

Preferred Drug List Advisory Committee Meeting
Tuesday April 14, 2009
Cheyenne, Wyoming
10 a.m. – 2 p.m.

Members present: Marion Smith, W. Joseph Horam, Lakhman Gondalia, Whitney Buckley, Dean Wunsch, Kevin Robinett, Robert Monger

Members excused: Scott Johnston, Ralph Hayes

Ex-officio: Antoinette Brown, James Bush

Guests: Mark Wells, Nikki Yost, Camille Kern (Allergan), Bryon Gishell (Alcon), Todd Rodahuever (Pfizer), Terri Craig (Pfizer), Rick Butler (Pfizer), Angela Christensen (WDH), Roy Lindfield (Schering), Lori Howarth (Bayer), Jason Bischoff (SoP student), Heather Streumpf (SoP student), Tim Hynek (Lilly)

Dr. Smith called the meeting to order at 10:05 a.m.

Introductions were made. Aimee announced the appointment of new Committee members, Dr. Gondalia, Dr. Monger and Ralph Hayes. She welcomed Dr. Mark Wells who joined the Committee to provide his clinical experience with ophthalmic agents.

Review of Minutes

The minutes of the February 10, 2009 meeting were approved as submitted.

Ophthalmic Antibiotics

Dr. Laureen Biczak presented the report on ophthalmic antibiotics. Slides are available upon request.

Public Comment:

No public comment was presented. Dr. Anne Miller had provided public comment in writing which was reviewed.

Committee Discussion:

Safety:

Azithromycin seems to have an advantage in pregnancy and pediatrics as it is Category B and is approved in children aged 3 years and older. Erythromycin and tobramycin are used in neonates.

Combination medications were discussed. Dr. Wells indicated that the key with ophthalmic antibiotics is diagnosis. There is always the fear of giving a steroid in a herpes infection. Most commonly in adults there is also an inflammatory process occurring. It is rarely only bacterial in nature. The steroid helps with symptoms immediately. Because of this, the combination drugs are prescribed more than antibiotics alone. If it is a classical bacterial infection, steroids are avoided. In addition to diagnosis, follow-up is very important.

Neomycin products were removed from the formulary at the hospital. Zymar and Vigamox are available.

Efficacy:

Quinolones are now the gold standard. Aminoglycosides are occasionally used with the quinolones. Tobramycin is still used somewhat frequently.

Clinical experience:

Vigamox is nice in terms of its dosing schedule.

Conjunctivitis is such a self-limiting condition, especially in pediatrics, that you can often get by with Polytrim (most commonly used in pediatrics) and save the quinolones as a second-line option.

Allergies are developing with neomycin and gentamicin.

Final Committee recommendation:

Available evidence does not show a difference between medications in terms of safety and efficacy. Azithromycin should be considered for pregnant women and pediatrics. Erythromycin and tobramycin should be considered for neonates. A quinolone should be available.

The recommendations listed above were moved and seconded with all in favor.

Ophthalmic glaucoma agents

Dr. Lauren Biczak presented the report on glaucoma agents. Slides are available upon request.

There was a question regarding the cautions with ophthalmic beta blockers and those with COPD, asthma, etc. The studies did not show systemic effects being a problem, however Committee members have seen a few incidences of exacerbation of disease states such as heart block with the ophthalmic products.

The issue with glaucoma is compliance, especially with the older medications which are dosed three to four times per day. Prostaglandins are dosed once daily and are now considered the gold standard. Alphagan is probably the most common second-line agent. Some studies show that it may decrease blood pressure at night. The imbalance between intraocular pressure and blood pressure is what is thought to cause nerve damage, so this may be of concern. The combination products are being used more often because of compliance.

Public Comment:

Terri Craig (Pfizer) presented information on market share in Wyoming Medicaid, National Medicaid, Commercial and Medicare populations. All prostaglandin agents have an administration device which are given free of charge. The Xalatan device has been approved by the Arthritis Association.

Written comment from Dr. Anne Miller was reviewed.

Committee Discussion:

Safety:

There is no evidence indicating a difference between or within the different classes of medications in terms of safety.

Travatan Z does not have preservatives. Betoptic only acts on the beta-one receptor which may have a benefit for those with asthma, COPD and specific heart conditions. Lumigan and Cosopt had more tolerability issues reported.

Alphagan is pregnancy category B, although glaucoma is not often seen in pregnancy.

Efficacy:

Prostaglandins are now the gold standard. Evidence indicates that they are more effective than beta blockers and carbonic anhydrase inhibitors. Pilocarpine is approved for acute angle-closure glaucoma.

Clinical experience:

There should be one preferred medication from each class (beta blocker, prostaglandin, carbonic anhydrase inhibitor). Because of the compliance issues, a combination product should be available.

There was a motion and second to approve the above recommendations. All were in favor.

Ophthalmic NSAIDs

Dr. Lauren Biczak presented the report on Ophthalmic NSAIDs. Slides are available upon request.

NSAIDs are being used more commonly in corneal abrasions, ulcers and erosions. They are not generally used in allergic conjunctivitis.

Public comment:

No public comment was presented. Written comment from Dr. Anne Miller was presented.

Committee Discussion:

Safety:

Voltaren increases intraocular pressure. Burning and stinging are better quantified than the others. It may be less tolerable than the others.

The increase in intraocular pressure is not particularly concerning as these agents are not used long enough to have a major effect. The pressure should be monitored during use.

Efficacy:

There is no evidence of a difference in terms of efficacy. Ketorolac may decrease prostaglandin levels quicker. One study showed Acular was more effective post cataract, however it does not have the indication.

Clinical Experience:

Acular is used in pediatrics when necessary.

There was a motion, second and all were in favor of the above recommendations.

There being no further business, Dr. Smith adjourned the meeting at 12:00 p.m.

Respectfully submitted,

Aimee Lewis, PharmD
DUR Manager