ALASKA MEDICAID
PHARMACY AND THERAPEUTICS COMMITTEE

Location of Meeting
Frontier Building, 3601 C Street, Room 890/896

MINUTES OF MEETING
January 16, 2015
8:00 a.m.

Committee Members Present:
Jeffrey Demain, MD, Chair
Marvin Bergeson, MD
Robert Carlson, MD (telephonic)
Robin Cooke, Pharm.D.
Vincent Greear, R.Ph.
Diane Liljegren, MD (telephonic)
Jenny Love, MD (telephonic)
John Pappenheim, MD (telephonic)
Claudia Phillips, MD (telephonic)
Maggie Rader, CNM (telephonic)
Jill Reid, R.Ph (telephonic)
John Riley, PA-C
Chuck Semling, Pharm.D.
Trish White, R.Ph. (telephonic)

Committee Members Absent:

Others Present:
Chad Hope, Pharm.D.
Tolu Balogun, Magellen Medicaid Administration
Erin Narus, State of Alaska

1. Call to Order – Chair

Dr. Demain called the meeting to order at 8:02 a.m.

2. Roll Call

A quorum was present. Dr. Demain reviewed the rules of the meeting.

3. Public Comments - Local Public/Health Practitioners

There were no public comments.

4. Re-Review of Anticoagulants (Red Category)

BOB SENECKER, a representative of Janssen, discussed Xarelto, a novel oral anticoagulant direct factor Xa inhibitor. The indications for Xarelto were reviewed. Those include risk reductions of stroke and systemic embolism in atrial fibrillation and the treatment of deep vein thrombosis (DVT). Xarelto is also indicated for the reduction in risk of the recurrence of DVT and (pulmonary embolism (PE). Orthopedic surgery utilization of Xarelto was reviewed. Xarelto is taken orally, once a day, without any monitoring, which is a great value to the patients.

STEVE HALL, a representative of Boehinger Ingelheim, discussed (Dabigatran) Pradaxa, which is now indicated for the treatment of DVT and PE in patients who have been treated with an anticoagulant for 10 days, as well as reducing the risk of recurrence of DVT and PE in previously treated patients. Several trials on Pradaxa's efficacy for DVT and PE were reviewed. Adverse reactions are similar to other anticoagulants. Several studies and their outcomes were reviewed.

In response to Dr. Pappenheim, Dr. Hall said he would provide Dr. Hope with detailed information on the rates of intracranial hemorrhages and GI bleeds with Pradaxa versus Warfarin. In response to Dr. Demain, Dr. Hall said he was not aware of increased rates of thrombocytopenia with Pradaxa but could provide Dr. Hope with further information on the subject.

Ms. Balogun gave the Magellen presentation on Anticoagulants. The agents in this class are indicated for the prevention of DVT and DVT treatment with or without PE. Eliquis and Xarelto are FDA approved for other indications including the prophylaxis of DVT and PE in elective hip and knee replacement surgery. They have both shown superiority to Lovenox and have a similar safety profile. Pradaxa, Eliquis and Xarelto show comparable efficacy to Warfarin for stroke prevention, with similar to low overall rates of major bleeding. These three agents do not require laboratory monitoring and associated dose adjustments required with Warfarin therapy. These new anticoagulants do not currently have an antidote. A recent meta-analysis found that the newer oral products have approximately 10 percent reduction in all-cause mortality compared to Warfarin in patients with valvular atrial fibrillation. In November 2014, there were 255 claims. At the last review, a motion for therapeutic alternatives to include one oral agent, one injectable, and Warfarin passed with two opposed.

Dr. Hope explained why the preferred drug list has not been signed and noted that the older preferred/non-preferred status was being utilized.

DR. PAPPENHEIM MOVED THE DRUGS IN THE CLASS WERE THEREAPEUTIC ALTERNATIVES TO INCLUDE ONE ORAL AGENT, ONE INJECTABLE AGENT AND WARFARIN. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

Dr. Liljegren is no longer present telephonically due to audio problems.

