

Preferred Drug List Advisory Committee Meeting
Wednesday April 12, 2006
Cheyenne, Wyoming
10a.m.-2p.m.

MINUTES

Members Present: Marion Smith, Scott Johnston, Bill Harrison, Dean Wunsch, Christie Graham, Renee Gamino-Diaz, Natasha Gallizzi, W. Joseph Horam

Members Absent: Joyce Dailey

Guests: Travis Cork, Erica Horinek, Kim Stinson, Kristen Gorski

Ex-Officio: Aimee Lewis, Antoinette Brown, Roxanne Homar, Deb Devereaux, Susan Malm

The minutes of the October 5, 2005 meeting were approved as presented. Passed

Review of Over-Active Bladder Drugs for Adults

DERP presentation by teleconference. Specific information: oxybutynin is contraindicated in the elderly as noted in the Beers list, dizziness is 2% and compliance and tolerability may be issues.

Aimee presented written comments.

Dr. Flock requested that Detrol LA be available to use.

The Committee's conclusions about safety: Trospium may be better tolerated with fewer adverse side effects and a lower withdrawal rate

The Committee's conclusions about efficacy: all agents are equal except for flavoxate (not enough evidence to note significant difference).

Other Committee recommendations:

Need long acting agent (prefer daily or twice daily dosing)

Extended relief dosage forms have better tolerability than immediate release dosage forms for all the drugs.

Review of Triptans

Aimee presented written comment on Imitrex, Relpax and Maxalt.

Took public comment:

Pharm.D. from Glaxo:

- Oregon used old meta-analysis which are controversial, but did a good job of clearing up.
- Compare equivalent doses, not those not approved by FDA.
- Some patients don't respond well to all triptans, so there will be differences in study outcomes.
- Sumatriptan (Imitrex) is the only triptan approved for cluster headaches.
- Sumatriptan is the only triptan with multiple dosage forms, especially good for those patients who have multiple episodic outcomes, so not one dosage form will work for them. Also, not all patients can take tablets and they need multiple formulations/options.

Ortho-McNeil:

- There are subtle differences between triptans.
- What patient wants is fast and lasting relief, oral form, consistent in relief and tolerable.
- Meta-analysis showed Axert as one of the top three triptans with one of these triptans being given at higher doses than that which is FDA approved.
- Imitrex best at fast action, but allow for patient and prescriber choice.

Dr. from Merck:

- Maxalt has two oral dosage forms which are good options (MLT and regular tablet).
- Testifies for Merck at a lot of Medicaid agency's presentations.
- Oregon system is a good one.

Kimberly Petersen from DERP reviewed Triptan report by phone.

Committee discussion and decision:

- Evidence shows no difference in safety. It was noted that nasal forms cause stinging and higher withdrawal rates.
- Sumatriptan has longevity of experience, various dosage forms.
- Rizatriptan has slight benefit over others.
- The Committee requested that at least two agents be made preferred.
- No difference in subgroup populations.

Aimee asked the panel if they would like to make any changes on Relpax due to the letters that she read earlier.

No changes—leave as is

Dr. Johnston stated he would like to know the relationship presenters at the meeting have with drug manufacturers. Aimee stated that the only information she gets is what company the presenters represent.

While waiting for Dr. Susan Norris to call in and give the updates on second generation antihistamines, Aimee posed the question to the committee asking them how they would like to proceed with their review now that pediatric reviews would be included. It was decided that Adult evidence would be reviewed and Peds would be a subgroup of the discussion. If anything out of the norm came up, there would be a separate discussion as to how to handle the issue.

Review of Second Generation Antihistamines

Dr. Susan Norris from DERP reviewed the antihistamine report.

Dr. Johnston stated that the FDA asked the makers of fexofenadine to publish data after implementation. Dr. Norris said the study has not been made available as of this time.

There were no public comments.

The committee decided to base their recommendation for second generation antihistamines on safety and efficacy for the adult sector. Dr. Harrison made a motion to accept the previous decision of the committee and Dr. Johnston seconded the motion.

Dr. Horam discussed some of the issues related to age in pediatric patients. One of them was that he does not use Allegra because it is administered 2x/day and does not have the convenience features that other antihistamines can offer.

Dr. Smith asked that the recommendation of the committee be taken forward to the DUR board for review—to allow an exception from PA for the 6 month to 2-year age group.

Dr. Harrison amended his previous motion to include PEDS in the recommendation as stated above. Dr. Johnston seconded the motion. All members of the committee voted to approve the committee recommendation, none were opposed.

The meeting was adjourned.

Next committee meeting:

October 11, 2006—Little America Regency Room

10:00 a.m. to 3:00 p.m. The time has been lengthened because there are 5 classes to review.