophen Combo filled monthly - 120qty/30days)	120 MED	$44.57
120	30	4.00	38%	Filled monthly	60 MED	$30.41
120	30	4.00	38%	Filled monthly	60 MED	$44.57
150	25	6.00	100%		None	$36.62
120	30	4.00	100%		None	$30.41
60	30	2.00	100%		None	$25.08
30	5	6.00	100%		None	$15.34
120	30	4.00	100%		None	$30.41
120	30	4.00	100%		None	$10.49
140	28	5.00	100%		None	$34.55
130	33	3.94	100%		None	$32.48

Oxycodone 20mg - 1 tablet equals **30 MED** (Morphine Equivalent Dose)						
Qty Dispensed	**Days Supply**	**Qty/Day**	**Breakthrough Pain %**	**PRN Fill History**	**Long Acting?**	**Reimburse Amount**
120	30	4.00	25%	Filled monthly	120 MED	$55.59
60	27	2.22	100%		None	$30.59
60	30	2.00	100%		None	$30.59
150	30	5.00	100%		None	$48.23
112	28	4.00	100%		None	$37.43
135	30	4.50	100%		None	$43.97

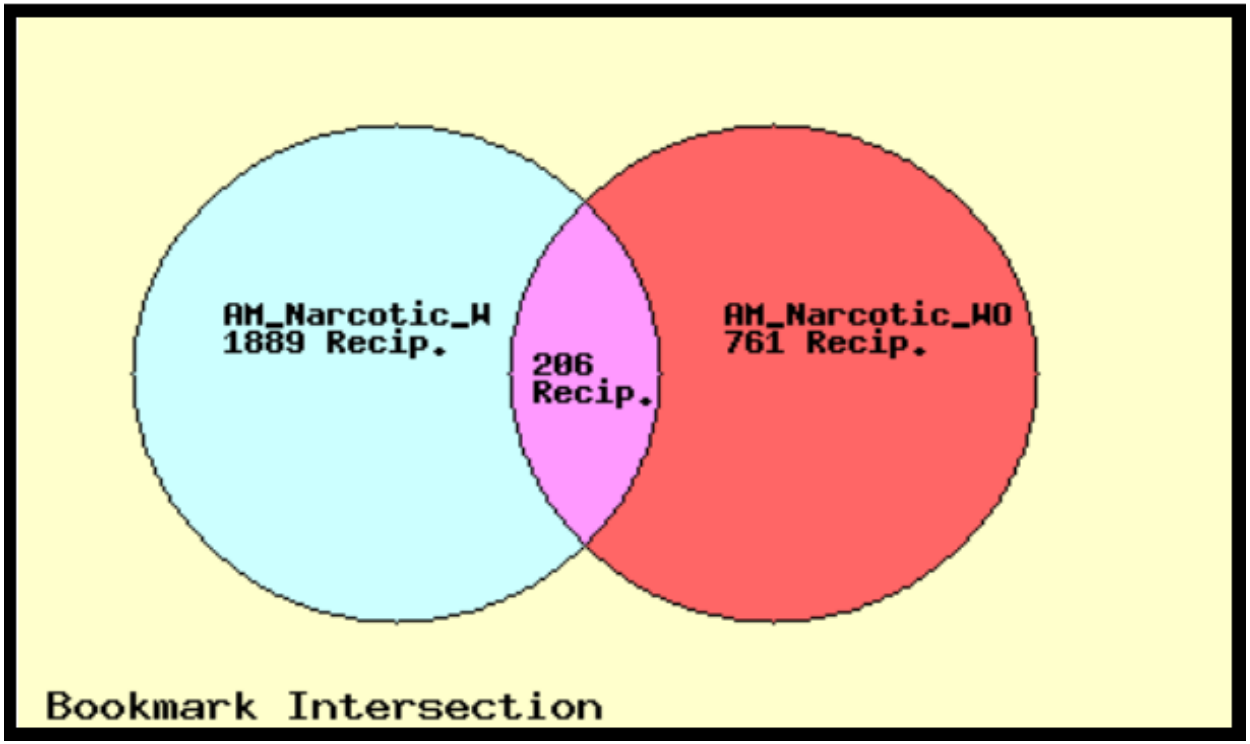
Oxycodone 30mg - 1 tablet equals **45 MED** (Morphine Equivalent Dose)						
Qty Dispensed	**Days Supply**	**Qty/Day**	**Breakthrough Pain %**	**PRN Fill History**	**Long Acting?**	**Reimburse Amount**
90	30	3.00	38%	Filled monthly	120 MED	$47.72
120	30	4.00	100%		None	$54.44
90	30	3.00	100%		None	$47.72
150	30	5.00	100%		None	$66.65
120	30	4.00	100%		None	$61.76
30	30	1.00	100%		None	$19.64
168	14	12.00	100%		None	$84.22
135	15	9.00	100%		None	$68.78

Generic Name

ACETAMINOPHEN WITH CODEINE
BUTALBIT/ACETAMIN/CAFF/CODEINE
HYDROCODONE/ACETAMINOPHEN
OXYCODONE HCL/ACETAMINOPHEN
TRAMADOL HCL/ACETAMINOPHEN

Generic Name

HYDROMORPHONE HCL
MEPERIDINE HCL
METHADONE HCL
MORPHINE SULFATE
OXYCODONE HCL
OXYMORPHONE HCL
TAPENTADOL HCL
TRAMADOL HCL



PRODUCT DETAILS OF INHALED ANTI-INFECTIVES FOR CYSTIC FIBROSIS (TOBRAMYCIN AND AZTREONAM)

INDICATIONS AND USE:

- Tobramycin is indicated for the management of cystic fibrosis in adults and pediatric patients 6 years and older with *Pseudomonas aeruginosa.*
- Aztreonam is indicated to improve respiratory symptoms in cystic fibrosis patients with *Pseudomonas aeruginosa*.

DOSAGE FORMS:

- Tobramycin: nebulization solution 300 mg/5 mL; capsule for inhalation 28 mg.
- Aztreonam: lyophilized single use vial 75 mg/ vial.

ADMINISTRATION:

- Tobramycin – powder for inhalation: 112 mg (4 capsules) every 12 hours, administered in alternating periods of 28 days on drug and 28 days off drug. Solution for inhalation: 300 mg every 12 hours, administered in alternating periods of 28 days on drug and 28 days off drug.
- Aztreonam – administer one dose (one single use vial and ampule of diluent) 3 times a day for 28 days.