5. Re-Review of Platelet Aggregation Inhibitors (Red Category)

JAMES HURST, a representative of AstraZeneca, discussed Ticagrelor (Brillinta). Brillinta is indicated to reduce the rate of thrombotic cardiovascular events in patients with acute coronary

syndrome including unstable angina when given with maintenance doses of aspirin of 100 milligrams or less. It has been shown to reduce the rate of the combined endpoint of CV death, MI and stroke compared to Clopidogrel, driven by reductions in CV death and MI with no difference in stroke. In patients treated with PCI, Brillinta also reduces the rate of stent thrombosis. Brillinta is not a thienopyridine. It is a member of the chemical class cyclopentyltriazolopyrimidine, or CPTP. It is a selective ADP-receptor antagonist. Ticagrelor reversibly interacts with a platelet $P2Y_{12}$ ADP-receptor to prevent signal transduction and platelet activation. Brillinta is the only FDA-approved oral anti-platelet that is superior in reducing CV death versus Clopidogrel. Brillinta has demonstrated significantly improved outcomes versus Clopidogrel in both Clopidogrel-treated or Clopidogrel-naive ACS patients, regardless of patient characteristics such as age, weight, prior TIA or ischemic stroke, pharmacogenetics profile, or invasive or medical management strategies. Unlike Clopidogrel, there is no requirement for genetic testing with Brillinta. Since the FDA approval in July 2011, three major cardiology associations have updated four guidelines to include Brillinta as a class one recommendation for the management of patients with ACS undergoing PCI with stenting. The most commonly reported adverse reactions and boxed warnings were reviewed. Please refer to the Brillinta prescribing information for complete product information.

In response to Dr. Demain, Dr. Hurst said there was no contraindication for use in patients with COPD or chronic lung disease.

Ms. Balogun gave the Magellen presentation on Platelet Aggregation Inhibitors. Platelet aggregation inhibitors are used to prevent and treat a variety of thrombotic events. The mechanism of action varies among these products. Inhibitory effects on platelet aggregation have led to a significant decrease in the rate of vascular events for both primary and secondary CV prevention trials. Various guidelines have specific recommendations for the use of these agents. Aggrenox is classified as pregnancy category D and should be avoided in the third trimester of pregnancy. In November 2014, there were 230 claims. Zontivity is the new drug in this class and is the first protease-activated receptor-1 antagonist and is an option to reduce thrombotic CV events as an add-on in patients with a prior MI and PAD. It is contraindicated in patients with prior TIA and stroke. Zontivity increases the risk of bleeding in proportion of the patient's underlying bleeding risk. It has a half-life of three to four days, hence significant inhibition of platelet aggregation remains four weeks after discontinuation of therapy. There is no experience with utilization of Zontivity as the only administered agent. It has been studied only as an addition to aspirin and/or Clopidogrel and should only be used as such. It is classified as pregnancy category B. Safety and effectiveness has not been established in pediatric patients. The recommended dosage is 2.08 milligrams daily. At the last review, a motion for therapeutic alternatives to include at least one Clopidogrel or Prasugrel, and excluding (Ticagrelor) Brillinta, passed unanimously.

The committee discussed the exclusion of Brillinta on the PDL, but no one could recall the discussion around that decision.

DR. PAPPENHEIM MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST CLOPIDOGREL. SECONDED BY MR. GREEAR. THE MOTION PASSED UNANIMOUSLY.

