Pharmacy and Therapeutics (P&T) Committee Meeting Record

Date: October 21, 2016

Time: 9:00 a.m. – 3:30 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Boise, Idaho, Conference Room D

Moderator: Phil Petersen, M.D.

Committee Members Present: Phil Petersen, MD-Chair; Tami Eide, PharmD; Andrei Rudyi, PharmD; Alex Adams, PharmD, MPH, Board of Pharmacy; Christopher Streeter, MD; Paul Driver, PharmD; Perry Brown, MD; Mark Turner, MD; Stephen Carlson, PharmD; Cali Bradberry, PA; Brian Crownover, MD

Committee Members Absent: None.

Others Present: Sarah Martinez, PharmD, Magellan Health Services; Chris Johnson, PharmD, Division of Medicaid; Jane Gennrich, PharmD, Division of Medicaid; Clay Lord, Division of Medicaid; Mark England, PharmD, Magellan Medicaid Administration

AGENDA ITEMS	PRESENTER	
CALL TO ORDER	*Phil Petersen, MD*	*Dr. Petersen called the meeting to order.*
Committee Business ➢ *Roll Call*	*Phil Petersen, MD*	Dr. Petersen completed the roll call and welcomed the P&T Committee members. New pharmacist members Andrei Rudyi and Paul Driver were introduced.
➢ *Reading of Mission and Confidentiality Statements*	*Phil Petersen, MD*	Dr. Petersen read the Mission and Confidentiality Statements.
➢ *Approval of Minutes from May 20, 2016 Meeting*	*Phil Petersen, MD*	The May 20, 2016 minutes were reviewed. The minutes were accepted as proposed.
Update on Narcotic Prescribing Improvement Project	*Chris Johnson, PharmD* *Tami Eide, PharmD*	**Update on Narcotic Prescribing Improvement Project** **Methadone:** Dr. Johnson provided an update on activities and initiatives around methadone. This drug now requires prior authorization (PA). Reauthorization emphasizes monitoring for safety and dose tapering. Drs. Petersen, Eide, and Johnson expressed their concern that the current recommended maximum dose of 40 mg daily is still higher in terms of daily morphine equivalents than warranted for use to treat chronic non-malignant pain. A recommendation to decrease to a maximum of 30 mg for 12 months, then 20 mg thereafter

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DUR Top 150 Narcotic Utilizers: Dr. Eide presented data on the top utilizers of opioids. From March 1, 2015 through August 31, 2015, Medicaid looked at patients who over two years had the highest numbers of total narcotic claims. Average daily morphine equivalent dose was 250 mg. An intervention process is underway which includes a mailing consisting of a cover letter with targeted paragraphs based on actual identified issues (e.g., long treatment duration, paying cash for additional opioids, etc.). Prior authorization including a treatment plan and a tapering schedule will be needed if the recommended changes in therapy are not made.</td></tr>
<tr><td>Public Comment Period</td><td>Phil Petersen, MD
Chris Johnson, PharmD</td><td><u>Public Comment Period</u>
One (1) manufacturer representative was pre-approved to provide testimony. Public testimony was received from the following speaker:

<table><tr><th>Speaker</th><th>Representing</th><th>Agent</th><th>Class</th></tr><tr><td>Michael Dutro, M.D.</td><td>Pfizer</td><td>Chantix</td><td>Tobacco Cessation</td></tr></table></td></tr>
<tr><td>Update on Narcotic Prescribing Improvement Project (Continued)</td><td>Tami Eide, PharmD
Chris Johnson, PharmD</td><td><u>Update on Narcotic Prescribing Improvement Project</u> (Continued)

DUR Top 150 Narcotic Utilizers: Following the public comment period, Dr. Eide resumed her presentation on top utilizers, reviewing example key messages for the intervention.