WARNINGS AND PRECAUTIONS:

- Ototoxicity was reported by patients in the tobramycin powder for inhalation clinical studies.
- Use tobramycin with caution in patients with neuromuscular disorders, including myasthenia gravis and Parkinson disease; neuromuscular blockade, respiratory failure, and prolonged respiratory paralysis may occur more commonly in these patients.
- Bronchospasm can occur with inhalation of tobramycin.
- Audiograms, serum concentrations, and renal function should be monitored as appropriate.
- Fetal harm can occur when aminoglycosides are administered to a pregnant woman.
- Use caution when aztreonam is administered to patients with a known allergic reaction to beta-lactams.
- Bronchospasm has been reported with aztreonam for inhalation. Stop treatment if chest tightness develops during nebulizer use.

ADVERSE REACTIONS:

- The most common adverse reactions for tobramycin inhalation solution (≥5 %) are: cough, pharyngitis, increased sputum, forced expiratory volume decreased, rales, red blood cell sedimentation rate increased, and dysphonia.
- The most common adverse reactions for tobramycin inhalation powder (≥10 %) are cough, lung disorder, productive cough, dyspnea, pyrexia, oropharyngeal pain, dysphonia, hemoptysis, and headache.

- The most common adverse reactions for aztreonam inhalation solution in clinical trials (≥5 %) are: cough, nasal congestion, wheezing, pharyngolaryngeal pain, pyrexia, chest discomfort, abdominal pain and vomiting.

DRUG INTERACTIONS:

- Concurrent and/or sequential use of tobramycin inhalation powder with other drugs with neurotoxic, nephrotoxic, or ototoxic potential should be avoided.
- Tobramycin inhalation solution should not be administered concomitantly with ethacrynic acid, furosemide, urea, or mannitol.

References:

1. Facts & Comparisons eAnswers. 2015 Clinical Drug Information, LLC. Accessed July, 2015
2. Cayston® [package insert]. Foster City, CA: Gilead Sciences, Inc.; May 2014.
3. TOBI® podhaler [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2015.
4. Bethkis® [package insert]. Woodstock, IL: Chiesa USA, Inc. May 2014.
5. Kitabis® [package insert]. Woodstock, IL: Catalent Pharma Solutions, LLC. November 2014.

PRODUCT DETAILS OF LEUKOTRIENE MODIFIERS

INDICATIONS AND USE:

- Singulair (montelukast) – prophylaxis and chronic treatment of asthma in patients 12 months of age and older. Acute prevention of exercise-induced bronchoconstriction (EIB) in patients 6 years of age and older. Relief of symptoms of allergic rhinitis (AR): seasonal allergic rhinitis (SAR) in patients 2 years of age and older; and perennial allergic rhinitis (PAR) in patients 6 months of age and older.
- Accolate (zafirlukast) – prophylaxis and chronic treatment of asthma in adults and children 5 years of age and older.
- Zyflo (zileuton) – prophylaxis and chronic treatment of asthma in adults and children 12 years of age and older.

DOSAGE FORMS:

- Singulair: Tablets 10 mg; Chewable tablets 4 mg and 5 mg; Granules 4mg.
- Accolate: Tablets 10 mg and 20 mg.
- Zyflo: Tablets 600 mg.

ADMINISTRATION:

- Singulair
  Asthma: Once daily in the evening for patients 12 months and older.
  Acute prevention of EIB: One tablet at least 2 hours before exercise for patients 6 years of age and older.
  SAR: Once daily for patients 2 years and older.
  PAR: Once daily for patients 6 months and older.
  Dosage by age:
    15 years and older – one 10 mg tablet
    6 to 14 years: one 5 mg chewable tablet
    2 to 5 years: one 4 mg chewable tablet or one packet of 4 mg oral granules
    6 to 23 months: one packet of 4 mg oral granules
- Accolate
  Adults and children 12 years of age and older – 20 mg twice daily
  Pediatric patients 5 through 11 years of age – 10 mg twice daily
- Zyflo
  Adults and children 12 years of age and older – two 600 mg tablets twice daily within one hour after morning and evening meals.

WARNINGS AND PRECAUTIONS:

- Leukotriene modifiers are not indicated for use in the reversal of bronchospasm in acute asthma attacks, including status asthmaticus. Have appropriate rescue medication available.
- Neuropsychiatric events have been reported in adult, adolescent, and pediatric patients taking leukotriene modifiers. Evaluate the risks and benefits of continuing treatment if such events occur.

- Inhaled corticosteroids may be reduced gradually. Do not abruptly substitute leukotriene modifiers for inhaled or oral corticosteroids.
- Patients with known aspirin sensitivity should continue to avoid aspirin or non-steroidal anti-inflammatory agents while taking montelukast.
- Systemic eosinophilia, sometimes presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, has been reported. These events have been sometimes associated with the reduction of oral corticosteroid therapy.
- Patients with phenylketonuria should be informed that the 4 mg and 5 mg chewable montelukast tablets contain phenylalanine.
- Cases of liver injury and life-threatening hepatic failure have been reported in patients treated with zafirlukast. Patients should be advised to be alert for signs and symptoms of liver dysfunction.
- Coadministration of zafirlukast with warfarin results in clinically significant increase in prothrombin time (PT). Patients on oral warfarin and zafirlukast should have their PT monitored closely.
- Elevations of liver function tests may occur with zileuton. Assess hepatic function enzymes prior to initiation of therapy and monthly for the first 3 months, every 2-3 months for the first year, and periodically thereafter.

ADVERSE REACTIONS:

- Montelukast – The most common adverse reactions in clinical trials (≥ 5%) are: upper respiratory infection, fever, headache, pharyngitis, cough, abdominal pain, diarrhea, otitis media, influenza, rhinorrhea, sinusitis, and otitis.
- Zafirlukast – The most common adverse reactions in clinical trials (≥1%) are: headache, infection, nausea, diarrhea, pain, asthenia, abdominal pain, accidental injury, dizziness, myalgia, fever, back pain, vomiting, SGPT elevation, dyspepsia.
- Zileuton – The most common adverse reactions (≥ 5%) are: sinusitis, nausea, and pharyngolaryngeal pain.