6. Re-Review OF Lipotropics - Other (Red Category)

FRED SEGAL, a representative of Aegerion, discussed Lomitapide (Juxtapid). Lomitapide is an oral, once daily, MTP inhibitor indicated only for patients with homozygous familial hypercholesterolemia as an adjunct to a low-fat diet and other lipid-lowering treatments. HoFH is an inherited disorder that affects two alleles and the LDL-receptor, causing LDL-receptor dysfunction. LDL-C is considered the primary target in evaluating hypercholesterolemia and the goal is to reduce LDL-C as much as possible. Several trials and their outcomes were reviewed. Lomitapide is contraindicated in pregnancy and for patients taking moderate to strong CYP3A4 inhibitors. The boxed warnings, which are clearly addressed in the REMS program, were reviewed. Historically, the prevalence of HoFH was estimated at one per million, but newer data suggests it could be upwards of four to six patients per million. The half-life of Lomitapide is 24 hours. HoFH is highly variable, driven by the fact that there are more than 700 alleles affected, resulting in a wide range of LDL-C dysfunction. Guidelines recommend treating high-risk patients to a treatment target of LDL-C at 100, and very high-risk patients to a treatment target of 70. In clinical trials of Lomitapide, 55 percent of patients achieved the treatment goal of 100 or less and 30 percent achieved the goal of 70. We are currently engaged in a 10-year, real-world observational trial to assess clinical endpoints including efficacy and safety to evaluate patients' lifelong experiences. HoFH is a rare disease, which drives the need for clinical options. The efficacy of Lomitapide, the REMS program, and the half-life of Lomitapide all lend themselves to successful treatment options in this patient population. Based upon strong clinical evidence, we respectfully ask that you provide open and equal access for all HoFH drugs with no preferred agents in this category.

In response to Dr. Demain, Dr. Segal said it was hard to know if myopathy was directly related to Lomitapide therapy. A large number of patients on statins achieve modest LDL-C lowering with Lomitapide. The recommendation is not to discontinue current therapy, but to add Lomitapide to existing therapy.

Ms. Balogun gave the Magellen presentation on Liptropics, Other. This class was previously reviewed in subgroups, but is now combined into one category. Agents in this class are indicated as adjunct to dietary modifications. They each provide a unique option for patients who cannot reach target lipid levels on statin monotherapy or do not tolerate statins. The bile acid sequestrants are effective in lowering LDL-C and slightly increasing the HDL-C. The effect on decreasing triglyceride levels has been reported between 0 and 25 percent. Gemfibrozil has demonstrated reductions in the risk of CHD primarily in subsets of patients with high triglycerides and low HDL-C. Niacin has been shown to reduce major coronary events. Zetia is the only available cholesterol absorption inhibitor. Lovaza and Vascepa reduce triglyceride in patients with levels greater than 500 milligrams per deciliter. Juxtapid and Kynamro are indicated for use in patients with homozygous familial hypercholesterolemia as an adjunct to a low-fat diet and other lipid-lowering treatments. These agents inhibit the production of apolipoprotein B, which leads to a reduction in LDL-C. In November 2014, there were 320 claims. At the last review, this class was voted on in subgroups. For the Omega-3Fatty Acids, Niacin and Cholesterol Absorption Inhibitors, a motion for class effect passed unanimously. For the Apolipoprotein B Synthesis Inhibitors and Fibric Acids, a motion for therapeutic alternatives passed unanimously.

Dr. Hope asked if the committee knew the primary outcomes of a recent study on Zetia. At one point, many thought Zetia should be a non-preferred agent. Dr. Demain said a recently published study showed Zetia to be efficacious as an additive in therapy. The study focused more on efficacy rather than adverse events. Zetia is now being recommended as an additive agent.

DR. BERGESON MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY MR. GREEAR.

Dr. Hope clarified that a motion of therapeutic alternatives would include one drug from each subclass.

DR. BERGESON AMENDED THE MOTION TO THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE ONE DRUG IN EACH SUBCLASS. SECONDED BY MR. GREEAR.

Dr. Hope noted that there had been no utilization of Apolipoprotein B Synthesis Inhibitors.

