

## Kentucky Department for Medicaid Services

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

The following chart lists severity level I drug-to-drug interactions and recommendations for point-of-sale (POS) editing submitted for review at the February 10, 2011 meeting of the Drug Management Review Advisory Board (DMRAB).

Current prior authorization (PA) requirements consist of previously established PA criteria applied by a manual prior approval process and administered by the Magellan Medicaid Administration Clinical Call Center.

Interaction Description	Magellan Medicaid Administration Recommendation
SSRIs/MAOIs Furazolidone	Retain current PA requirements.
Cisapride/Azole Antifungal Agents	Retain current PA requirements.
Cisapride/Selected Macrolide Antibiotics	Retain current PA requirements.
Nelfinavir Ritonavir/Amiodarone	Retain current PA requirements.
Atazanavir Ritonavir/Bepidil	Retain current PA requirements.
Protease Inhibitors/Cisapride	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.
Cisapride/Selected Calcium Channel Blockers	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.
Cisapride/Selected Class IA and III Antiarrhythmics	Retain current PA requirements.
Cisapride/Tricyclic and Tetracyclic Compounds	Retain current PA requirements.
Cisapride/Certain Antipsychotics	Retain current PA requirements.
Cisapride/Potassium Wasting Diuretics	Retain current PA requirements.
Carbamazepine/Monoamine Oxidase Inhibitors	Retain current PA requirements.

<b>Interaction Description</b>	<b>Magellan Medicaid Administration Recommendation</b>
Cisapride/Delavirdine; Efavirenz	Retain current PA requirements.
Ergotamine Derivaties/Delavirdine; Efavirenz	Retain current PA requirements.
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.
Cisapride/Quinupristin-Dalfopristin	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 Protease Inhibitors/St John's Wort	Retain current PA requirements.
Cisapride/Cimetidine	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.
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.

<b>Interaction Description</b>	<b>Magellan Medicaid Administration Recommendation</b>
Eletriptan/Itraconazole; Ketoconazole	Retain current PA requirements.
Eletriptan/Selected Protease Inhibitors	Retain current PA requirements.
Ergot Alkaloid Derivaties/Telithromycin	Retain current PA requirements.
Selected HMG-CoA Reductase Inhibitors/Telithromycin	Retain current PA requirements.
Selected Anticonvulsants/Telithromycin	Retain current PA requirements.
St. John's Wort/Telithromycin	Retain current PA requirements.
Zalcitabine/Pentamidine Injection	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 Derivaties/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.
Cisapride/Aprepitant	Retain current PA requirements.
Vardenafil/Alpha-Blockers	Retain current PA requirements.
Vardenafil/Class IA and III Antiarrhythmics	Retain current PA requirements.
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.

<b>Interaction Description</b>	<b>Magellan Medicaid Administration Recommendation</b>
Zalcitabine/Lamivudine	Retain current PA requirements.
Zidovudine/Trimetrexate	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.
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/ Furazolidone/Dexfenfluramine; Fenfluramine	Retain current PA requirements.
MAOIs / Furazolidone/Bethanidine	Retain current PA requirements.
MAOIs / Furazolidone/Indoramin	Retain current PA requirements.
MAOIs /Entacapone; Tolcapone	Remove PA; pharmacy level override
Itraconazole; Ketoconazole/Sertindole	Retain current PA requirements.
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.

<b>Interaction Description</b>	<b>Magellan Medicaid Administration Recommendation</b>
MAOIs /Bupropion	Retain current PA requirements.
MAOIs /Apraclonidine; Brimonidine	Retain current PA requirements.
Cisapride/Astemizole; Terfenadine	Retain current PA requirements.
Cisapride/Grepafloxacin; Sparfloxacin	Retain current PA requirements.
Ergotamines; Methysergide/5ht-1d Agonists	Retain current PA requirements.
Select HMG-CoA Reductase Inhibitors/Selected Azoles	Retain current PA requirements.
Cisapride/Nefazodone; Fluvoxamine	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.