DRUG INTERACTIONS:

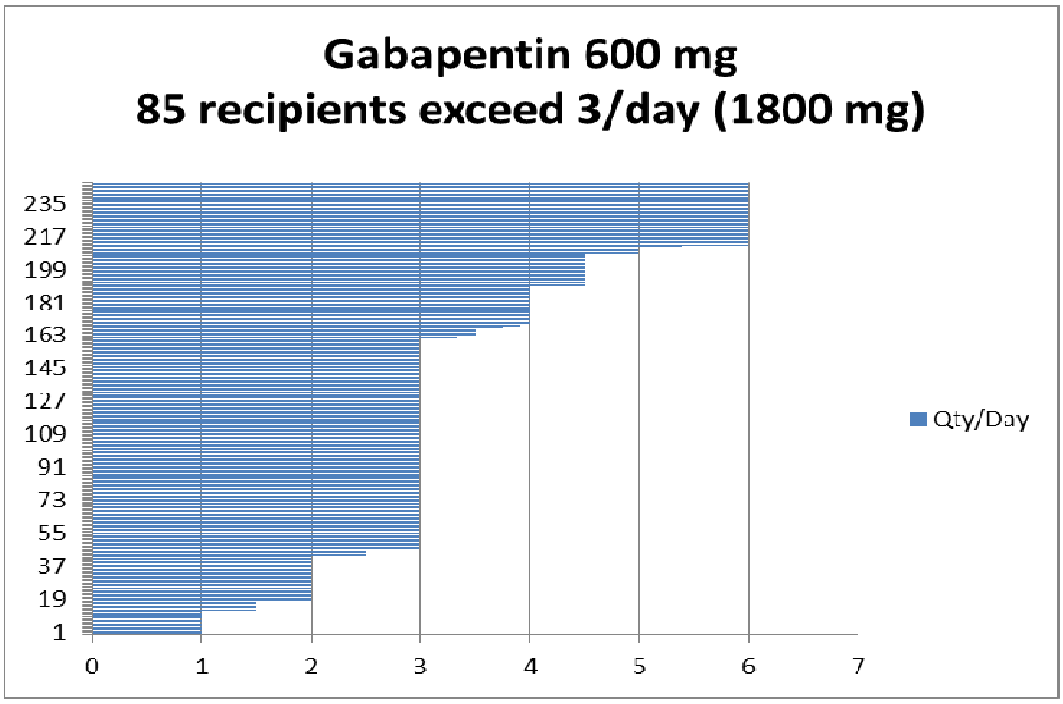
- Zafirlukast administered with warfarin increases prothrombin time.
- Zafirlukast administered with aspirin increases plasma levels of zafirlukast.
- Zafirlukast administered with erythromycin decreases plasma levels of zafirlukast.
- Zafirlukast administered with theophylline decreases plasma levels of zafirlukast.
- Zileuton increases theophylline levels.
- Zileuton increases warfarin levels.
- Zileuton increases propranolol levels and beta-blocker activity.

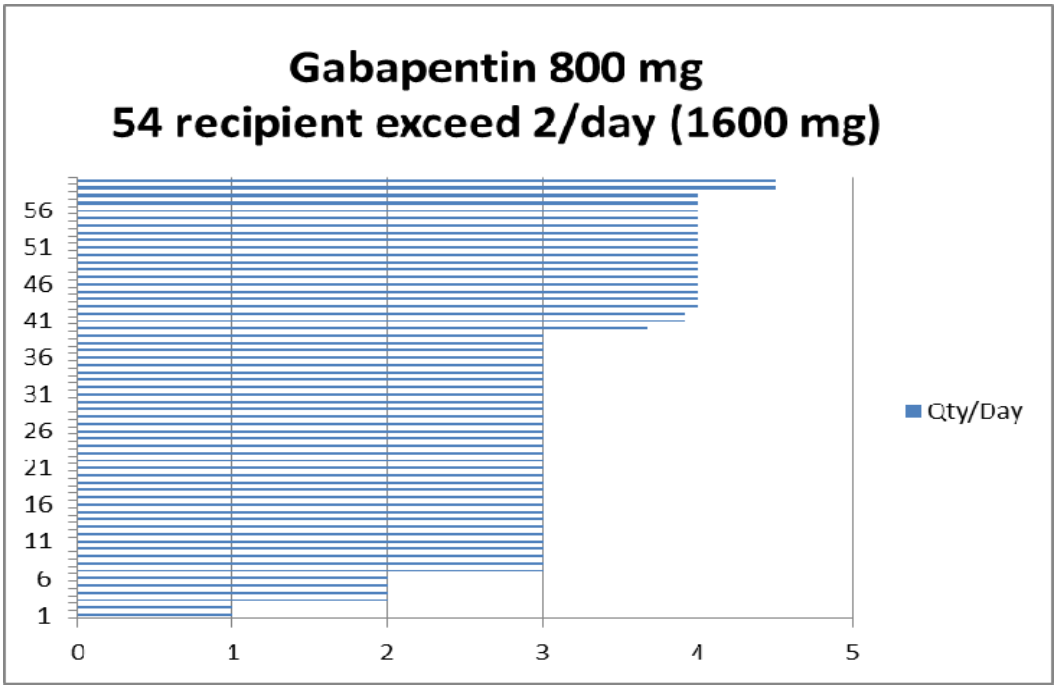
UTILIZATION:

ND Medicaid Leukotriene Inhibitor Utilization		
01/01/2015 – 06/30/2015		
Generic Name	**Rx Num**	**Total Reimb Amt**
Montelukast	3735	$84,138.12
Zafirlukast	13	$688.40
Total	**3748**	**$84,826.52**

References:

1. Leukotriene modifiers. Facts & Comparisons eAnswers. 2015 Clinical Drug Information, LLC. Accessed July, 2015
2. Singulair® [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; March 2015.
3. Accolate® [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2013.
4. Zyflo® [package insert]. Cary, NC: Chiesi USA, Inc.; March 2014.


