



# Kansas Medical Assistance Program

## Preferred Drug List Committee Meeting Minutes

<p><b>Preferred Drug List Committee</b> Meeting Minutes Capitol Plaza Hotel Emerald Rooms IV &amp; V May 26, 2004 10:00 A.M.-4:00 P.M.</p>	<p><b>Members Present:</b> Michael Burke, M.D., Ph.D., Chair Kristen Fink, Pharm.D. Robert Haneke, Pharm.D. Glenn Harte, Pharm.D. Kenneth Mishler, Pharm.D. Brenda Schewe, M.D. Donna Sweet, M.D. Dennis Tietze, M.D.</p> <p><b>SRS:</b> Nialson Lee, B.S.N, M.H.A. Mary Obley, R.Ph. Erica Miller</p> <p><b>EDS:</b> Karen Kluczykowski, R.Ph.</p>	<p><b>Representatives:</b> Mike Moratz (Merck), Stephanie Cook (Boehringer Ingelheim), Rodney Longhofer (Janssen), Chris Lepore (Johnson &amp; Johnson), Penny Atwood (Reliant Pharmaceuticals), Kathleen Carmody (Eli Lilly), Barbara Boner (Novartis), Patrick Byler (Novartis), Jim Baumann (Pfizer), Tammie Capps (Purdue), Brett Spencer (Purdue), James Lieurance (Takeda), Ann Thompson (Janssen), Jene Hynek (Organon), Steven Freeman, D.O. (Mid America Cardiology), Diana Morasch (AstraZeneca), Ann Gustafson (GlaxoSmithKline), Barbara Belcher (Merck), Nancy Zogleman (Pfizer), Robyn Schaiff (Pfizer), Debbie Myers (Andrx), Marguerite Enlow, PharmD (BMS), Dennis Majeskie (Wyeth), Alesia Hanners (Wyeth), Bill McVay (AstraZeneca), Josh Lang (Novartis), Mike Hutfles (Ks Governmental Consulting), Carol Cutis (AstraZeneca), Paul Hoyle, Ph.D. (AstraZeneca), Colette Winderlich (AstraZeneca), Robb Host (Cephalon), Janet Lindstrom (Solvay), Robert Twillman, Ph.D. (Kansas Pain Initiative), Ron Godsey (TAP), Larry Dollar (TAP), Arnie Bazemore (Sepracor), Matt Brown (Andrx), Duane Wooten (Janssen), Pat Evans (Bristol-Myers), Robert Calder (Merck), Lesa Riley (Organon), Don Young (Organon), Steven Simon (Pain Management Institute), Jerzy Sarosiek, M.D., Ph.D. (Kansas University), Cadu Jovne (Ks Foundation for Clinical Pharmacology, Clyde Cooper, Ph.D. (Reliant), Mark Helfand, M.D., M.S., M.P.H. (Evidence-based Practice Center)</p>
<p>I. Call to Order</p>	<p>Dr. Michael Burke, Chair, called the Meeting of the Preferred Drug List Committee to order at 10:10a.m.</p>	
<p>II. Introduction</p>	<p>Dr. Burke introduced the new Board Member, Kenneth Mishler, PharmD and Mark Helfand from the Evidence- Based Policy Center.</p>	
<p>III. Guidelines for Public Comment</p>	<p>Mary Obley presented facts regarding the PDL process and</p>	