Idaho Opioid Equivalent Dosing Project: Dr. Eide reported that the Magellan adjudication system now supports standard and custom Morphine Milligram Equivalent (MME) cumulative dosing limits. The long-term goal is to require prior authorization when patients exceed 90 MME per day, in a combination of short-acting and long-acting narcotic agents. The committee recommended that we hold to the 90 MME on new starts and that new to Medicaid patients be tapered over the initial 6 months. They also recommended comparing the Washington website morphine equivalent calculator to others including the CDC and Board of Pharmacy and that MME in the Magellan system be consistent with that reported on the PMP.

Concomitant Use of Opioids and Benzodiazepines: Dr. Eide reported data on concomitant use of opioids and benzodiazepines, as tracked by Magellan Rx First IQ.</td></tr>
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		Other Opioid Improvement Activities n process: • Long-acting Opioid PA form changes • Long-acting Opioid system rule changes: PA required every 90 days • Removal of opioids from the exception list for one dispensing fee per month
Drugs to Treat Asthma and Chronic Obstructive Pulmonary Disease (COPD)	*Marian McDonagh, PharmD* *Pacific Northwest Evidence-based Practice Center*	**<u>Drugs to Treat Asthma and Chronic Obstructive Pulmonary Disease (COPD)</u>** Dr. McDonagh presented evidence on intra (within)-class and inter (across)-class comparisons of asthma and COPD drugs. In intra-class comparisons, few differences were found between drugs, with low to moderate strength of evidence. Evidence on long-acting muscarinic antagonists in patients with COPD indicates no differences in benefit or harm outcomes. In inter-class comparisons, statistically significant differences were found on individual outcomes between classes in multiple instances; these were not consistent across outcomes, with low to moderate strength of evidence. In patients with asthma, inhaled corticosteroid and long-acting beta agonist combinations were not different than inhaled corticosteroids alone. In patients with COPD there was no difference in outcomes between inhaled corticosteroid and long-acting beta agonist combinations compared to long-acting beta agonists and mixed evidence between inhaled corticosteroid and long-acting beta agonist combinations compared to long-acting muscarinic antagonists. In patients with COPD, long-acting beta agonist and long-acting muscarinic antagonist combinations compared with inhaled corticosteroids and long-acting beta agonist combinations; there was no difference between umeclidinium/vilanterol and salmeterol/fluticasone.
Drug Class Reviews and Committee Recommendations	*Sarah Martinez, PharmD* *Magellan Health Services*	**Drug Class Reviews and Committee Recommendations** Committee members were asked to base their recommendations for each drug class on the answers to the following questions: 1. Is there comparative evidence to support clinically significant differences in efficacy or effectiveness between agents? If yes, what are the differences? 2. Is there comparative evidence to support clinically significant differences in safety between agents? If yes, what are the differences? 3. Are there any agents that the committee feels strongly must be preferred or non-preferred? 4. Are there any recommendations for changes to PA requirements?
➢ *Bronchodilators, Beta Agonists Short-Acting*	*Sarah Martinez, PharmD*	**<u>Bronchodilators, Beta Agonists Short-Acting</u>** Dr. Martinez reported that Proair Respiclick is now indicated for patients 4 to 11 years of age (previously indicated for patients 12 years and older).

		Dr. Martinez also reported that the 2016 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines did not contain any significant changes to recommendations for drug therapy. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They reiterated that oral agents should remain non-preferred for treatment of asthma.
➢ *Bronchodilators, Beta Agonists Long-Acting*	*Sarah Martinez, PharmD*	**Bronchodilators, Beta Agonists Long-Acting** Novartis and Merck announced that they have voluntarily discontinued Foradil. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. There was a recommendation to consider making at least one agent preferred for COPD.
➢ *Leukotriene Modifiers*	*Sarah Martinez, PharmD*	**Leukotriene Modifiers** The 2016 update to the GINA Global Strategy for Asthma Management and Prevention guidelines did not contain any significant changes to recommendations for first-line drug therapy. There were no new agents in this class to report on. **Committee Recommendations** The committee concluded that the evidence showed that Zyflo (zileuton) is clinically less effective, but that there was no difference in safety between the agents.
➢ *Immunomodulators, Asthma*	*Sarah Martinez, PharmD*	**Immunomodulators, Asthma (New Class)** Dr. Martinez reviewed three agents in this new class: Xolair (omalizumab), Cinqair (reslizumab) and, Nucala (mepolizumab). Per the 2016 GINA guidelines: • Patients with severe allergic asthma with elevated IgE levels may benefit from anti-IgE therapy (lmalizumab). • Patients with severe eosinophilic asthma may benefit from mepolizumab (IL-5 antagonist) therapy

