# Kansas Medical Assistance Program

| Preferred Drug List Committee<br>Meeting Minutes | | |
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| **Preferred Drug List Committee**<br>Meeting Minutes<br>Capitol Plaza Hotel, Maner Conference Center<br>Pioneer Room<br>June 16, 2004<br>10:00 A.M.-4:00 P.M. | **Members Present:**<br>Michael Burke, M.D., Ph.D., Chair<br>Kristen Fink, PharmD<br>Vernon Mills, M.D.<br>Kenneth Mishler, PharmD<br>Brenda Schewe, M.D.<br>Dennis Tietze, M.D.<br><br>**SRS Staff Present:**<br>Nialson Lee, B.S.N, M.H.A.<br>Mary Obley, R.Ph.<br>Erica Miller | **Representatives:** Janet Lindstrom (Solvay), Patricia Jacob, PharmD (GlaxoSmithKline), Josh Lang (Novartis), Prasad Turlapaty (Solvay), Marc Claussen (Watson Pharma), Jeff Knappen (Allergan), Chris Lepore (Johnson & Johnson), Amy Swanson (Schwarz Pharma), Deron Jones (Wyeth), Ashesh Gandhi (Wyeth), Jim Baumann (Pfizer), Mahendra Sahadeo (Pfizer), Debbie Kavanaugh, PharmD (Pfizer), Jane Pauley (Pfizer), Kent Pearson (Abbott Laboratories), Arlene Price, PharmD (Abbott Laboratories), Gus Boesch (Biovail Pharmaceuticals), Mike Moratz (Merck & Co, Inc), Andrea Feldman (Ortho-McNeil Pharmaceuticals), Danny Ottosen (Bertek Pharmaceuticals), Nancy Zogleman (Pfizer), James Lieurance (Takeda), Barbara Belcher (Merck), Candie Phipps (Boehringer Ingelheim), Kate Kulesher (Wyeth), J. Suzanne Long (Biovail Pharmaceuticals), Susan Thornton (Biovail Pharmaceuticals), Nancy Horton, PhD, MPH (Ortho-McNeil Pharmaceuticals), Cecilia Deidan, PhD (Pfizer) |
| I. Call to Order | Dr. Michael Burke, Chair, called the Meeting of the Preferred Drug List Committee to order at 10:00a.m. | |
| II. Review Approval of May 26, 2004 Meeting Minutes | There were no additions or corrections to the May 2004 meeting minutes. | A motion to approve the minutes as written was made by Dr. Mishler and seconded by Dr. Tietze. The motion carried unanimously by roll call. |

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| III. Guidelines for Public Comment | Mary pointed out that the allowed speaking time has changed to 10 minutes per drug. | |
| IV. ACE Inhibitors<br>A. Public Comment<br>B. Committee Recommendation and Action | Arlene Price, PharmD (Abbott Laboratories) presented information to the PDL Committee regarding Mavik®. Ms. Price (Abbott) pointed out that there were numerous studies that were left off the Evidence-based Practice Center (EPC) report, Convince Study, Benedict Study, and the Peace Study. Mary questioned whether Abbott sent the studies to EPC. Ms. Price (Abbott) stated that they were sent in. The PDL Committee found one of the studies in the Bibliography and Mary stated she would check into the rest.<br><br>Prasad Turlapaty (Solvay Pharmaceuticals) presented information to the PDL Committee regarding Aceon®.<br><br>Ashesh Gandhi (Wyeth) presented information to the PDL Committee regarding Altace®.<br><br>Dr. Tietze asked if any of the studies were head to head comparisons. Mr. Gandhi stated that one of their studies compared ACE Inhibitors with ARBs.<br><br>Dr. Burke reminded everyone that this is a re-review and that the PDL Committee found all ACE Inhibitors equivalent in the last review.<br><br>Dr. Mills stated that he believes there should be more than one drug available in this class of drugs.<br><br>Dr. Schewe pointed out that the problem with most studies is that they are with a placebo.<br><br>With no further discussion, a motion was placed before the Committee. | A motion was made by Dr. Tietze and seconded by Dr. Schewe that all formulations of ACE Inhibitors are clinically equivalent; they would also like to recommend to the DUR Board to give physicians numerous choices on the PDL. The motion carried unanimously by roll call. |
| V. Calcium Channel Blockers<br>A. Public Comment<br>B. Committee Recommendation and Action | Debbie Kavanaugh, PharmD (Pfizer) presented information to the PDL Committee regarding Norvasc®. Dr. Kavanaugh (Pfizer) stated that a new study was released on Monday called the Value Study and they also have numerous studies involving pediatrics.<br><br>Dr. Tietze asked if any of the studies were head to head. Dr. Kavanaugh (Pfizer) stated that the studies were comparing Calcium Channel Blockers with ACE Inhibitors and ARBs. Dr. Burke asked if she would summarize the information in the pediatric studies. Dr. Kavanaugh (Pfizer) state they are all small studies showing safety.<br><br>J. Suzanne Long and Susan Thorton (Biovail Pharmaceuticals) presented information to the PDL Committee regarding Cardizem LA®. | A motion was made by Dr. Mishler and seconded by Dr. Tietze for the DUR Board to discourage use of short acting Nifedipine and move to the non-preferred list. The motion carried unanimously by roll call.<br><br>A motion was made by Dr. Fink and seconded by Dr. Tietze that the Calcium Channel Blockers should be evaluated by separating them into two subdivisions; the dihydropyridines and the non-dihydropyridines. The dihydropyridine Calcium Channel |