	<p>website.</p> <p>Dr. Burke stated that the public will have a short time to ask questions after Mark Helfand from the Evidence-based Practice Center (EPC) presents information.</p>	
<p>IV. Proton Pump Inhibitors</p> <p>A. Public Comment</p> <p>B. Presentation from Evidence-based Practice Center (EPC)</p> <p>C. Committee Recommendation and Action</p>	<p>Dr. Paul Hoyle (AstraZeneca) presented information to the PDL Committee regarding Nexium®.</p> <p>Jerzy Sarosiek, M.D., Ph.D. (Kansas University) presented information to the PDL Committee regarding Aciphex® on behalf of Janssen Pharmaceuticals</p> <p>Dr. Mark Helfand (EPC) reviewed the results of the Proton Pump Inhibitors (PPI) report. Dr. Helfand also made a few corrections to the PPI report that were pointed out by pharmaceutical representatives.</p> <p>Dr. Burke pointed out that the position of the PDL Committee a year ago was that they did not find convincing information proving that one PPI is better than another. The PDL Committee also reviewed other agencies information regarding PPIs and most agencies came to the same conclusion.</p> <p>Mary stated that there are not as many Prior Authorizations for PPIs as you would expect.</p> <p>The Committee requested that in the future, copies of the Prior Authorization criteria should also be supplied.</p> <p>Dr. Burke stated that he doesn't think one agent is better than another. Dr. Fink thinks that the decision that was made at the last meeting should not be changed. Dr. Sweet stated that the Prior Authorization process is very effective and easy. She also thinks that the Committee should not change the current Prior Authorization process because it is so efficient.</p> <p>With no further discussion, a motion was placed before the Committee.</p>	<p>It was decided that in the future the PDL Committee would be supplied with the Prior Authorization criteria.</p> <p>A motion was made by Dr. Fink and seconded by Dr. Tietze that all formulations of Proton Pump Inhibitors are clinically equivalent. The motion carried unanimously by roll call.</p>
<p>V. HMG-CoA Reductase Inhibitors (Statins)</p> <p>A. Public Comment</p>	<p>Robyn Schaiff (Pfizer) presented information to the PDL Committee regarding Lipitor®.</p> <p>Dr. Steven Freeman (Mid America Cardiology) a cardiologist</p>	<p>A motion was made by Dr. Sweet and seconded by Dr. Tietze that Atorvastatin, Simvastatin, and Rosuvastatin are clinically equivalent and the most potent Statins.</p>

<p>B. Presentation from Evidence-based Practice Center (EPC)</p> <p>C. Committee Recommendation and Action</p>	<p>from Kansas City presented information to the PDL Committee regarding Lipitor® on behalf of Pfizer.</p> <p>Dr. Cadu Jovne (Kansas Foundation for Clinical Pharmacology) presented information to the PDL Committee regarding Crestor® on behalf of AstraZeneca.</p> <p>Matt Brown (Andrx) presented information to the PDL Committee regarding Altacore®.</p> <p>Dr. Robert Caulder (Merck) presented information to the PDL Committee regarding Zocor®.</p> <p>Dr. Marguerite Enlow (Bristol Myers Squibb) presented information to the PDL Committee regarding Previcar®.</p> <p>Dr. Clyde Cooper (Reliant) presented information to the PDL Committee regarding Lescol XL®.</p> <p>Dr. Helfand (EPC) reviewed the results of the HMG-CoA Reductase Inhibitors (Statins) report and he reviewed the results of the Prove It study. Dr. Helfand also made a few corrections to the report.</p> <p>Dr. Schaiff (Pfizer) pointed out that 25% of the subjects included in the Prove It study had used Statins prior to the study, while 75% had not used a Statin before.</p> <p>Dr. James Simple (AstraZeneca) pointed out that currently 14 clinical trials are in process. These studies are expecting to have favorable outcomes.</p> <p>Dr. Burke stated that last year the PDL Committees final decision was that all Statins are clinically equivalent. Currently Lipitor® and Zocor® are the preferred drugs and Mevacor®, Altacor®, Lescol®, Crestor® are the non-preferred drugs, but do not require a prior authorization, and Pravachol®, Pravigard Pac® are non-preferred and require a Prior Authorization.</p> <p>Mary pointed out that we cannot require a Prior Authorization on a new drug until it is reviewed. Therefore, Rosuvastatin</p>	<p>Pravastatin should be available for special populations when drug interactions are an issue. Fluvastatin and Lovastatin are not preferred Statins and are not clinically equivalent. The motion carried unanimously by roll call.</p>
--	--	--