		Cinqair (reslizumab) was not FDA-approved at the time that the 2016 guidelines were being developed. Dr. Martinez presented the findings of several studies regarding the efficacy of these drugs in treating asthma and chronic idiopathic urticaria. There are no comparative trials between these agents. **Committee Recommendations** The committee concluded that the two different mechanisms of action between these drugs did not allow interachangability. They recommended that all be prior-authorized based on FDA indications and labeling.
➢ *Glucocorticoids, Inhaled*	*Sarah Martinez, PharmD*	**Glucocorticoids, Inhaled** Dr. Martinez reported that the 2016 Global Initiative for COPD guidelines did not make any significant changes to COPD drug therapy recommendations. Similarly, the 2016 update to the Global strategy for Asthma Management and Prevention guidelines did not contain any significant changes to recommendations for first-line drug therapy. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents at doses of equal potency in either the inhaled glucocorticoid class or the combination beta agonist and glucocorticoid class. The committee recommended changing PA criteria for COPD to failure of a long-acting bronchodilator and not specifically a long-acting beta agonist.
➢ *COPD Agents*	*Sarah Martinez, PharmD*	**COPD Agents** Dr. Martinez reported that there were three new products in this class, Seebri (glycopyrrolate) Neohaler, Bevespi (formoterol/glycopyrrolate) Aerosphere, and Utibron (indacaterol/glycopyrrolate) Neohaler. Dr. Martinez presented the findings of several studies regarding the efficacy of these drugs in long-term maintenance treatment of airflow obstruction in COPD patients. She also covered a range of black box/safety warnings associated with these products. She reported that Spiriva Respimat (tiotropium) is now indicated for the maintenance treatment of asthma in patients 12 years and older It was previously only indicated for long-term maintenance treatment of bronchospasm associated with COPD and for reducing COPD exacerbations.

		Committee Recommendations The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. The committee recommended that at least one once-daily product be included as a preferred agent.
➢ *Intranasal Rhinitis Agents*	*Sarah Martinez, PharmD*	**<u>Intranasal Rhinitis Agents</u>** Ticanase (fluticasone) is a new product in this class and is indicated for management of nasal symptoms of perennial non-allergic rhinitis in patients four years and older. It is also available as a generic. Mometasone (generic for Nasonex) is now also available generically. Dr. Martinez announced that Rhinocort (budesonide) is now available over the counter. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. It was recommended that intranasal rhinitis agents be added to the list of over-the-counter medications covered by Medicaid.
➢ *Cough and Cold*	*Sarah Martinez, PharmD*	**<u>Cough and Cold</u>** There were no new agents and no new significant clinical information for drugs in this class. Dr. Eide noted that hydrocodone-containing products such as Tussionex now require manual prior authorization. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. The committee felt strongly that promethazine containing cough syrups not be on the preferred drug list. Since cough and cold preparations are an optional Medicaid covered drug class, it was recommended that the state consider removing coverage of this class from the state plan as there is little evidence for therapeutic effectiveness and definite safety issues. Until they are removed entirely, they recommended all be non-preferred.
➢ *Tobacco Cessation*	*Sarah Martinez, PharmD*	**<u>Tobacco Cessation</u>** The committee reviewed new dosing information and a new somnambulism warning for Chantix. Dr. Martinez reported on the EAGLES study that showed that Chantix and buproprion were not associated with an elevated risk for neuropsychiatric adverse effects relative to placebo. Dr. Eide noted that smokers < 18 years old can receive these agents through a manual PA