Gabapentin 600 mg
85 recipients exceed 3/day (1800 mg)
235
217
199
181
163
145
127
109
91
73
55
37
19
1
0
1
2
3
4
5
6
7
Qty/Day


Gabapentin 800 mg
54 recipient exceed 2/day (1600 mg)
56
51
46
41
36
31
26
21
16
11
6
1
0
1
2
3
4
5
Qty/Day

M E M O R A N D U M

DATE: July 1, 2015

TO: Physicians Who Prescribe to Medicaid Patients

FROM: Brendan K. Joyce, PharmD, Administrator Pharmacy Services

SUBJECT: Gabapentin Indication Survey and Quantity Limits Notice

Under Section 1927 of the Social Security Act and the 2003 Legislative Assembly House Bill 1430, a Drug Utilization Review (DUR) Board was formed that monitors for overutilization, incorrect drug dosage or duration of drug treatment, and clinical abuse/misuse and, as necessary, introduces remedial strategies, in order to improve the quality of care and to conserve program funds or personal expenditures.

The DUR Board, consisting of six physicians, six pharmacists, one consumer advocate, two non-voting members of the Department and two Pharmaceutical Representatives, has reviewed and supports the Department's plan to limit gabapentin for non-seizure indications to a daily dose of 1800 mg. We are requesting a survey of indication to identify patients with seizure indications to prevent coverage interruption. This notice provides important details on how physicians and patients will continue to access Medicaid pharmaceutical benefits with quantity limits in place.

You are receiving this notice because Department records indicate that you have prescribed gabapentin Medicaid beneficiaries during the past 90 days. Included, you will find documentation on how to access the North Dakota NDC Drug Lookup website. This website provides current drug coverage information, including access to quantity limit information.

DIRECTIONS FOR PHYSICIANS

Please provide the indication for your patient receiving over 1800 mg of gabapentin per day.

The proposed quantity limits are:

- Gabapentin 600 mg: 3 per day
- Gabapentin 800 mg: 2 per day

Note: Different strengths of gabapentin will not be covered concurrently.

As the prescribing physician, when you prescribe one of the medications listed above for your patient/s, the quantity must not exceed the defined limits or the Department will deny the claim at the pharmacy.

For additional information regarding the implementation of quantity limits, please contact Brendan Joyce, PharmD, DHS Director of Pharmaceutical Services, at (701) 328-4023.

Please Fax this survey to 701-328-1544 Attention: Pharmacy Services

Patient: _____

Indication for Gabapentin:

_____

NORTH DAKOTA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
3RD QUARTER 2015

Criteria Recommendations ***Approved Rejected***

1. Human Insulin Inhaled / Black Box _____ _____

Alert Message: Afrezza (inhaled human insulin powder) use is contraindicated in patients with chronic lung disease such as asthma or COPD. Acute bronchospasm has been observed in patients with asthma and COPD using this product. Before initiating inhaled human insulin, perform a detailed medical history, physical exam, and spirometry (FEV1) to identify potential lung disease in all patients.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Include)**
Human Insulin Inhaled		Asthma
		COPD
		Asthma Medications
		COPD Medications

References:
Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

2. Human Insulin Inhaled / Monitoring _____ _____

Alert Message: Afrezza (inhaled human insulin powder) causes a decline in lung function over time as measured by FEV1. Assess pulmonary function (e.g. spirometry) at baseline, after the first 6 months of therapy, and annually thereafter, even in the absence of pulmonary symptoms.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Human Insulin Inhaled		

References:
Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

3. Human Insulin Inhaled / Lung Cancer _____ _____

Alert Message: Afrezza (inhaled human insulin powder) should not be used in patients with active lung cancer. In patients with prior history of lung cancer or at risk for lung cancer, the benefit of inhaled human insulin powder use should outweigh the potential risk. While data is insufficient to determine whether inhaled human insulin has an effect on lung or respiratory tract tumors, 2 cases of lung cancer occurred in patients in clinical trials and 2 additional cases of lung cancer were reported after trial completion.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Human Insulin Inhaled	Lung Cancer	

References:
Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

4. Human Insulin Inhaled / Pediatric Use (0-17 yoa) _____ _____

Alert Message: Afrezza (inhaled human insulin powder) has not been studied in patients younger than 18 years of age.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A	Util B	Util C
Human Insulin Inhaled		

Age Range: 0 - 17 yoa

References:

Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

5. Human Insulin Inhaled / Type 1 / LA Insulin, Type 2 & Other Hypoglycemics _____ _____

Alert Message: Afrezza (inhaled human insulin powder) is a rapid-acting insulin product and is not a substitute for long-acting insulin. A review of the recent prescription claims data does not reveal the presence of a long-acting insulin product for this patient. In patients with type 1 diabetes inhaled human insulin powder must be used in combination with long-acting insulin.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Human Insulin Inhaled	Type 1 Diabetes	Long-acting Insulin
		Type 2 Diabetes
		Oral Hypoglycemics
		Sub-Q Hypoglycemics

References:

Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

6. Human Insulin Inhaled / Tobacco Use Disorder _____ _____

Alert Message: The use of Afrezza (inhaled human insulin powder) is not recommended in patients who smoke or who have recently stopped smoking. The absorption of inhaled insulin is increased by smoking. Its absorption is decreased over a 3-4 week period of smoking cessation. Upon smoking resumption inhaled insulin absorption rapidly reverts back to that seen in chronic smokers in only 1 to 2 days.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A	Util B	Util C **(Include)**
Human Insulin Inhaled		Tobacco Use Disorder

References:

Afrezza Prescribing Information, Oct. 2014, Sanofi Pharmaceuticals.
Becker RH, Sha S, Frick AD, Fountaine RJ. The Effect of Smoking Cessation and Subsequent Resumption on Absorption of Inhaled Insulin. Diabetes Care Feb 2006 Vol.29No. 2:277-282.
Clinical Pharmacology, 2014 Elsevier/Gold Standard.

7. Ivabradine / Overutilization _____ _____

Alert Message: The manufacturer's recommended maximum daily dose of Corlanor (ivabradine) is 7.5 mg twice daily.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Ivabradine		

Max Dose: 15 mg/day

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

8. Ivabradine / Severe Hepatic Impairment _____ _____

Alert Message: Corlanor (ivabradine) is contraindicated in patients with severe hepatic impairment. Ivabradine undergoes extensive hepatic metabolism and increased systemic exposure is anticipated in this patient population.

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

Util A	Util B	Util C
Ivabradine	Hepatic Impairment	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

9. Ivabradine / Contraindicated Cardiac Conditions _____ _____

Alert Message: Corlanor (ivabradine) is contraindicated in patients with: acute decompensated heart failure, blood pressure less than 90/50 mmHg, sick sinus syndrome, sinoatrial block, 3rd degree AV block (unless a functioning demand pacemaker is present), resting heart rate of less than 60 bpm prior to treatment, and pacemaker dependence.

