TEXAS MEDICAID VENDOR DRUG PROGRAM
DRUG UTILIZATION REVIEW BOARD MEETING -
RETROSPECTIVE DRUG USE PROPOSALS

Friday, July 24, 2020
http://www.txvendordrug.com/
REVISED CRITERIA: IMMUNE GLOBULINS

• Dosage
  • Adults
    • Separated dosage tables based off route of administration
      • Table 1: Intramuscular Products
      • Table 2: Intravenous Products
      • Table 3: Subcutaneous Products
REVISED CRITERIA: IMMUNE GLOBULINS

• Dosage (continued)
  • Adults
    • Added information about new therapies to Tables 1-3
      • Table 1
        • Immune globulin, human (GamaSTAN™)
      • Table 2
        • Immune globulin, human (Asceniv®)
        • Immune globulin, human (Bivigam®)
        • Immune globulin, human (Panzyga®)
      • Table 3
        • Immune globulin, human (Cutaquig®)
        • Immune globulin, human (Xembify®)
    • Removed immune globulin, human (Flebogamma® 5% DIF) for chronic ITP in tables 2 & 5
    • Addition of maximum recommended doses
• Dosage
  • Pediatrics
    • Separated dosage tables based off route of administration
      • Table 4: Intramuscular Products
      • Table 5: Intravenous Products
      • Table 6: Subcutaneous Products
• Dosage (continued)
  • Pediatrics
    • Added information about new therapies to Tables 5 & 6
      • Table 5
        • Immune globulin, human (Asceniv®)
        • Immune globulin, human (Bivigam®)
        • Immune globulin, human (Gammagard S/D®)
        • Immune globulin, human (Panzyga®)
      • Table 6
        • Immune globulin, human (Gammagard Liquid®)
        • Immune globulin, human (Xembify®)
    • Addition of maximum recommended doses
• References - updated
REVISED CRITERIA: NON-SEDATING ANTIHISTAMINES

• Dosage
  • Removed listing of cetirizine syrup as not available over-the-counter
  • Removed listing of levocetirizine monotherapy as available only by prescription
  • Addition of inhalational non-sedating antihistamine monotherapy/combination products and acrivastine products as available only by prescription

• Adults
  • Table 1
    • Addition of chronic idiopathic urticaria to fexofenadine indications
    • Updated available dosage forms in Table 1
REVISED CRITERIA: NON-SEDATING ANTIHISTAMINES

• Dosage (continued)
  • Pediatrics
    • Table 3
      • Addition of chronic idiopathic urticaria to fexofenadine indications
      • Updated levocetirizine for management of urticaria & seasonal allergic rhinitis for children 6 years and older to children 6 months of age and older
      • Addition of “*OTC use only indicated in patients 2 years and older”
      • Updated available dosage forms in Table 3

• References - updated
REVISED CRITERIA: ORAL FLUOROQUINOLONES

• Dosage
  • Adults
    • Table 1
      • Updated dosing for ciprofloxacin in bone and joint infections
      • Removed plague or plague prophylaxis indication for oral ciprofloxacin products
      • Addition of community-acquired pneumonia indication for delafloxacin
      • Addition of gemifloxacin products
  • Pediatrics
    • Table 2
      • Removed plague or plague prophylaxis indication for oral ciprofloxacin products
REVISED CRITERIA: ORAL FLUOROQUINOLONES

• **Duration of Therapy**
  • **Adults**
    • **Table 3**
      • Updated treatment duration for ciprofloxacin in bone and joint infections
      • Removed plague or plague prophylaxis indication for oral ciprofloxacin products
      • Addition of community-acquired pneumonia indication for delafloxacin
      • Addition of gemifloxacin products
      • Updated “nosocomial pneumonia” to “hospital-acquired pneumonia”
  • **Pediatrics**
    • **Table 4**
      • Removed plague or plague prophylaxis indication for oral ciprofloxacin products

• **References** - updated
REVISED CRITERIA: ORAL/ RECTAL NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

• Dosage
  • Adults
    • Table 1
      • Updated maximum aspirin dosing for rheumatoid arthritis indication
      • Added aspirin indication for stroke prevention in patients with TIA or other stroke risk factors
      • Added fenoprofen indication for pain (mild to moderate)
      • Added ibuprofen indications for fever, headache, and migraine
      • Added indomethacin ER and rectal formulation indication for acute bursitis or tendinitis
      • Added indomethacin rectal indication for acute gouty arthritis
      • Added meloxicam (Qmiiz® ODT) with indications for osteoarthritis and rheumatoid arthritis
      • Updated available dosage forms
REVISED CRITERIA: ORAL/RECTAL NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

• Dosage (continued)
  • Pediatrics
    • Table 3
      • Added meloxicam orally disintegrating tablets (ODT) and suspension
      • Updated available dosage forms

• Duration of Therapy
  • Therapy Limits
    • Added histamine-2 receptor antagonist to possible adjunctive therapies in patients at high risk of gastrointestinal complications

• References - updated
REVISED CRITERIA: RIFAXIMIN (XIFAXAN®)

• Dosage
  • Adults
    • Table 1
      • Updated indication from “hepatic encephalopathy recurrence” to “reduce the risk of hepatic encephalopathy recurrence”

• References - updated
NEW CRITERIA: SICKLE CELL DISEASE PRODUCTS

• Dosage
  • Adults
    • Addition of current therapeutic options including hydroxyurea (Droxia®️, Siklos®️), L-glutamine (Endari®️), and voxelotor (Oxbryta®️)
  • Pediatrics
    • Addition of current therapeutic options including hydroxyurea (Droxia®️, Siklos®️), L-glutamine (Endari®️), and voxelotor (Oxbryta®️)

• Duration of Therapy
  • Addition of monitoring parameters used to determine whether hydroxyurea should be discontinued

• Drug-Drug Interactions
  • Addition of significant drug-drug interactions

• References - added
REVISED CRITERIA: SKELETAL MUSCLE RELAXANTS

• Dosage
  • Adults
    • Updated available dosage forms
    • Table 2
    • Added orphenadrine/ ASA/ caffeine (Norgesic Forte®, generic)

• References - updated