		overriding the patient's age. Dr. Johnson reviewed the quantity limits and requirements for prior authorization for Chantix. **Committee Recommendations** The committee concluded that there is evidence to support differences in efficacy, effectiveness and safety within the classes of agents (nicotine replacement therapies and non-nicotine replacement therapies).
➢ *Antihistamines, minimally sedating*	*Sarah Martinez, PharmD*	**Antihistamines, minimally sedating** There were no new agents and no new significant clinical information for drugs in this class**.** **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. Some differences in sedation were noted, but not significant enough to recommend any changes.
➢ *Oral Anti-allergens*	*Sarah Martinez, PharmD*	**Oral Anti-allergens** Dr. Martinez reported that there are no new products in this class, and all remain non-preferred. In addition, there is no new significant clinical information for drugs in this class**.** **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Epinephrine, self-injected*	*Sarah Martinez, PharmD*	**Epinephrine, self-injected** Dr. Martinez reported that there is no new significant clinical information for drugs in this class**.** **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They recommended that all dosing ranges be available and that the state consider covering the least expensive. It was noted that pharmacists can prescribe epinephrine to appropriate patients and will be reimbursed by Medicaid if the pharmacist submits their NPI number as prescriber on the claim.
Hepatitis C Update • Utilization Update • New Agents	*Chris Johnson, PharmD*	**Hepatitis C Utilization Update** Dr. Johnson presented an update of Hepatitis C drug utilization for 2016 calendar year quarter 3. He provided demographics by gender and age. In all, 50 requests were reviewed with 13 approved and 32 denied. The remaining 5 requests were held pending review

• Proposed New Criteria		because of incomplete information submitted. Of the submitted requests, there were 37 for Harvoni and 13 for Sovoldi, with no submitted requests for Viekira. The majority of approved requests were for Genotype 1 with 1 approved request for Genotype 2 and 4 for Genotype 3. There were no approved requests for Genotype 4. The current criteria for these agents is based on liver fibrosis staging and current approval is for F3 and F4 stages. Of the approved requests, 8 patients were at a stage of F3 and 5 were F4. 77% of patients approved had a history of cirrhosis and 23% had no history of cirrhosis. Cirrhosis status is an important indicator for choice of treatment and duration of treatment. The majority of denials were for not meeting required liver staging criteria. Four requests were denied for substance abuse, and two had incomplete follow-up.
➢ *Hepatitis C (New Agents)*	*Sarah Martinez, PharmD*	**Hepatitis C (New Agents)** New agents included Epclusa and Viekira XR. Epclusa is indicated for the treatment of all genotypes of chronic hepatitis C in adults, with or without cirrhosis. Viekira XR is indicated for the treatment of chronic hepatitis C in adults, genotype 1, with or without cirrhosis. Dr. Martinez reviewed the newest AASLD/IDSA Guidelines recommendations for all genotypes.
➢ *Hepatitis C (Proposed New Criteria)*	*Sarah Martinez, PharmD* *Chris Johnson, PharmD*	**Hepatitis C (Proposed New Criteria)** Dr. Johnson reviewed the proposed new prior authorization criteria for Treatment of Hepatitis C Virus which included lowering the fibrosis sore for treatment to F2. Dr. Eide asked formal approval of the tentative preferred agent list that went into effect October 1, 2016. **Committee Recommendations** The committee recommended accepting the proposed new criteria and the recommended preferred agents - Harvoni and Viekira Pak for genotype 1 and Epclusa for genotypes 2 and 3.
Targeted Immune Modulators	*Gerald Gartlehner, MD, MPH, RTI-UNC Evidence-based Practice Center*	**Targeted Immune Modulators** In a PowerPoint with recorded audio, Dr. Gartlehner (who was not present) reported the comparative efficacy and long-term effectiveness of targeted immune modulators for alleviating symptoms and stabilizing the disease in patients with a variety of medical conditions. Dr. Gartlehner concluded that efficacy was similar in treating rheumatoid arthritis, psoriatic arthritis, and Crohn's disease. In addition, he found the following: • There were some differences in efficacy for plaque psoriasis • Combination strategies did not provide additional benefits, and in fact led to higher risks