The committee discussed how Zetia would affect the combination agents. Dr. Hope discussed how the Affordable Care Act affected rebates. If an individual ingredient were preferred in the past, all of the combination agents would be included. However, they are now looked at individually. In this case, Zetia and Vytorin are in separate categories so Vytorin would not automatically be included.

THE MOTION PASSED UNANIMOUSLY.

7. Re-Review of Cytokine CAM Antagonists (Red Class)

JASON ALM, a representative of Celgene, discussed Apremilast (Otezla). In 2014, Otezla received FDA approval for the treatment of both psoriasis and psoriatic arthritis. It is indicated for adult patients with psoriatic arthritis and patients with moderate to severe plaque psoriasis who are candidates for either phototherapy or systemic therapy. It is not to be given in conjunction with a biologic agent. It is an oral agent, which represents a new mechanism of action in this space. It is a small molecule that inhibits phosphodiesterase 4 (PDE4). It is believed to work intracellularly on various immune cells to modulate the release of various cytokines. Several studies and their outcomes were reviewed. Warnings and precautions include depression, weight decrease and drug interactions. Apremilast has demonstrated meaningful improvements in the signs and symptoms of psoriatic arthritis and psoriasis. It has an acceptable safety profile and is generally well tolerated. It does not require any laboratory monitoring.

In response to Dr. Demain, Dr. Alm said Otezla was being studied for other autoimmune diseases besides psoriasis and psoriatic arthritis, which were reviewed.

Ms. Balogun gave the Magellen presentation on Cytokine CAM Antagonists. The agents in this class are chemical mediators involved in the inflammatory processes throughout the body. These agents have indications for rheumatoid arthritis, plaque psoriasis, psoriatic arthritis, Crohn's Disease and ankylosing spondylitis. The drug interactions, contraindications and warnings vary. In November 2014, there were 87 claims. The two new agents are Entyvio and Otezla. Entyvio is an FDA-approved IV formulation for the treatment of ulcerative colitis in adult patients with moderate to severe Crohn's Disease when one or more stand-up therapies have not resulted in adequate response. Entyvio blocks the migration of circulated inflammatory cells across blood vessels and into areas of inflammation in the GI tract. Side effects include headaches, nausea and fever. Treatment with Entyvio is not recommended in patients with severe infections until the infections resolve. It is classified as pregnancy category C. Otezla is an FDA-approved oral formulation and is indicated for the treatment of patients with moderate to severe plaque psoriasis who are candidates for further therapy or systemic

therapy, as well as for the treatment of adult patients with active psoriatic arthritis. It is dosed twice daily. Otezla has not been studied in pregnant women or women who are breast-feeding. This agent is associated with an increased risk of depression and care should be used in patients with a history of depression. It is classified as pregnancy category C. At the last review, a motion for therapeutic alternatives passed unanimously.

The committee discussed whether Canakinumab and Anakinra, which are used to treat autoinflammatory diseases, were being considered in this category despite the indication differences. Dr. Hope said the categories were supplied by Magellen. He then explained the process for billing and gathering of utilization data. Dr. Demain noted that any of the medications in this category could be prescribed using the medically necessary clause.

MR. RILEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

Break from 9:08 a.m. to 9:20 a.m.

8. Re-Review of Angiotensin Modulators - ACE and Renin Inhibitors (Green Class)

Ms. Balogun gave the Magellen presentation on Angiotensin Modulators - ACE and Renin Inhibitors. ACE inhibitors can be used as first-line therapy in the treatment of hypertension and has been shown to slow the progression of diabetic nephropathy, improve symptoms of CHF and decrease mortality in heart failure. All ACE inhibitors have similar adverse events. Direct renin inhibitor agents target the renin angiotensin aldosterone system at the point of activation, thereby decreasing plasma renin activity. This agent offers an alternative treatment for hypertension. In November 2014, there were 1,858 claims. At the last review, a motion for therapeutic alternatives to include at least one drug from each subgroup passed unanimously.