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| | Dr. Tietze asked if Biovail has any long-term results of the outcomes for Cardizem LA. Ms. Thorton (Biovail) stated that they have assumptions of what the outcomes will be, but this is a new drug so there are no studies on outcomes yet.<br><br>Dr. Burke pointed out that the last time Calcium Channel Blockers were reviewed the PDL Committee decided to split this category of drugs into subdivisions of dihydropyridines and non-dihydropyridines. The committee said that all the dihydropyridine Calcium Channel Blockers were clinically equivalent to each other and that all the non-dihydropyridines were clinically equivalent to each other.<br><br>Dr. Mills stated that he thinks all pharmaceutical companies should start doing more research on pediatrics. This could be an issue that could be re-reviewed by the PDL Committee if pediatric studies were released.<br><br>Dr. Fink recommended that the DUR Board leave Norvasc® as a preferred drug, since there are no drug interactions.<br><br>The Committee questioned why short acting Nifedipine is still a covered drug. Dr. Burke recommended doing education on Calcium Channel Blockers. Mary stated that the State participates in the federal drug rebate program and that if a drug is rebateable and not excluded by CMS, then we are mandated to cover the drug. However, we can give the drug a non-preferred status and therefore require prior authorization.<br><br>With no further discussion, a motion was placed before the committee.<br><br>Dr. Mills asked if providers are notified of changes made to the Preferred Drug List. Mary stated that providers are notified of any changes made. Dr. Burke stated that Heritage also produces newsletters that can include this information. | Blockers are clinically equivalent within their subdivision and the non-dihydropyridine Calcium Channel Blockers are clinically equivalent within their subdivision. The motion carried unanimously by roll call. |
| VI. Triptans<br>A. Public Comment<br>B. Committee Recommendation and Action | Patricia Jacob, PharmD (GlaxoSmithKline) presented information to the PDL Committee regarding Imitrex®.<br><br>Dr. Mills asked if GlaxoSmithKline had any studies regarding pediatrics. Dr. Jacob (GlaxoSmithKline) stated that they have 2 published studies that they have recently submitted to the FDA. The studies only regard safety, so they are now working on studies showing efficacy. Dr. Mills asked about an article he read regarding people that have several migraines a year are being compared to people that have strokes. Dr. Jacob (GlaxoSmithKline) stated that they are looking into it. | A motion was made by Dr. Schewe and seconded by Dr. Mills that all formulations of Triptans are clinically equivalent and would like to recommend to the DUR Board to include alternate formulation options on the PDL. The motion carried unanimously by roll call. |

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| | Dr. Burke stated that the physicians that attended the last meeting stated that some beneficiaries were mixing Triptans. Dr. Jacob (GlaxoSmithKline) stated that there are lots of physicians that mix Triptans, but the FDA does not recommend this. The FDA recommends that you wait 24 hours before taking a different Triptan.<br><br>Nancy Horton, PhD, MPH (Ortho-McNeil Pharmaceuticals) presented information to the PDL Committee regarding Axert®.<br><br>Mike Moratz (Merck & Co., Inc) presented information to the PDL Committee regarding Maxalt®. Mr. Moratz (Merck) pointed out how thorough the EPC report is.<br><br>Cecilia Deidan, Ph.D. (Pfizer) presented information to the PDL Committee regarding Relpax®. She also stated that the EPC report has some areas of inaccuracy. There were numerous studies that were left off because they were encapsulated studies, which is a standard format for studies. Dr. Burke stated that EPC would be releasing a report later this month that will be including the encapsulated studies, but their outcome stays the same.<br><br>Dr. Burke stated that the PDL decided clinical equivalence at the first review of Triptans, but this did not include Relpax®. The PDL Committee reviewed Triptans again and decided that Relpax® is clinically equivalent to other Triptans.<br><br>Dr. Mills stated that he wanted more than one product and more than one dosage choice on the PDL. Dr. Schewe pointed out that all Triptans are available, but a Prior Authorization has to be filled out.<br><br>Dr. Tietze asked if the State could tell if the number of Prior Authorizations went up after Triptans were placed on the PDL. Mary stated that she did not believe there was a big increase in the number of Prior Authorizations, but she would have to look to know for sure.<br><br>With no further discussion, a motion was placed before the committee. | |
| Meeting Adjournment | There being no further discussion, a motion to adjourn was placed before the Committee. | A motion was made by Dr. Schewe and seconded by Dr. Mills to adjourn the meeting. The motion carried unanimously by roll call. The Preferred Drug List Committee meeting was adjourned at 12:00 p.m. |