		of adverse events • Funding bias could have played a role in study conclusions • No comparative evidence on adverse events for children • Infliximab was associated with greater risk of serious adverse events, serious infections, and withdrawal due to adverse events.
Drug Class Reviews and Committee Recommendations ➢ *Cytokine/CAM Antagonists*	*Sarah Martinez, PharmD*	**<u>Cytokine/CAM Antagonists</u>** Dr. Martinez reported that there are new agents in this class, including Orencia Clickject, Taltz (ixekizumab, and Xeljanz XR. Taltz is indicated for the treatment of moderate to severe plaque psoriasis in adults. Dr. Martinez presented information on indications, administration and adverse effects of Taltz, as well as evidence updates from the manufacturer-funded, 52-week CLEAR study (Cosentyx vs. Stelara in subjects with moderate to severe plaque psoriasis) whose authors concluded that Cosentyx was superior to Stelara in the treatment of moderate to severe psoriasis. Xelajanz XR is a once daily administration option with the same indications as Xeljanz. Dr. Martinez announced that: 1. The American College of Rheumatology (ACR) recommends non-TNF biologics as preferred for TNF inhibitor failure. Xeljanz is generally recommended as an option by ACR following non-TNF biologic failure. 2. Cosentyx is now indicated for treatment of psoriatic arthritis and ankylosing spondylitis in adults (previously indicated only for plaque psoriasis). 3. Humira is now indicated for moderate to severe hidradenitis suppurativa and for the treatment of non-infectious uveitis in adults. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy or effectiveness between the agents because of the low strength of evidence in comparative studies. They recommended that at least one agent be preferred for each commonly indicated immunologic disease. The committee also concluded that Remicade had more significant safety issues and should be made non-preferred. They noted that there were also safety concerns in using agents in combination and recommended that therapeutic duplication be avoided.
➢ *Immune Globulins*	*Sarah Martinez, PharmD*	**<u>Immune Globulins</u>** Dr. Martinez reported no new products and no recent information of significance in this class.

		Committee Recommendations The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Immunomodulators, Atopic Dermatitis*	*Sarah Martinez, PharmD*	**Immunomodulators, Atopic Dermatitis** Dr. Martinez reported no new products and no recent information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Botulinum Toxins*	*Sarah Martinez, PharmD*	**Botulinum Toxins** Dr. Martinez reported on a product update for Botox, which is now indicated for the treatment of lower limb spasticity in adults. There was also a product update for Dysport which is now indicated for the treatment of lower limb spasticity in patients 2 years and older (previously indicated in adults only). Xeomin is now indicated for treatment of upper limb spasticity. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Oral Contraceptives*	*Sarah Martinez, PharmD*	**Oral Contraceptives (New Class)** Dr. Martinez reviewed a Magellan matrix containing dozens of products grouped by hormone and regimen used. This class includes routine and emergency contraceptives. **Committee Recommendations** A recommendation was made to include agents that are representative of the various categories of oral contraceptive products listed in each subgroup and if possible allow open access to all oral contraceptives. It was recommended that over the counter agents be added to the list of over-the-counter medications covered by Medicaid.
➢ *Ophthalmics, Anti-inflammatory/ Immunomodulators*	*Sarah Martinez, PharmD*	**Ophthalmics, Anti-inflammatory/Immunomodulators (New Class)** This was the first review of this class by the committee. Dr. Martinez reported on studies of Restasis and Xiidra in treating moderate to severe dry eye disease. Xiidra (lifitegrast) is a lymphocyte function-associated antigen-P antagonist;