MR RILEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE DRUG FROM EACH SUBGROUP. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

9. Re-review of Angiotensin Modulators - Angiotensin II Receptor Blockers (Green Class)

Ms. Balogun gave the Magellen presentation on Angiotensin Modulators - Angiotensin II Receptor Blockers (ARBs). ARBs are indicated for the treatment of hypertension. They block the vasoconstrictor and aldosterone-secreting effects of angiotensin II. Limited data suggests that higher doses of Atacand, Diovan and Avapro offer greater decreases in blood pressure than Cozaar. Some of these agents hold additional indications for nephropathy and heart failure. Initial trials indicate that Edarbi may produce a greater systemic blood pressure lowering effecting than some other agents. In November 2014, there were 512 claims. At the last review, a motion for class effect passed unanimously.

Dr. Love arrived at the meeting.

DR. SEMLING MOVED A CLASS EFFECT. SECONDED BY DR. BERGESON. THE MOTION PASSED WITH DR. LOVE ABSTAINING.

Dr. Love abstained from voting because she was not present for the discussion.

10. Review of Angiotensin Modulators - Angiotensin Modulator Combinations (Green Class)

Ms. Balogun gave the Magellen presentation on Angiotensin Modulators - Angiotensin Modulator Combinations. This class is a fixed-dose combination of two or three angiotensin modulator subgroups. Blood pressure is lowered through the antihypertensive mechanisms of all components of the combinations. Most hypertensive patients require at least two medications to achieve adequate blood pressure reduction. In November 2014, there were 26 claims. This new drug class has not been previously reviewed.

Dr. Hope noted that the angiotensin modulator combinations had been reviewed in the past as part of other groups.

MR. GREEAR MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

11. Re-Review of Beta-Blockers Agents (Green Class)

Dr. Balogun gave the Magellen presentation on Beta-Blockers, which are approved for a variety of conditions. Beta-blockers are not recommended as initial treatment of hypertension but have similar efficacy for its treatment. These agents are equally effective in treating stable angina. Beta-blockers reduce morbidity and mortality. They are considered the standard of care in patients with prior MI. Hemangeol is indicated for infantile hemangioma. It is contraindicated in premature infants less than five weeks and infants weighing less than two kilograms. The safety and effectiveness has not been established in pediatric patients greater than one year of age. In November 2014, there were 1,788 claims. At the last review, a motion for class effect to include either Carvedilol or Metoprolol Succinate passed with one abstention.

In response to Dr. Demain, Dr. Hope said Hemangeol was an oral formulation of Propranolol.

DR. BERGESON MOVED A CLASS EFFECT TO INCLUDE BOTH CARVEDILOL AND METOPROLOL SUCCINATE. SECONDED BY DR. LOVE. THE MOTION PASSED UNANIMOUSLY.

12. Re-Review of Calcium Channel Blockers (Green Class)

Ms. Balogun gave the Magellen presentation on Calcium Channel Blockers, which consist of dihydropyridines and nondihydropyridines. All of the agents in this class, except Procardia, Nymalize and Cardizem, are indicated for the treatment of hypertension. The benefits of calcium channel blockers in controlling angina and hypertension are clearly documented. No agent in this class has demonstrated clinical advantages over the others in the treatment of hypertension. Calcium channel

blockers should generally be used in combination with other antihypertensives in CHD and diabetic patients. Nymalize is indicated for the treatment of subarachnoid hemorrhage. In November 2014, there were 770 claims. At the last review, a motion for therapeutic alternatives to include at least one dihydropyridine and one nondihydropyridine passed unanimously.

DR. GREEAR MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTNERATIVES TO INCLUDE AT LEAST ONE DIHYDROPYRIDINE AND ONE NONDIHYDROPYRIDINE. SECONDED BY DR. SEMLING. THE MOTION PASSED UNANIMOUSLY.

