

Preferred Drug List Advisory Committee Meeting
Wednesday, October 10, 2007
Cheyenne, Wyoming
10 a.m. – 2 p.m.

Members present: Marion Smith, Bill Harrison, W. Joseph Horam, Whitney Buckley, Dean Winsch, Kevin Robinett, Renee Gamino

Members excused: Christie Graham, Scott Johnston

Ex-officio: Antoinette Brown, James Bush

Guests: Terry Ahlers (Pfizer), Dan Womer (Takeda), Jason Hladik (Takeda), Michael Schultz (Forest), Jeff Jenkins (Merck), L.J. Roussalis MD (Casper Physician), Steve Schaerrder (DSI), Randy Hodgda (GlaxoSmithKline), John Pawlowksi (GSK), Tim Hynek (Lilly), Jay Jennings (Sanofi-Aventis), Trish Mcdaid-O'Neill (AstraZeneca), Bert Jones (GlaxoSmithKline), C. Pierre Thoumsin (Amgen), Bryanne Myek (UW Student), Steve Smedly (UW Student).

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

Review of Minutes

The minutes of the April 11, 2007 meeting were approved as submitted.

Announcements

An overview of the PDL process as well as the purpose of the committee was provided.

Insomnia medications

An overview of the Drug Effectiveness Review Project, Newer Medications for Insomnia report was provided by Susan Carson via telephone. Copies of the slides are available upon request.

Public Comment:

Dan Womer with Takeda provided comments regarding ramelteon (Rozerem). Ramelteon is the only non-scheduled medication in the category. It is a melatonin receptor agonist and has been shown safe and efficacious in improving sleep latency and quality of sleep. It can be used in both transient and chronic insomnia as it has been shown to maintain effectiveness for over six months. Ramelteon does not cause cognitive or motor impairment. It is metabolized by the CYP1A2 system which may lead to drug interactions. It should not be used in those with hepatic impairment, COPD or severe sleep apnea.

Committee Discussion:

Safety:

Available evidence indicates that ramelteon is safer than the other newer insomnia medications. There is no evidence showing a difference among the other newer medications.

Dr. Robinett moved to accept this recommendation; motion was seconded by Dr. Harrison. There was no further discussion and all were in favor.

Efficacy:

Available evidence shows ramelteon is less effective than others for SHORT-TERM (~14 days) treatment. No evidence showing difference in others.

Evidence shows increased sleep quality with zolpidem and improved sleep latency with zaleplon. Lunesta is more effective for increasing sleep duration.

Dr. Harrison moved to accept this recommendation, motion was seconded by Dr. Horam. There was no further discussion and all were in favor.

Clinical experience:

The current day supply limit on zolpidem and zaleplon is affecting what is asked for and written. The Committee recommended DUR reconsider this policy.

Zolpidem CR has value with a few patients due to its long-acting nature. There is no reason to have it available first line.

Zaleplon is useful for shift workers due to decreased “hangover” effect.

Evidence shows ramelteon is safer than other medications in this class.

Use in children: These medications are used in kids when necessary, generally above age 12. Zolpidem is typically the medication used. (Antoinette clarified that the PDL for this class will not be implemented for those under 21 years of age).

Motion by Dr. Horam, Second by Dr. Harrison, all in favor.

Beta Blockers

An overview of the Drug Effectiveness Review Project report on beta blockers was provided by Kim Peterson. Slides are available upon request.

Public comment:

John Pawlowski from GlaxoSmithKline provided comments on Coreg CR. Coreg CR is a non-selective beta blocker. It is approved for mild to severe heart failure as well as hypertension. The Gemini study was not included in the DERP report. This study reported on the effects on HbA1c with use of carvedilol and metoprolol tartrate. There was no change in HbA1c in the carvedilol group. Adverse effects are similar between the immediate and extended release formulations of carvedilol. Incidence of headache and dizziness are less with Coreg CR. Coreg CR is a once daily formulation which increases compliance which, in turn, decreases hospitalization and costs.

Dr. Roussalis from Casper provided comment on Coreg CR. They are doing a study on compliance in Casper. His patients have an average of 7.5 drugs per day which results in 11 – 12 tablets per day. Once daily dosage is ideal as a decrease of even one tablet per day increases compliance.

Written comments regarding Coreg CR were provided by Dr. Gerrie Gardner, Dr. John Babson, Maria Kidner, FNP-C, and Kimberly Purifoy, FNP-C.

Committee Discussion:

Safety:

The side effect profiles are similar among all drugs in this class.

Those with a positive ISA have more contraindications. These are only needed in somebody who cannot tolerate a lower heart rate.

Nonselective beta blockers should be avoided in those with asthma, COPD or bronchoconstriction.

Dean moved to accept these recommendations, motion seconded by Whitney. There was no further discussion and all were in favor.

Efficacy:

With exception of recent MI and HF, all are similar with regard to efficacy.

With recent MI, HF and left ventricular dysfunction, carvedilol may be a better choice.

Metoprolol XL may have benefit in atrial fibrillation. There is a benefit over carvedilol in those with asthma, COPD, etc.

Propranolol has the most evidence for esophageal varices.

Atenolol, metoprolol and propranolol appear to have similar efficacy for migraines.

Dr. Horam moved to accept these recommendations, Renee seconded the motion. There was no further discussion and all were in favor.

There being no further business, Dr. Smith adjourned the meeting at 1:23 p.m.