Preferred Drug List Advisory Committee Meeting
Wednesday, October 11, 2006
Cheyenne, Wyoming
10 a.m. – 3 p.m.

Members present: Marion Smith, Scott Johnston, W. Joseph Horam, Dean Winsch, Renee Gamino-Diaz, Natasha Galizzi

Members excused: Bill Harrison, Christie Graham

Ex-officio: Antoinette Brown

Dr. Smith called the meeting to order at 10:10 a.m.

Minutes

The minutes were for the April 2006 meeting were approved as submitted.

Announcements

A new public comment policy was presented to the committee. The dates for the 2007 meetings were provided (April 11 and October 10).

Review of ADHD medications:

Marian McDonagh, PharmD presented on the Drug Effectiveness Review Project report. Slides are available upon request.

Public Comment:

Johnna Nelson (Lilly) provided comments on Strattera. Points highlighted included efficacy, safety and tolerability, comorbidities, and diversion. Written comments are available upon request. Dr. Horam asked about use of Strattera in those with anxiety. Strattera is not specifically approved for use in those with anxiety disorders although in studies anxiety was not exacerbated.

Jennifer Vanko (McNeil) provided comments on Concerta. Concerta has a unique once a day dosing and is difficult to abuse. Concerta has shown greater adherence rates than other long acting stimulants. In addition, fewer ER visits and hospitalizations were seen with Concerta resulting in lower medical costs.

Committee Discussion:

Dr. Horam provided his experience as a pediatrician. There is no proven preferred approach and each drug has its own niche. He recommended grandfathering those who are currently stabilized on therapy.

Dr. Johnston requested that the DUR Board look at use of high dose stimulants. Dr. Smith mentioned that adults are very hard to diagnose and treat and requested that the DUR Board work to do some education around this issue.

Committee recommendation:

Grandfather those currently on therapy. At least one long-acting and short-acting option should be available. A minimum of a two week trial should be given prior to approval of non-preferred. At least one choice should be available from the dextroamphetamine SR, methylpenidate SR and non-stimulant/non-controlled categories.

There is a paucity of safety and efficacy data that shows any significant difference between medications.

<u>Review of Proton Pump Inhibitors:</u>

Susan Carson presented on the PPI updated report. Slides are available upon request.

Public Comment:

Doug Stogsdill (Astra Zeneca) provided comments on esomeprazole. Mr. Stogsdill mentioned that the study rating system used by the Drug Effectiveness Review Project is unknown. Esomeprazole 40 mg has consistent healing rates greater than 90%. Throughout the report esomeprazole 40 mg is the only medication that shows a difference.

Maurice Landers, R.Ph., (TAP) provided comments on Prevacid. The PPIs are an effective class of medications. Prevacid is approved in pediatrics from 12 months to 17 years. It has very simple dosing and multiple dosage forms. It is the number one PPI chosen by Pediatric GI specialists.

Committee Discussion:

Dr. Horam mentioned that in his practice, ranitidine is generally used first for pediatrics, and then Prevacid. Referrals to Pediatric GI specialists results in utilization of Prevacid.

Committee Recommendation:

No changes in previous recommendations for adults. There is evidence that Prevacid may be more beneficial in the infant/newborn group. Prevacid is the accepted standard of care for pediatrics and should be allowed at least for those who are 8 years and under, and patients of any age who are unable to swallow traditional dosage forms.

Review of Statins:

Slides from the Drug Effectiveness Review Project were briefly summarized. Slides available upon request.

Public Comment:

Susan Trieu (Astra Zeneca) provided comments on rosuvastatin. Two studies were mentioned (Mercury 2 and Asteroid). The Asteroid trial is the first of its kind to show regression of atherosclerosis and resulted in the lowest LDL levels ever seen. Rosuvastatin has been studied in African Americans, Hispanics, and Asians. Rosuvastatin has a favorable safety profile and is not metabolized by the cytochrome P450 3A4 system. Ms. Trieu recommended that the Drug Effectiveness Review Project review the National Lipid Association Safety Papers.

Dr. Marvin Couch a family practitioner in Rawlins provided comments on Lipitor. He asked that Lipitor remain an available agent and noted that other agents do not have the efficacy that Lipitor has.

Terri Craig (Pfizer) provided comments on Lipitor. Large trials have come out regarding health outcomes since the previous update. Pfizer is research-oriented and has designed studies to show outcomes. National guidelines are being driven by these studies. She mentioned that it is easy to get lost in the data in the Drug Effectiveness Review Project reports as there is so much information. The ASCOT trial was stopped two years early because the endpoint had been reached. It cannot be compared to other longer trials as the number needed to treat would be different if the study had been continued for the full five years. Atorvastatin 80 mg has been shown to be as safe as the 10 mg dose. In addition, atorvastatin is the only statin that does not have a dose limit when combined with a fibrate.

Committee Discussion:

Atorvastatin has been marketed for its long-acting nature resulting in every other day dosing in practice. Company representatives present commented that rosuvastatin and simvastatin are similarly long-acting. Every other day dosing is not recommended for compliance reasons.

Committee Recommendation:

No changes from the previous recommendation.

Review of Long-Acting Opioids:

Dr. Johnston provided an overview of a study he completed of narcotic usage in the Workers' Compensation population.

Dr. Roger Chou presented on the updated long-acting opioids report. Slides are available upon request.

There was no public comment.

Committee Recommendation:

No changes to previous recommendations.

Methadone should be avoided in cardiac patients due to potential for prolongation of QT interval. Methadone should only be prescribed by those who are skilled in its use.

Methadone should not be described as a "preferred", will remain available without PA.

There being no further business, the meeting was adjourned at 2:30 p.m.