13. Re-Review of Antifungals, Oral (Green Class)

Ms. Balogun gave the Magellen presentation on Antifungals, Oral. The agents in this class have different spectrums of activity and mechanisms of action. They are FDA approved to treat a variety of infections. Due to its excellent penetration into many tissues, Diflucan is an effective Candida treatment for a variety of infections. There have only been a few trials to compare the safety and efficacy profiles of these agents. Many of these agents carry black box warnings related to adverse events and/or drug interactions. Fluconazole has been associated with rare reports of anaphylaxis. Griseofulvin should not be prescribed to pregnant patients. Itraconazole has been associated with rare cases of hepatotoxicity, including liver failure and death. In the presence of mild to moderate hepatic impairment, Voriconazole dosing should be half of the usual maintenance dose. In November 2014, there were 469 claims. At the last review, a motion for therapeutic alternatives passed unanimously.

DR. GREEAR MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. COOKE. THE MOTION PASSED UNANIMOUSLY.

14. Re-Review of Antibiotics, Vaginal (Green Class)

Ms. Balogun gave the Magellen presentation on Antibiotics, Vaginal. The agents in this class are indicated for the treatment of bacterial vaginosis. Bacterial vaginosis in pregnancy has been associated with adverse pregnancy outcomes including premature rupture of membranes, as well as pre-term labor and birth. All women who have symptomatic disease require treatment. Topical Clindamycin preparations should not be used in the second half of pregnancy. The safety and efficacy of Clindamycin vaginal products and Metronidazole vaginal gel in premenarchal females have not been established. Clindamycin and Metronidazole are pregnancy category B. In November 2014, there were 44 claims. At the last review, a motion for therapeutic alternatives passed unanimously.

DR. GREEAR MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY PA RILEY.

In response to Dr. Love's question of why utilization of the non-preferred agents were higher than the preferred agents, Dr. Hope said there are instances where brand-name drug are less expensive than the generic versions due to anomalies in federal drug rebates.

THE MOTION PASSED UNANIMOUSLY.

15. Re-Review of Growth Hormones (Green Class)

Ms. Balogun gave the Magellen presentation on Growth Hormones. Human growth hormone is secreted by the anterior pituitary gland. Treatment with growth hormone may decrease insulin sensitivity, especially at higher doses in susceptible patients. The current available growth hormone replacement products are similar in their clinical effects. No head-to-head data is available. Most products are given six or seven times weekly. Saizen and Tev-Tropin can be given to pediatric patients as few as three times per week, as can Nutropin when treating Turner Syndrome. Undiagnosed or untreated hypothyroidism may prevent an optimal response to growth hormone therapy, especially in children, and it should be monitored. In November 2014, there were 23 claims. At the last review, a motion for class effect passed unanimously.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY MR. RILEY. THE MOTION PASSED UNANIMOUSLY.

16. Re-Review of Irritable Bowel Syndrome Agents (Green Class)

Ms. Balogun gave the Magellen presentation of Irritable Bowel Syndrome Agents. IBS is a functional bowel disorder that can be chronic, relapsing and often lifelong. It is characterized by symptoms of abdominal pain or discomfort associated with abnormal stool frequency, abnormal stool form, abnormal stool passing and bloating. It can be classified as constipation predominant, diarrhea predominant or alternating mixed. Causes of IBS have not been fully identified. There are three agents in this class. Lotronex is indicated for the treatment of severe diarrhea, predominant IBS in women who have chronic IBS symptom and have failed conventional therapy. Linzess and Amitiza are indicated for the treatment of chronic idiopathic constipation and IBS with constipation, but Amitiza is not indicated for use in IBS with constipation for men. Amitiza is also approved for the treatment of opioid-induced constipation in adults with chronic non-cancer pain. The role of these agents in the treatment of IBS continues to be determined given the lack of comparative data. In November 2014, there were 37 claims. At the last review, a motion for therapeutic alternatives to include one agent for diarrhea and one for constipation passed unanimously.