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

Util A	Util B	Util C
Ivabradine	Bradycardia	
	Sick sinus Syndrome	
	3rd Degree AV Block	
	Hypotension	
	Pacemaker	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

10. Ivabradine / Strong CYP3A4 Inhibitors _____ _____

Alert Message: The concurrent use of Corlanor (ivabradine) with strong CYP3A4 inhibitors is contraindicated. Ivabradine undergoes extensive CYP3A4-mediated hepatic metabolism and concomitant use with a strong CYP3A4 inhibitor may result in a significant increase in ivabradine concentrations and exacerbation of bradycardia and conduction disturbances.

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

Util A	Util B		Util C
Ivabradine	Nefazodone	Itraconazole	
	Clarithromycin	Ketoconazole	
	Telithromycin	Posaconazole	
	Saquinavir	Voriconazole	
	Ritonavir	Boceprevir	
	Nelfinavir	Cobicistat	
	Indinavir		
	Atazanavir		
	Darunavir		
	Tipranavir		

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

11. Ivabradine / Strong CYP3A4 Inducers _____ _____

Alert Message: Concurrent use of Corlanor (ivabradine) with strong CYP3A4 inducers should be avoided. Ivabradine undergoes extensive CYP3A4-mediated hepatic metabolism and concomitant use with a strong CYP3A4 inducer may result in decreased ivabradine plasma concentrations and loss of therapeutic effect.

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

Util A	Util B	Util C
Ivabradine	Rifampin	
	Carbamazepine	
	Phenytoin	
	Phenobarbital	
	Primidone	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

12. Ivabradine / Moderate CYP3A4 Inhibitors _____ _____

Alert Message: Concurrent use of Corlanor (ivabradine) with moderate CYP3A4 inhibitors should be avoided. Ivabradine undergoes extensive CYP3A4-mediated hepatic metabolism and concomitant use with a moderate CYP3A4 inhibitor may result in increased ivabradine plasma concentrations and exacerbation of bradycardia and conduction disturbances.

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

Util A	Util B		Util C
Ivabradine	Aprepitant	Amiodarone	
	Ciprofloxacin	Imatinib	
	Erythromycin		
	Fluconazole		

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

13. Ivabradine / Verapamil & Diltiazem _____ _____

Alert Message: Concurrent use of Corlanor (ivabradine) with the calcium channel blocker (CCB) verapamil or diltiazem should be avoided. Both verapamil and diltiazem are moderate CYP3A4 inhibitors and use with ivabradine, a CYP3A4 substrate, may result in elevated ivabradine plasma concentrations and exacerbation of bradycardia and conduction disturbances. Additionally, verapamil and diltiazem can slow the heart rate further increasing the risk of bradycardia.

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

Util A	Util B	Util C
Ivabradine	Verapamil	
	Diltiazem	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

14. Ivabradine / Negative Chronotropes _____ _____

Alert Message: Caution should be exercised in patients taking Corlanor (ivabradine) concurrently with other negative chronotropes (e.g., digoxin, amiodarone, beta blockers) due to increased risk of bradycardia. Heart rate monitoring is recommended in patients receiving ivabradine concomitantly with these agents.

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

Util A	Util B	Util C
Ivabradine	Digoxin	
	Amiodarone	
	Beta Blockers	

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

15. Ivabradine / Contraceptive Agents _____ _____

Alert Message: Corlanor (ivabradine) may cause fetal toxicity when administered to a pregnant woman based on animal studies. Advise females of child-bearing potential to use effective contraception when taking ivabradine.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Ivabradine		Intrauterine Device
		Subdermal Contraceptive Device
		Oral Contraceptives
		Transdermal Patches

Age Range: 11-45
Gender: Female

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

16. Ivabradine / Pregnancy / Pregnancy Negating _____ _____

Alert Message: Pregnant patients who are started on Corlanor (ivabradine), especially during the first trimester, should be followed closely for destabilization of their congestive heart failure that could result from heart rate slowing.

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

Util A	Util B	Util C **(Negating)**
Ivabradine	Pregnancy	Miscarriage
		Delivery
		Abortion

Gender: Female

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

17. Ivabradine / 2nd Degree AV Block / Pacemaker _____ _____

Alert Message: The use of Corlanor (ivabradine) should be avoided in patients with 2nd degree atrioventricular block, unless a functioning demand pacemaker is present.

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

Util A	Util B	Util C **(Negating)**
Ivabradine	2nd Degree AV Block	Cardiac Pacemaker

Gender: Female

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

18. Ivabradine / Atrial Fibrillation _____ _____

Alert Message: Corlanor (ivabradine) can cause atrial fibrillation. The manufacturer recommends regular monitoring of cardiac rhythm and discontinuation of ivabradine if atrial fibrillation develops.

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

Util A	Util B	Util C
Ivabradine	Atrial Fibrillation	

Gender: Female

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

19. Ivabradine / Non-adherence _____ _____

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

Conflict Code: LR – Non-adherence
Drugs/Diseases

Util A	Util B	Util C
Ivabradine		

References:
Corlanor Prescribing Information, April 2015, Amgen Medical Information.

20. Palbociclib / Letrozole (Negating) _____ _____

Alert Message: A review of the patient's profile history does not show the concurrent use of Ibrance (palbociclib) with letrozole. The combination of palbociclib and letrozole increases the inhibition of Rb phosphorylation, downstream signaling and tumor growth compared to each drug alone.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Palbociclib		Letrozole

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

21. Palbociclib 125 mg / Strong CYP3A4 Inhibitors _____ _____

Alert Message: Concurrent use of Ibrance (palbociclib), a CYP3A4 substrate, with a strong CYP3A4 inhibitors should be avoided. If coadministration with a strong CYP3A4 inhibitor cannot be avoided the palbociclib dose should be reduced to 75 mg once daily. If the inhibitor is discontinued, increase the palbociclib dose (after a 3 - 5 half-lives of the inhibitor) to the dose used prior to initiation of the strong 3A4 inhibitor.

