



# Kansas Medical Assistance Program

## Preferred Drug List Committee

Meeting Minutes

February 02, 2005

<p><b>Preferred Drug List Committee</b> Meeting Minutes Shawnee Country Club President's Room, February 02, 2005 10:00 A.M.-4:00 P.M.</p>	<p><b>Members Present:</b> Michael Burke, M.D., Ph.D., Chair; Kristen Fink, PharmD; Robert Haneke, PharmD; Vernon Mills, M.D.; Brenda Schewe, M.D.; Donna Sweet, M.D.; Dennis Tietze, M.D.;</p> <p><b>SRS Staff Present:</b> Nialson Lee, B.S.N, M.H.A.; Mary Obley, R.Ph.; Anne Ferguson, R.Ph.; Erica Miller</p>	<p><b>Representatives:</b> Ann Gustafson (GlaxoSmithKline), Lisa Goetz (Procter and Gamble), Mark Hoig (Procter and Gamble), Joan Scavielle (Schering-Plough), Brett Marchant (Schering-Plough), Steve Simpson (Schering-Plough), James Osborne (GlaxoSmithKline), Glen Grunwald (GlaxoSmithKline), Jeff Knappen (Allergan), John Howard (Schering-Plough), Tom Rickman (Aventis), Barbara Boner (Novartis), Randy Goldstein (KU Medical Center), Laura Kososki (Odyssey Pharmaceuticals), Rhonda Clark (Purdue), Robert Calder, M.D. (Merck), Mike Moratz (Merck), Joshua Lang (Novartis), Deron Grothe (Solvay), James Lieurance (Takeda), Ron Weiner, M.D. (KOS), M Troy Fowler (GlaxoSmithKline), Maria Papayoti (AstraZeneca), Bruce Steinberg (Sanofi-Aventis), Laura Wyatt (Sanofi-Aventis), Cynthia Hamilton Holmes (Yamanouchi), James Rider, D.O.</p>
TOPIC	DISCUSSION	DECISION/ACTION
<p><b>I. Call to Order</b></p>	<ul style="list-style-type: none"> <li>• Dr. Michael Burke, Chair, called the Meeting of the Preferred Drug List (PDL) Committee to order at 10:15a.m.</li> </ul>	
<p><b>II. Announcements</b></p>	<ul style="list-style-type: none"> <li>• Dr. Burke announced that the allowed speaking time has changed to 5 minutes per drug.</li> </ul>	
<p><b>III. Review Approval of October 07, 2004, Meeting Minutes</b></p>	<ul style="list-style-type: none"> <li>• There were no additions or corrections to the October 2004 meeting minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• A motion to approve the minutes as written was made by Dr. Sweet and seconded by Dr. Schewe. The motion carried unanimously by roll call.</li> </ul>
<p><b>IV. Inhaled Corticosteroids</b> <b>1. Public Comment</b></p>	<ul style="list-style-type: none"> <li>• Maria Papayoti, Ph.D. (AstraZeneca) presented information to the PDL Committee regarding Pulmicort Respules® and Pulmicort Turbuhaler®.</li> <li>• James Osborn (GlaxoSmithKline) presented information to the PDL Committee regarding Flovent®.</li> </ul>	

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<p><b>Inhaled Corticosteroids – Con’t</b></p> <p><b>2. Committee Discussion</b></p> <p><b>3. Committee Recommendation/ Action</b></p>	<ul style="list-style-type: none"> <li>• Dr. Sweet asked what the pediatric indications are. Mr. Osborn stated that Flovent® is approved for 12 &amp; up.</li> <li>• Ron Weiner, M.D. (KOS) presented information to the PDL Committee regarding Azmacort®.</li> <li>• Dr Sweet asked Dr. Mills about inhaled corticosteroids for pediatrics. Dr. Mills stated that the biggest issue with inhaled corticosteroids and pediatrics is potency and absorption. There needs to be multiple dosage forms available</li> <li>• The PDL Committee discussed whether they should recommend age ranges for drugs in this class.</li> <li>• Dr. Fink stated that Medicaid does not cover spacers, so it might be useful to include a formulation that comes with the spacer. Mary Obley stated that Medicaid does cover spacers through DME. Mary will look into education for the pharmacist regarding submitting spacer claims.</li> <li>• With no further discussion, a motion was placed before the Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• A motion was made by Dr. Sweet and seconded by Dr. Fink that all formulations of Inhaled Corticosteroids are clinically equivalent in equi-potent dosages. The PDL Committee would also like to suggest that pediatric formulations be available. The motion carried unanimously by roll call.</li> </ul>
<p><b>V. Intranasal Corticosteroids (Re-review)</b></p> <p><b>1. Public Comment</b></p> <p><b>2. Committee Discussion</b></p> <p><b>3. Committee Recommendation/ Action</b></p>	<ul style="list-style-type: none"> <li>• Maria Papayoti, Ph.D. (AstraZeneca) presented information to the PDL Committee regarding Rhinocort Aqua®.</li> <li>• James Osborne (GlaxoSmithKline) presented information to the PDL Committee regarding Flonase®.</li> <li>• John Howard (Schering Plough) presented information to the PDL Committee regarding Nasonex®.</li> <li>• Laura Wyatt (Sanofi-Aventis) presented information to the PDL Committee regarding Nasacort AQ®.</li> <li>• Dr. Tietze stated that there have not been any new studies since 2002 to show any differences in efficacy and toxicity.</li> <li>• With no further discussion, a motion was placed before the Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• A motion was made by Dr. Tietze and seconded by Dr. Sweet that all formulations of Intranasal Corticosteroids are clinically equivalent. The motion carried unanimously by roll call.</li> </ul>





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<p><b>Oral Bisphosphonates – Con’t</b></p> <p><b>2. Committee Discussion</b></p> <p><b>3. Committee Recommendation/ Action</b></p>	<ul style="list-style-type: none"> <li>• Dr. Tietze asked if he had absolute numbers for risk reductions. Dr. Rider stated that it was 69%. Dr. Tietze stated that is the relevant risk reduction not absolute. Dr. Rider stated that he did not have numbers for absolute risk reduction.</li> <li>• Dr. Tietze stated that the VA finds this class of drugs clinically equivalent. Dr. Rider stated that they are equivalent, but there are different side effects.</li> <li>• Dr. Sweet stated that the evidence available shows clinical equivalence between once a week and once a day.</li> <li>• With no further discussion a motion was placed before the Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• A motion was made by Dr. Sweet and seconded by Dr. Schewe that all formulations of Oral Bisphosphonates are clinically equivalent. The PDL Committee also suggested that a once a day and once a week formulation should be available. The motion carried unanimously by roll call.</li> </ul>
<p><b>IX. Meeting Adjournment</b></p>	<ul style="list-style-type: none"> <li>• There being no further discussion, a motion to adjourn was placed before the Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• A motion was made by Dr. Schewe and seconded by Dr. Haneke to adjourn the meeting. The motion carried unanimously by roll call. The Preferred Drug List Committee meeting was adjourned at 12:10 a.m.</li> </ul>