MR RILEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. LOVE. THE MOTION PASSED UNANIMOUSLY.

17. Re-Review of Ulcerative Colitis Agents (Green Class)

Ms. Balogun gave the Magellen presentation on Ulcerative Colitis Agents. Ulcerative colitis is a chronic inflammatory disease primarily affecting the colon and rectum. The predominant symptom is diarrhea, which is usually associated with blood in the stool. The 2010 Practice Guidelines of the American College of Gastroenterology state differences in treatment are based on disease severity. Aminosalicylates remain the first-line treatment option for patients with mild to moderate active disease. Patients with disease affecting the distal portion of the colon should use a rectal preparation either alone or in combination with oral therapy. Enemas and suppositories may provide quicker response time, as well as less frequent dosing, compared to oral therapy. Asacol is approved for the treatment of mild to moderate active ulcerative colitis in children five years of age and older. In November 2014, there were 41 claims. At the last review, a motion for therapeutic alternatives to include at least one short-released, one long-released and one rectal formulation passed with one opposed.

DR. LOVE MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE SHORT-RELEASED, ONE LONG-RELEASED AND ONE RECTAL FORMULATION. SECONDED BY MR. GREEAR.

The committee discussed whether the oral formulation Budesconide would be included on the PDL with the current motion. Dr. Hope noted that the drug was very expensive. The motion should include any formulations that the committee definitely wanted to include on the PDL.

THE MOTION PASSED UNANIMOUSLY.

18. Re-Review of Bladder Relaxant Preparations (Green Class)

Ms. Balogun gave the Magellen presentation on Bladder Relaxant Preparations. Overactive bladder is a chronic and debilitating syndrome that is characterized by urinary urgency with or without urge incontinence, usually in combination with urinary frequency and nocturia. The agents work predominately on the detrusor muscle with a mechanism of action either increasing bladder capacity or depressing both voluntary and involuntary bladder contractions. The transdermal Oxybutynin medications appear to cause fewer anticholinergic adverse effects. In November 2014, there were 289 claims. At the last review, a motion for therapeutic alternatives passed unanimously.

MR RILEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. COOKE. THE MOTION PASSED UNANIMOUSLY.

19. Re-Review of Immunosuppressants (Green Class)

Ms. Balogun gave the Magellen presentation on Immunosuppressants. The goal of immunosuppressant therapy in a transplant patient is to prolong graft survival, minimize episodes of rejection and improve overall survival while minimizing adverse effects of the drug. While corticosteroids are still widely utilized during induction phases of immunosuppression and to treat acute or chronic graft rejection, the goal is to minimize the utilization during long-term maintenance therapy due to the adverse effect. In November 2014, there were 117 claims. At the last review, a motion for therapeutic alternatives passed unanimously.

DR. BERGESON MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY MR RILEY. THE MOTION PASSED UNANIMOUSLY.

20. REVIEW MINUTES FROM NOVEMBER 21, 2014 MEETING

Dr. Hope noted that he corrected the meeting minutes of November 21, 2014, before distributing them to the committee for their review. There were no further changes.

DR. PAPPENHEIM MOVED TO APPROVE THE MEETING MINUTES OF NOVEMBER 21, 2014. SECONDED BY MR RILEY. THE MOTION PASSED UNANIMOUSLY.

21. Comments from Committee Member or Chair

After discussing the possibility of using a web-based platform such as Go-To-Meeting or Skype for future meetings, Dr. Hope said he would research the issue to see what could be securely utilized.

Dr. Hope noted this was the first meeting with 100 percent participation from the committee members. The next meeting will be April 17, 2015.

22. Adjourn

DR. COOKE MOVED TO ADJOURN THE MEETING. SECONDED BY DR. PAPPENHEIM. THE MOTION PASSED UNANIMOUSLY.

The meeting adjourned at 10:11 a.m.