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

Util A	Util B			Util C
Palbociclib 125mg	Nefazodone	Atazanavir	Boceprevir	
	Clarithromycin	Darunavir	Cobicistat	
	Telithromycin	Tipranavir		
	Saquinavir	Itraconazole		
	Ritonavir	Posaconazole		
	Indinavir	Voriconazole		
	Nelfinavir	Ketoconazole		

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

22. Palbociclib / Strong to Moderate CYP3A4 Inducers _____ _____

Alert Message: Concurrent use of Ibrance (palbociclib), a CYP3A4 substrate, with moderate or strong CYP3A4 inducers should be avoided as coadministration of palbociclib with these agents may result in a significant decrease in palbociclib plasma exposure and loss of therapeutic effect.

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

Util A	Util B		Util C
Palbociclib	Phenytoin	Rifapentine	
	Phenobarbital	Efavirenz	
	Primidone	Etravirine	
	Carbamazepine	Modafinil	
	Oxcarbazepine	Bosentan	
	Rifampin		
	Rifabutin		

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

23. Palbociclib / CYP3A4 Substrates w/ Narrow Therapeutic Index _____ _____

Alert Message: Concurrent use of Ibrance (palbociclib), a CYP3A4 inhibitor, and a CYP3A4 substrate with a narrow therapeutic index may result in increased CYP3A4 substrate plasma exposure and potential for substrate-related adverse effects. The dose of the substrate may need to be reduced when given concurrently with palbociclib.

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

Util A	Util B		Util C
Palbociclib	Cyclosporine	Sirolimus	
	Quinidine	Tacrolimus	
	Everolimus	Midazolam	
	Fentanyl		
	Pimozide		
	Ergotamine		
	Dihydroergotamine		

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

24. Palbociclib / Pregnancy / Pregnancy Negating _____ _____

Alert Message: Based on animal findings and mechanism of action, Ibrance (palbociclib) may cause fetal harm when administered to a pregnant woman. The use of effective contraception is recommended to avoid pregnancy during treatment and for at least 2 weeks after the last dose.

Conflict Code: Mc – Drug (Actual) Disease Precaution
Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Palbociclib	Pregnancy	Delivery
		Miscarriage
		Abortion

References:
Ibrance Prescribing Information, Feb. 2015, Pfizer, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

25. Dolutegravir / Non Recommended INSTI ART Regimen Agents _____ _____

Alert Message: The patient appears to be receiving an INST-based ART regimen that is not recommended in treatment-naïve patients. The recommended INSTI-based regimens involving dolutegravir include: dolutegravir/abacavir/lamivudine (in HLA-B *5701 negative patients only) or dolutegravir plus tenofovir and emtricitabine. Other dolutegravir based regimens have not been shown to be as effective as the above recommended regimens.

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

Util A	Util B	Util C **(Negating)**
Dolutegravir	Didanosine	Tenofovir
	Zidovudine	Emtricitabine
	Stavudine	Abacavir/Lamivudine
	Delavirdine	Abacavir
	Etravirine	Lamivudine
	Nevirapine	Abacavir/Lamivudine/Dolutegravir
	Rilpivirine	
	Efavirenz	
	Saquinavir	
	Ritonavir	
	Indinavir	
	Nelfinavir	
	Atazanavir	
	Fosamprenavir	
	Tipranavir	
	Darunavir	
	Maraviroc	
	Enfuvirtide	

References:
Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents. Department of Health and Human Services. May 1, 2014. Available at: http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf.

26. Ticagrelor / Itraconazole _____ _____

Alert Message: The concurrent use of Brilinta (ticagrelor) and itraconazole is contraindicated. Coadministration of these agents may result in elevated ticagrelor plasma concentrations leading to increased risk of bleeding due to the inhibition, by itraconazole, of ticagrelor CYP3A4-mediated metabolism.

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

Util A	Util B	Util C
Ticagrelor	Itraconazole	

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

27. Fesoterodine / Itraconazole / Mod to Sev Renal Imp. & Hepatic Imp. _____ _____

Alert Message: Concurrent use of Toviaz (fesoterodine) and itraconazole is contraindicated in patients with moderate to severe renal impairment or moderate to severe hepatic impairment. Coadministration of these agents in these patient populations may result in increased fesoterodine exposure due to decreased elimination or metabolism plus the inhibition, by itraconazole, of fesoterodine CYP3A4-mediated metabolism.

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

Util A	Util B	Util C **(Include)**
Fesoterodine	Itraconazole	CKD Stage 3, 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

28. Fesoterodine 8 mg / Itraconazole / Mod to Sev Renal Imp. & Hepatic Imp. _____ _____

Alert Message: The daily dose of Toviaz (fesoterodine) should not exceed 4 mg once daily in patients receiving concurrent therapy with itraconazole. Coadministration of these agents may result in elevated fesoterodine plasma concentrations due to inhibition, by itraconazole, of fesoterodine CYP3A4-mediated metabolism. Concurrent use of fesoterodine and itraconazole is contraindicated in patients with moderate to severe renal impairment or moderate to severe hepatic impairment.

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

Util A	Util B	Util C **(Negate)**
Fesoterodine 8mg	Itraconazole	CKD Stage 3, 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2015 Updates, Wolters Kluwer Health.

29. Solifenacin / Itraconazole / Severe Renal Imp. & Hepatic Imp. _____ _____

Alert Message: Concurrent use of Vesicare (solifenacin) and itraconazole is contraindicated in patients with severe renal impairment or moderate to severe hepatic impairment. Coadministration of these agents in these patient populations may result in increased solifenacin exposure due to decreased elimination or metabolism plus inhibition, by itraconazole, of solifenacin CYP3A4-mediated metabolism.

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

Util A	Util B	Util C **(Include)**
Solifenacin	Itraconazole	CKD Stage 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

30. Solifenacin / Itraconazole / Severe Renal Imp. & Hepatic Imp. _____ _____

Alert Message: Concurrent use of Vesicare (solifenacin) and itraconazole is contraindicated in patients with severe renal impairment or moderate to severe hepatic impairment. Coadministration of these agents in these patient populations may result in increased solifenacin exposure due to decreased elimination or metabolism plus inhibition, by itraconazole, of solifenacin CYP3A4-mediated metabolism.

