

Wyoming Preferred Drug List Advisory Committee

Minutes
June 1, 2005
Cheyenne, Wyoming

Members Present: Marian Smith, Scott Johnson, Bill Harrison, Bob Schultz, Becky Drnas, Joyce Daily, Bill Marsh

Ex-officio: Aimee Lewis, Deb Devereaux

Members Excused: Chad Panning, Michael DeBisschop

Guests: Barbara Boner (Novartis), Fred Amberger (Novartis), Andy Weis (Novartis), Jeff Nesheim (Janssen Medical), Bert Jones (GSK), Christi Genke (Forest), Kathryn Keller, PharmD. (Purdue), Alan Sloan (Purdue), Jeff Jenkins (Merck), Betty Iverson (Wyeth), Laura Hill (Takeda), Rob Hansen (Pfizer), Tim Hynek (Lilly), Antoinette Brown, R.Ph.. (WDOH), Angela Fornstrom (WDOH)

Meeting was called to order with introductions and comments by Aimee Lewis at 10:00 a.m.

Review of minutes: moved and 2nd to accept as written. Passed.

Review of by-laws:

1. Terms of chair & vice-chair not specified.
2. Moved and 2nd to adopt as written. Passed.

Review of Overactive Bladder Treatments:

Dr. James Seabolt, GSK, (Vesacare)

- a. Long term use not seen with these agents.
- b. Once daily hepatic clearance/metabolism, no drug interactions.
- c. Dry mouth, constipation, and blurred vision most common side effects.
- d. More than half of treatment patients improved and low discontinue rate.

Dr. Andrew Weis, Novartis, (Enablex)

- a. Drug interactions w/ some hepatic metabolized medications.
Dose down in impaired hepatic function patients. Once daily, hepatic clearance / metabolism, no drug interactions.
- b. Dry mouth, constipation, and other common side effects seen with these agents.
- c. Anti-cholinergic side effects a problem, especially in the elderly.

*Both above medications will be placed on PA until reviewed by Oregon, unless otherwise determined by committee.

Dr. Marion McDonagh, OHS, (by phone)

Dr. Marvin Wayne Couch, Pfizer, (R.S. Physician), (Detrol LA)

- a. BEERS list in the elderly=no Oxybutinin.
- b. Federal Aviation Administration has shown Detrol *LA* to be safest.
- c. Does not cross blood/brain barrier=lower dizziness compared to others.
- d. Studies show high usage rate after 1 year of treatment. Dosage of once daily increase compliance.
- e. Asked committee to consider ALL costs associated with overactive bladder.

Rob Harmon, Pfizer

- a. Presented letter from Dr. Dean Flock on why Detrol LA should be a preferred drug. (letter submitted to committee).

Committee Decision:

Will not prior authorize for clients 65 years and older since this population is moving to Medicare and Nursing Homes must meet BEERS criteria.

- a. Efficacy: all equal (no comprehensive studies to be included in the report).
 1. No studies to show Flavoxate equal to other studied drugs.
 2. Dr. Johnston moved to accept above, Dr. Harrison 2nd. Passed.
- b. Safety:
 1. Oxybutynin = caution when using in the elderly due to side effects.
 2. Trospium = less adverse effects and possibly more tolerable compared to Oxybutynin, also lower withdrawal rate.
 3. In all populations studied, extended release is better than immediate release.
 4. Bill Marsh moved to accept above, Dr. Harrison 2nd. Passed.
- c. Dosing:
 1. Once daily dosing has no benefit over twice daily dosing according to a Department of Defense study done in the past.
 2. Tolerability and compliance with once daily dosing=once daily preferred but twice daily okay too.
 3. Dr. Harrison moved to accept above, Dr. Johnston 2nd. Passed.

Review of Calcium Channel Blockers:

1. Kim Peterson, OHS, (by phone)
 - *New studies do not show that one Calcium Channel Blocker is superior to another.
2. Committee discussion:
 - a. DOD used IR Isradipine and had over 60% failure rate. Not sure how the new ER formulation works.
 - b. Efficacy: No difference according to evidence.
1. Dr. Johnston moved to accept above, Dr. Harrison 2nd. Passed.
 - c. Safety: Evidence mixed with a slight benefit to Bepridil (Vasacar) which appears to be a Canadian only drug.
 1. Increase all cause mortality with Bepridil those over 65.
 2. Dr. Johnston moved to accept above, Dr. Harrison 2nd. Passed.
 - Request made to get data on percentage of requests for a non-preferred and the reasons why. (i.e. tried and failed, preferred, adverse reaction, dosing, etc.)
- d. Dosing : QD dosing preferred.
 1. Dr. Johnston moved and Dr. Harrison 2nd. Passed.

Review of LAO's:

1. Purdue Rep, Oxycontin and Palladone .
2. Janssen Rep, Duragesic.

Review of SMR's:

- 1.No new evidence to change recommendations.
2. *Tizanidine* has higher hepatotoxicity than others. *Note that on *Tizandine* denials.

Review of LAO's cont'd.:

Roger Chou, OHS (phone)

Insufficient evidence to warrant any change. Moved by Bill Marsh and 2nd By Dr. Harrison .

Dr. Johnston commented that Palladone should not be a preferred drug since it should be used as a first line drug, plus its abuse potential due to formulation.

Dr. Smith commented on troubles switching Nursing Home patients to something other than Duragesic (fentanyl) patches.

Deb suggested looking at #'s when making our decision.

Bill amended the motion to include the additional comments, 2nd by Dr. Johnston. Passed.

Announcements: Next PDLAC meeting on 8/10/05, 10 AM to 2 PM at the Hitching Post Inn.