

Wyoming Preferred Drug List Advisory Committee

Minutes October 5, 2005 Cheyenne, Wyoming

Members Present: Marian Smith, Scott Johnston, Bill Harrison, Bill Marsh, Natasha Gallizzi, Dean Wunsch

Members Excused: James Broomfield, Joyce Daily, Christi Graham

Guests: Charles Kuckel, Danny Icenhour (King Pharmaceuticals), Kelley Bigby (Johnson & Johnson), Mija Yoon (Johnson & Johnson), Roy Lindfield (Schering), Michelle Boggs (Eli Lilly), Wendy Nelson (King Pharmaceuticals), Jill Smail (Novartis), Taryn Lewis (McNeil), Tim Hynek (Lilly), Johnna Nelson (Lilly), Joe Busby (Lilly), Doug Stogsdill (AstraZeneca), Steve Snezek (Pfizer), Betty Iverson (Wyeth), Terry Ahlers (Pfizer), Terri Craig (Pfizer), Joan Solem (Lilly)

Ex-officio: Aimee Lewis, Deb Devereaux

Bob Schultz is resigning from the PDLAC committee.

Meeting Dates: The Committee agreed to twice yearly meetings in Cheyenne. The 2006 meetings are tentatively scheduled for Wednesday April 12 and Wednesday October 11. The Board also agreed that the main function of the committee is to weigh the evidence and that there would be no discussion of financial information.

The minutes of the June 1, 2005 meeting were approved as presented. Passed.

Review of ADHD Drugs for Adults

Dr. Marion McDonagh, DERP (by phone)

43 head to head trials, no effectiveness trials, efficacy studies: problems including small sample sizes, none rated good quality, no evidence that one stimulant is more effective than another, atomoxetine-suicidal ideation in children and adults and hepatotoxicity, pemoline-reports of acute liver failure and not for first line use, race and ethnicity-only ½ studies reported data

Bill Marsh-How does this PDL process look to consumers and interface with MMA? Suggested that PDLAC work with AARP to create a link to PDL information and make it more understandable from a consumer perspective

Jill Scott, Novartis

Focalin XR (MPH) is long acting methylphenidate D-isomer only approved for adults, works within 1 hour, no head to head trials with Ritalin published yet

Mija Yoon, Johnson and Johnson

Concerta (MPH) has 12 hour symptom control, once daily dosing, and better compliance, less potential for abuse because of unique delivery system

Johanna Nelson, Lilly

Strattera-non controlled substance, non stimulant indicated for adults and children with ADHD, co-morbid disorders included tics, anxiety and depression, no appreciable abuse potential

Connie Miller, FNP, Cheyenne

Bulk of patients are disadvantaged and need non-controlled substances. Many patients have history of methamphetamine abuse and atomoxetine (Strattera) is helpful

Committee Decision:

Discussion: Long acting dosage is useful for children. Ritalin causes weight loss. Significant hypotension and hypertension rebound with clonidine and guanfacine. No difference between long acting and short acting in effect. Poor diagnoses in adult ADHD. ProVigil is not indicated for ADHD, indicated for somnolence.

- a. Efficacy: no difference based on available evidence. Passed.
 1. Don't include ProVigil, Strattera, clonidine

- b. Safety: no difference in safety or one agent is not safer than others. Passed
 1. Don't consider Cylert (pemoline) because of significant safety issues
 2. Adderall-contraindicated in patients with cardiac disease
 3. Strattera-reports of liver injury and suicidal ideation

- c. Clinical recommendations: Passed.
 1. Important to have non-controlled agent
 2. Important to have immediate release as well as long acting formulation for compliance issues
 3. Immediate release agents are more easily abused
 4. Brand name agents have higher "street" value

Review of Proton Pump Inhibitors

Dr. Marion McDonagh, DERP

Maurice Landers, TAP

Prevacid has the most FDA indications, most route of administration options

Doug Stogsdille, Astra Zeneca

Nexium has better erosive esophagitis healing rates

Committee discussion: Study dosages were not equivalent and Medical Letter showed no differences. Why do we only see isomers when drugs are going generic? Technology to separate isomers is relatively new.

Committee decision: No significant change since PDLAC last reviewed class. Passed.

Dr. Kuckel, physician from Cheyenne

1. One size does not fit all
2. Can't treat H. pylori with current preferred agents based on indication
3. Need to add "failure or unacceptable adverse reaction to preferred agent" to PPI form. Passed.
4. Compliance and longer term outcomes should be considered when reviewing class
5. Need to have dosage form which can be given through feeding tube
6. Duration of therapy for this class is an issue as well as specific agents, pt. left on too long

Review of ACEIs

Susan Carson, DERP

Danny Icenhour, Wyeth

Altace should be preferred based on mortality reduction

Committee decision: No significant change in evidence since PDLAC last reviewed class. Passed.

Review of statins

Fran Kaiser, Merck

Zocor (simvastatin) should be preferred agent

Terri Craig, Pfizer

Lipitor (atorvastatin) should be preferred agent based on June 05 report which suggested that rhabdomyolysis and other adverse reactions are lowest

Susan Trieu, Astra Zeneca

Post marketing studies are being conducted in patients with ESRD and CHF.

Committee decision: No new evidence to necessitate changes in this class since PDLAC review. Passed

Add to PA form: "Failure of or unacceptable adverse reaction to preferred agent"

General committee discussion about unpublished studies and the length of time between the cut off for accepting studies as evidence and final reports.

There being no further business the meeting was adjourned by Dr. Smith at 2p.m.

Respectfully Submitted,

Debra Devereaux MBA, R.Ph.