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

Util A	Util B	Util C **(Include)**
Solifenacin	Itraconazole	CKD Stage 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

31. Solifenacin 10mg / Itraconazole/ Severe Renal Imp. & Hepatic Imp. _____ _____

Alert Message: The daily dose of Vesicare (solifenacin) should not exceed 5 mg once daily in patients receiving concurrent therapy with itraconazole. Coadministration of these agents may result in elevated solifenacin plasma concentrations due to the inhibition, by itraconazole, of solifenacin CYP3A4 mediated metabolism. Concurrent use of solifenacin and itraconazole is contraindicated in patients with severe renal impairment or moderate to severe hepatic impairment.

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

Util A	Util B	Util C **(Negate)**
Solifenacin 10mg	Itraconazole	CKD Stage 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Facts & Comparisons, 2015 Updates, Wolters Kluwer Health.

32. Disopyramide / Itraconazole _____ _____

Alert Message: Concurrent use of disopyramide and itraconazole is contraindicated. Coadministration of these agents may result in elevated disopyramide plasma concentrations and risk of serious cardiovascular adverse events (e.g., QT prolongation and torsade de pointes) due to the inhibition, by itraconazole, of disopyramide CYP3A4-mediated metabolism.

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

Util A	Util B	Util C
Disopyramide	Itraconazole	

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

33. Methadone / Itraconazole _____ _____

Alert Message: Concurrent use of methadone and itraconazole is contraindicated. Coadministration of these agents may cause elevated methadone plasma concentrations increasing the risk of serious cardiovascular adverse events (e.g., QT prolongation and torsade de pointes) due to the inhibition, by itraconazole, of methadone CYP3A4-mediated metabolism.

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

Util A	Util B	Util C
Methadone	Itraconazole	

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

34. Telithromycin / Itraconazole / Severe Renal Dz & Hepatic Impairment _____ _____

Alert Message: Concurrent use of Ketek (telithromycin) and itraconazole is contraindicated in patients with severe renal impairment or severe hepatic impairment. Coadministration of these agents may cause elevated telithromycin plasma concentrations increasing the risk of serious cardiovascular adverse events (e.g., QT prolongation and torsade de pointes) due to the inhibition, by itraconazole, of telithromycin CYP3A4-mediated metabolism.

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

Util A	Util B	Util C **(Include)**
Telithromycin	Itraconazole	CKD Stage 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

35. Telithromycin / Itraconazole / Severe Renal Dz & Hepatic Impairment _____ _____

Alert Message: Caution should be exercised when Ketek (telithromycin) is administered with itraconazole due to the increased risk of serious telithromycin-related adverse cardiovascular events (e.g., QT prolongation and torsade de pointes). Coadministration of these agents may cause elevated telithromycin plasma concentrations due to the inhibition, by itraconazole, of telithromycin CYP3A4-mediated metabolism.

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

Util A	Util B	Util C **(Negate)**
Telithromycin	Itraconazole	CKD Stage 4 & 5
		ESRD
		Hepatic Impairment

References:
Sporanox Prescribing Information, March 2015, Janssen Pharmaceuticals, Inc.

36. Atazanavir / Nevirapine _____ _____

Alert Message: Concurrent use of Reyataz (atazanavir) with nevirapine is contraindicated. Both agents are CYP3A4 substrates. Nevirapine is a strong CYP3A4 inducer and use with atazanavir can result in substantially decrease atazanavir exposure which may lead to loss of therapeutic effect and development of resistance. Atazanavir is a CYP3A4 inhibitor and concurrent use may cause increased nevirapine exposure and risk of nevirapine adverse reactions.

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

Util A	Util B	Util C
Atazanavir	Nevirapine	

References:
Clinical Pharmacology, 2014 Elsevier/Gold Standard
Facts & Comparisons, 2014 Updates, Wolters Kluwer Health.
Reyataz Prescribing Information, June 2014, Bristol-Myers Squibb.

37. Alosetron / Fluvoxamine _____ _____

Alert Message: Concurrent use of Lotronex (alosetron) with fluvoxamine is contraindicated due to the risk of significantly elevated alosetron plasma levels which may result in severe constipation. Fluvoxamine, a CYP3A4 & CYP1A2 inhibitor, has been shown to increase the AUC of alosetron, a CYP3A4 & CYP1A2 substrate, approximately 6-fold and prolong the half-life by 3-fold.

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

Util A	Util B	Util C
Alosetron	Fluvoxamine	

References:
Clinical Pharmacology, 2014 Elsevier/Gold Standard
Facts & Comparisons, 2014 Updates, Wolters Kluwer Health.

38. Dulaglutide / Medullary Thyroid Cancer & MENS II _____ _____

Alert Message: The use of Trulicity (dulaglutide), a glucagon-like peptide-1 (GLP-1) receptor agonist, is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC) or with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). GLP-1 receptor agonists have been shown to increase the incidence of thyroid C-cell tumors in rodents. Counsel patients regarding the risk of MTC and the symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea or persistent hoarseness).

Conflict Code: MC – Drug Disease Warning/Contraindication
Drugs/Diseases:

Util A	Util B	Util C **(Include)**
Dulaglutide		Medullary Thyroid Cancer & MENS II

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

39. Dulaglutide / Black Box Warning _____ _____

Alert Message: Trulicity (dulaglutide) is a glucagon-like peptide-1 (GLP-1) receptor agonist and GLP-1 agonists have been shown to cause thyroid C-cell tumors at clinically relevant exposure in rodents. It is unknown whether dulaglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans. Counsel patients regarding the risk of medullary thyroid carcinoma and the symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, or persistent hoarseness).

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases:

Util A	Util B	Util C
Dulaglutide		

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

40. Dulaglutide / Pancreatitis _____ _____

Alert Message: In clinical trials, there were more cases of pancreatitis related adverse reactions among patients treated with Trulicity (dulaglutide) than placebo-treated. If pancreatitis is suspected, promptly discontinue dulaglutide and if confirmed dulaglutide should not be restarted. Consider other antidiabetic therapies in patients with a history of pancreatitis.

Conflict Code: MC – Drug Disease Warning/Contraindication
Drugs/Diseases:

Util A	Util B	Util C
Dulaglutide	Pancreatitis	

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

41. Dulaglutide / Insulin & Insulin Secretagogues _____ _____

Alert Message: The risk of hypoglycemia is increased when Trulicity (dulaglutide) is used in combination with insulin secretagogues (e.g. sulfonylureas) or insulin. Therefore, patients may require a lower dose of sulfonylurea or insulin to reduce the risk of hypoglycemia in this setting.

