



**Kentucky Department for Medicaid Services
Drug Management Review Advisory Board (DMRAB)
Recommendations for Consideration**

The following chart lists recommendations for new/updated edits for consideration by the Drug Management Review Advisory Board (DMRAB) at the August 11, 2011 meeting.

ProDUR Severity Level I Drug-to-Drug (DD) Interactions

Interaction Description	Magellan Medicaid Administration Recommendation
SSRIs/MAOIs Furazolidone	Retain current PA requirements.
Nelfinavir Ritonavir/Amiodarone	Retain current PA requirements.
Selected Protease Inhibitors/Flecainide	Retain current PA requirements.
Protease Inhibitors/Midazolam; Triazolam	Retain current PA requirements.
Selected Protease Inhibitors/Propafenone	Retain current PA requirements.
Selected Quinolones/Class IA and III Antiarrhythmics	Retain current PA requirements.
Ergotamine Derivaties/Selected Macrolide Antibiotics	Retain current PA requirements.
Protease Inhibitors/Pimozide	Retain current PA requirements.
Protease Inhibitors/Ergot Derivatives	Retain current PA requirements.
Carbamazepine/Monoamine Oxidase Inhibitors	Retain current PA requirements.
Ergotamine Derivaties/Delavirdine; Efavirenz	Retain current PA requirements.



Interaction Description	Magellan Medicaid Administration Recommendation
Protease Inhibitors/Rifampin; Rifapentine	Retain current PA requirements.
Selected 5HT-1D Agonists/MAO Inhibitors	Retain current PA requirements.
Nelfinavir; Ritonavir/Quinidine	Retain current PA requirements.
Protease Inhibitors/Non-Sedating Antihistamines	Message only
Quinidine/Itraconazole; Voriconazole	Retain current PA requirements.
Clarithromycin; Erythromycin/Quinupristin-Dalfopristin	Retain current PA requirements.
Dofetilide/Verapamil	Retain current PA requirements.
Dofetilide/Cimetidine	Retain current PA requirements.
Dofetilide/Trimethoprim	Retain current PA requirements.
Dofetilide/Itraconazole; Ketoconazole	Retain current PA requirements.
Dofetilide/Prochlorperazine	Retain current PA requirements.
Dofetilide/Megestrol	Retain current PA requirements.
Dofetilide/Class I and III Antiarrhythmics	Retain current PA requirements.
Selected HMG-CoA Reductase Inhibitors/Nefazodone	Retain current PA requirements.
Zidovudine/Ribavirin	Retain current PA requirements.
Delavirdine/Rifampin; Rifabutin	Retain current PA requirements.
Ketoconazole/Nevirapine	Retain current PA requirements.
Selected HMG CoA Reductase Inhibitors/Protease Inhibitors	Retain current PA requirements.
Ziprasidone/Selected Antiarrhythmics	Retain current PA requirements.
Ziprasidone/Pimozide; Thioridazine	Retain current PA requirements.

Interaction Description	Magellan Medicaid Administration Recommendation
Ziprasidone/Moxifloxacin; Sparfloxacin	Retain current PA requirements.
Ziprasidone/Selected Qt Prolongating Agents	Retain current PA requirements.
Zidovudine/Doxorubicin	Retain current PA requirements.
Dofetilide/Hydrochlorothiazide	Retain current PA requirements.
Eletriptan/Selected Macrolide Antibiotics	Retain current PA requirements.
Eletriptan/Itraconazole; Ketoconazole	Retain current PA requirements.
Eletriptan/Selected Protease Inhibitors	Retain current PA requirements.
Ergot Alkaloid Derivatives/Telithromycin	Retain current PA requirements.
Selected HMG-CoA Reductase Inhibitors/Telithromycin	Retain current PA requirements.
Selected Anticonvulsants/Telithromycin	Retain current PA requirements.
Delavirdine/Carbamazepine; Phenobarbital; Phenytoin	Retain current PA requirements.
Ergot Alkaloids/Voriconazole	Retain current PA requirements.
Flecainide/Lumefantrine	Retain current PA requirements.
Ergotamine Derivatives/Itraconazole; Ketoconazole	Retain current PA requirements.
Eletriptan/Nefazodone	Retain current PA requirements.
Itraconazole; Ketoconazole/Isoniazid	Retain current PA requirements.
Vardenafil/Indinavir; Ritonavir	Retain current PA requirements.
Vardenafil/Itraconazole; Ketoconazole	Retain current PA requirements.
Vardenafil/Alpha-Blockers	Retain current PA requirements.
Vardenafil/Class IA and III Antiarrhythmics	Retain current PA requirements.