	<p>does not need a Prior Authorization and it is not a Preferred Drug.</p> <p>With no further discussion, a motion was placed before the committee.</p>	
<p>VI. Opioid Analgesics</p> <p>A. Public Comment</p> <p>B. Presentation from Evidence-based Practice Center (EPC)</p> <p>C. Committee Recommendation and Action</p>	<p>Dr. Robert Twillman (Kansas Pain Commission) presented information to the PDL Committee regarding Opioids.</p> <p>Dr. Tietze pointed out that inadequate pain control is usually because of inadequate dosing.</p> <p>Dr. Harte asked if patients are being switched to generic OxyContin. Dr. Twillman answered that he has not been switching patients, he has heard that patients are having problems when they switch to the generic.</p> <p>Dr. Steven Simon (Cephalon, Inc) presented information to the PDL Committee regarding Actiq.</p> <p>Dr. Fink stated that Actiq is expensive and not all insurances will pay for it. Are there patients that still pay for it anyway? Dr. Simon answered that he does have some patients that will pay for Actiq even if their insurance doesn't. Dr. Schewe pointed out that this is not a first line treatment and it should not be offered to everyone. Dr. Simon (Cephalon, Inc) pointed out that some important studies regarding Actiq® were left off of the Oregon study. Dr. Helfand (EPC) stated that the studies regarding Actiq® would not have been included because the study only looked at long acting Opioids.</p> <p>Ann Thompson (Janssen) presented information to the PDL Committee regarding Opioids.</p> <p>Don Young (Organon) presented information to the PDL Committee regarding Avinza.</p> <p>Dr. Burke asked if Organon did any studies comparing Opioids and Morphine. Mr. Young (Organon) answered that all efficacy studies compared Opioids to Oxycotin.</p> <p>Dr. Helfand (EPC) reviewed the results of the Opioid Analgesics report.</p>	<p>A motion was made by Dr. Sweet and seconded by Dr. Haneke to not include Opioids as part of the PDL at this time. The motion carried unanimously by roll call.</p> <p>It was also decided that Opioids would be placed on the next Drug Utilization Review (DUR) Board meeting agenda, so the DUR Board can send out educational information.</p>

	<p>Dr. Burke asked what the current position the State has taken regarding narcotic analgesics? Mary stated that the narcotic analgesics class are not part of the PDL, therefore, no Prior Authorizations are required. Dr. Teitze asked if the use of Opioids has gone up. Mary stated that she believed it had. The Committee discussed AB ratings on drugs. It was pointed out by Mary that SRS has a new policy that requires a pharmacy to give the generic drug if it has an AB rating unless otherwise informed by the physician. Dr. Harte pointed out that most physicians will not jump directly to OxyContin. Dr. Sweet pointed out that pain is very individualized. It is hard to say which Opioid would work best. Dr. Sweet suggested educating providers instead of placing the drugs on the PDL.</p> <p>With no further discussion, a motion was placed before the Committee.</p>	
<p>VII. Non-Steroidal Anti-inflammatory Drugs (excluding Selective Cox-2 Inhibitors)</p> <ul style="list-style-type: none"> <li>A. Public Comment</li> <li>B. Presentation from Evidence-based Practice Center (EPC)</li> <li>C. Committee Recommendation and Action</li> </ul>	<p>No public comments.</p> <p>Dr. Helfand (EPC) reviewed the results of the Non-Steroidal Anti-inflammatory Drugs Report.</p> <p>Dr. Burke pointed out that currently all NSAID's are on the Preferred Drug List, except Meloxicam.</p> <p>The Cox-2 inhibitors are not part of this review and will remain on Prior Authorization, separate from the PDL at this time.</p> <p>With no further discussion, a motion was placed before the Committee.</p>	<p>A motion was made by Dr. Sweet and seconded by Dr. Harte that there is clinical equivalence among the NSAID's, including Mobic. The motion carried unanimously by roll call.</p>
<p>VIII. Meeting Adjournment</p>	<p>There being no further discussion, a motion to adjourn was placed before the Committee.</p>	<p>A motion was made by Dr. Haneke and seconded by Dr. Harte to adjourn the meeting. The motion carried unanimously by roll call. The Preferred Drug List Committee meeting was adjourned at 3:45 p.m.</p>