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

Util A	Util B	Util C
Dulaglutide	Insulins	
	Chlorpropamide	
	Glimepiride	
	Glipizide	
	Glyburide	
	Tolazamide	
	Tolbutamide	

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

42. Dulaglutide / Renal Impairment _____ _____

Alert Message: Use caution when initiating or escalating doses of Trulicity (dulaglutide) in patients with renal impairment. Dulaglutide is a glucagon-like peptide-1 receptor (GLP-1) agonist and there have been postmarketing reports of acute renal failure and worsening of chronic renal failure in patients treated with these agents. No dosage adjustment is recommended in renal impairment but monitoring renal function is recommended in patients reporting severe adverse gastrointestinal reactions.

Conflict Code: MC – Drug Disease Warning/Contraindication
Drugs/Diseases:

Util A	Util B	Util C (Include)
Dulaglutide		Renal Impairment

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

43. Dulaglutide / Severe Gastrointestinal Disorders _____ _____

Alert Message: Trulicity (dulaglutide), a glucagon-like peptide-1 (GLP-1) receptor agonist, has not been studied and its use is not recommended in patients with pre-existing severe gastrointestinal disease, including severe gastroparesis. GLP-1 receptor agonists slow gastric emptying and can exacerbate gastrointestinal disorders.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Include)**
Dulaglutide		Gastroparesis
		Irritable Bowel Syndrome
		Diverticular Disease
		Crohn's Disease
		Ulcerative Colitis

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

44. Dulaglutide / Therapeutic Appropriateness < 18 years of age _____ _____

Alert Message: Safety and effectiveness of Trulicity (dulaglutide) have not been established in pediatric patients and dulaglutide use is not recommended in pediatric patients younger than 18 years of age.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Dulaglutide		

Age Range: 0-17 yoa

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

45. Dulaglutide / Pregnancy / Delivery, Miscarriage & Abortion _____ _____

Alert Message: There are no adequate and well-controlled studies of Trulicity (dulaglutide) in pregnant women. Dulaglutide is Pregnancy Category C and should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus.

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

Util A	Util B	Util C **(Negating)**
Albiglutide	Pregnancy	Delivery
		Miscarriage
		Abortion

Age Range: 11-55 yoa
Gender: Female

References:
Trulicity Prescribing Information, Sept. 2014, Eli Lilly and Company.

46. Dulaglutide / Non-adherence _____ _____

Alert Message: Non-adherence to Trulicity (dulaglutide) therapy may result in loss of glycemic control and an increased risk of developing adverse diabetic-related complications.

Conflict Code: LR – Non-adherence
Drugs/Diseases

Util A	Util B	Util C
Dulaglutide		

References:
Ho PM, Rumsfeld JS, Masoudi FA, et al., Effect of Medication Nonadherence on Hospitalization and Mortality Among Patients with Diabetes Mellitus. Arch Intern Med. 2006;166:1836-1841.
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 Non adherence with Prescription Drugs Among Older Adults. Am J Manag Care. 2011 Feb; 17(2):153-60.

47. Varenicline / Therapeutic Appropriateness _____ _____

Alert Message: New and worsening seizures have been observed in patients taking Chantix (varenicline). Varenicline should be used with caution in patients with a history of seizures or other factors that can lower the seizure threshold. Advise patients to discontinue varenicline and contact the prescriber immediately if they experience a seizure while on varenicline.

Conflict Code: TA **–** Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Varenicline		

References:
Chantix Prescribing Information, Sept. 2014, Pfizer, Inc.
Clinical Pharmacology, 2014 Elsevier/Gold Standard.

48. Sofosbuvir / Overutilization _____ _____

Alert Message: The recommended dose of Sovaldi (sofosbuvir) is 400 mg taken once daily with or without food.

Conflict Code: ER - Overutilization
Drugs/Diseases

Util A	Util B	Util C
Sofosbuvir		

Max Dose: 400mg/day

References:
Sovaldi Prescribing Information, March 2015, Gilead Science.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

49. Sofosbuvir / Ribavirin & Peginterferon Alfa (Negating) _____ _____

Alert Message: Sovaldi (sofosbuvir) is not recommended as monotherapy. Sofosbuvir should be used in combination with ribavirin or in combination with peginterferon alfa and ribavirin for the treatment of CHC in adults.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C **(Negating)**
Sofosbuvir		Ribavirin
		Peginterferon alfa
		Simeprevir

References:
Sovaldi Prescribing Information, Dec. 2014, Gilead Science.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

50. Sofosbuvir / Other P-gp Inducers _____ _____

Alert Message: The concurrent use of Sovaldi (sofosbuvir) with a P-gp inducer is not recommended. Sofosbuvir is a P-gp substrate and co-administration of a P-gp inducer may result in decreased sofosbuvir plasma concentrations and reduced therapeutic effect of sofosbuvir.

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

Util A	Util B	Util C
Sofosbuvir	Carbamazepine	
	Oxcarbazepine	
	Phenytoin	
	Phenobarbital	
	Primidone	
	Rifabutin	
	Rifapentine	
	Rifampin	

References:
Sovaldi Prescribing Information, March 2015, Gilead Science.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

51. Sofosbuvir / Tipranavir / Ritonavir _____ _____

Alert Message: The concurrent use of Sovaldi (sofosbuvir) with ritonavir-boosted tipranavir is not recommended. Tipranavir is a P-gp inducer and co-administration with the P-gp substrate sofosbuvir may result in decreased sofosbuvir plasma concentrations and reduced therapeutic effect of sofosbuvir.

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

Util A	Util B	Util C **(Include)**
Sofosbuvir	Tipranavir	Ritonavir

References:
Sovaldi Prescribing Information, March 2015, Gilead Science.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.

52. Sofosbuvir / Therapeutic Appropriateness _____ _____

Alert Message: Safety and effectiveness of Sovaldi (sofosbuvir) in children less than 18 years of age have not been established.

Conflict Code: TA – Therapeutic Appropriateness
Drugs/Diseases

Util A	Util B	Util C
Sofosbuvir		

Age Range: 0-17 yoa

References:
Sovaldi Prescribing Information, March 2015, Gilead Science.
Clinical Pharmacology, 2015 Elsevier/Gold Standard.