Interaction Description	Magellan Medicaid Administration Recommendation
Atazanavir/Proton Pump Inhibitors	Retain current PA requirements.
Atazanavir/Indinavir	Retain current PA requirements.
Delavirdine/Amprenavir; Fosamprenavir	Retain current PA requirements.
Tadalafil/Alpha-Blockers	Retain current PA requirements.
Class IA and III Antiarrhythmics/Telithromycin	Retain current PA requirements.
Efavirenz/Voriconazole	Retain current PA requirements.
Nelfinavir; Ritonavir/Eplerenone	Retain current PA requirements.
Clarithromycin; Troleandomycin/Eplerenone	Retain current PA requirements.
Class IA and III Antiarrhythmics/Ibutilide	Retain current PA requirements.
Atazanavir/Irinotecan	Retain current PA requirements.
Amiodarone/Agalsidase	Retain current PA requirements.
Cyclosporine/Rosuvastatin	Retain current PA requirements.
Zalcitabine/Lamivudine	Retain current PA requirements.
MAOIs/Atomoxetine	Retain current PA requirements.
Itraconazole; Ketoconazole/Eplerenone	Retain current PA requirements.
Protease Inhibitors/Artemether; Lumefantrine	Retain current PA requirements.
Cimetidine/Artemether; Lumefantrine	Retain current PA requirements.
Carbamazepine/Voriconazole	Retain current PA requirements.
Delavirdine/Lovastatin; Simvastatin	Retain current PA requirements.
Delavirdine/Pimozide	Retain current PA requirements.



Interaction Description	Magellan Medicaid Administration Recommendation
Delavirdine/Alprazolam; Midazolam; Triazolam	Retain current PA requirements.
Cyclosporine/Tacrolimus	Retain current PA requirements.
Telithromycin/Rifampin	Retain current PA requirements.
Cyclosporine/Bosentan	Retain current PA requirements.
Zidovudine/Stavudine	Retain current PA requirements.
Carbamazepine/Nefazodone	Retain current PA requirements.
Ketoconazole; Voriconazole/Sirolimus	Retain current PA requirements.
Zileuton/Pimozide	Retain current PA requirements.
MAOIs /Entacapone; Tolcapone	Remove PA; pharmacy level override
Efavirenz/Midazolam; Triazolam	Retain current PA requirements.
Delavirdine; Efavirenz/Astemizole; Terfenadine	Retain current PA requirements.
Nitrates/CGMP Specific PDE Type-5 Inhibitors	Retain current PA requirements.
Class I and III Antiarrhythmics/Pimozide	Retain current PA requirements.
Ergot Derivatives/Saquinavir Base	Retain current PA requirements.
Class I and III Antiarrhythmics/Halofantrine	Retain current PA requirements.
MAOIs/Sibutramine	Retain current PA requirements.
MAOIs /Bupropion	Retain current PA requirements.
MAOIs /Apraclonidine; Brimonidine	Retain current PA requirements.
Ergotamines; Methysergide/5ht-1d Agonists	Retain current PA requirements.



Interaction Description	Magellan Medicaid Administration Recommendation
Select HMG-CoA Reductase Inhibitors/Selected Azoles	Retain current PA requirements.
Monoamine Oxidase Inhibitors; Furazolidone/Buspirone	Retain current PA requirements.
MAOIs; Furazolidone/Levodopa	Retain current PA requirements.
MAOIs; Furazolidone/Meperidine;Dextromethorphan	Retain current PA requirements.
MAOIs; Furazolidone/Tri;Tetracyclic Compounds	Retain current PA requirements.
MAOIs; Furazolidone/Sympathomimetics	Retain current PA requirements.

Potential New/Updated Edits

Potential New/Updated Edit	Magellan Medicaid Administration Recommendation
Narcotic Combination Edit	<p>Products that contain a combination of a narcotic analgesic plus APAP, ASA or another NSAID should require PA after the initial 30 days per 366 days. PA will be granted in the following instances:</p> <ul style="list-style-type: none"> • Patient has a diagnosis for which short-term pain management is expected; approval for 3 months; OR • Patient has a diagnosis for which long-term pain management is expected AND patient is currently taking a long-acting narcotic concomitantly; approval for 6 months <p>This prior approval should be obtained by the prescriber ONLY.</p>