		Restasis (cyclosporine) is a topical immunomodulator. **Committee Recommendations** The committee recognized that these two agents have different mechanisms of action and that the evidence did not support differences in efficacy or effectiveness between the agents as any differences were statistical, not clinical. The committee recommended that patients need to try and fail OTC ophthalmic artificial tear substitutes and non-drug therapies before either prescription agent.
➢ *Ophthalmic Antibiotics*	*Sarah Martinez, PharmD*	**Ophthalmic Antibiotics** There was no recent clinically significant information in this class**.** **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They recommended that a good representation of products be available as preferred.
➢ *Ophthalmic Antibiotic/Steroid Combinations*	*Sarah Martinez, PharmD*	**Ophthalmic Antibiotic/Steroid Combinations** There was no recent clinically significant information to review in this class. **Committee Recommendations:** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. It was recommended that all ophthalmic-antibiotic/steroid combinations be restricted for all ages due to clinical concerns (i.e. glaucoma) with inappropriate prescribing by non-ophthalmologist prescribers.
➢ *Ophthalmics, Anti-inflammatories*	*Sarah Martinez, PharmD*	**Ophthalmic, Anti-inflammatories** There were no new agents and no recent clinically significant information in this class to report on**.** **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents within each subclass. The committee suggested breaking this class into steroidal and non-steroidal agents on the PDL document.
➢ *Ophthalmics for Allergic Conjunctivitis*	*Sarah Martinez, PharmD*	**Opthalmics for Allergic Conjunctivitis** Dr. Martinez reported that Patanol is now available generically. . **Committee Recommendations**

		The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Ophthalmics, Glaucoma Drugs*	*Sarah Martinez, PharmD*	**Ophthalmics, Glaucoma Drugs** Dr. Martinez announced a new product, phospholine iodide. There was no recent clinically significant information in this class**.** **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. The committee recommended that at least one agent in each sub-class be preferred.
Other Committee Business	*Tami Eide, PharmD*	**Other Committee Business** The committee proposed an amendment to the public testimony guidelines. The guidelines will now require that scientific information for public testimony be submitted to the Idaho Medicaid Pharmacy Unit in writing at least 15 business days prior to the meeting. The committee unanimously voted to approve these changes. The meeting adjourned at 3:23 p.m.

Pharmacy and Therapeutics Committee Meeting
Public Comment

Michael Dutro, M.D., representing Pfizer

Thank you for allowing me to discuss Chantix, which is indicated as an aid to smoking cessation treatment for adults 18 or older. The Chantix label contains a box warning concerning post-marketing reports of serious neuropsychiatric adverse events that have been reported, including, but not limited to, depression and suicidal ideation and behavior. Complete prescribing information can be found at www.chantixhcp.com. I'd like to update you on two new pieces of information that are not included in Magellan's Smoking Cessation review, in front of you and was recently published. First is a recent label update for Chantix, and secondly, the results of a FDA post-marketing requirements study done to evaluate the psychiatric safety of Chantix, and that study is known as EAGLES. So I'll start with the label update. In August, the FDA approved an update to the Chantix U.S. prescribing information, which included a new method of quitting with Chantix. It recommends considering a gradual approach to quitting, for patients who are sure they are not able or willing to quit abruptly. So with this approach, smokers start Chantix and reduce smoking by 50% in the first month, 50% in the second month, with a goal of actually quitting by the end of the third month, and they take an additional 12 weeks of therapy as well. So now there are three methods of quitting with Chantix in the U.S. label. The label update also included a new warning

for somnambulism, which is sleepwalking, which has been reported in patients taking the drug. Some cases have described harmful behavior to self, others, or property, and so if this occurs, patients should be instructed to stop the drug and go back to their healthcare provider. So now the EAGLES study. The EAGLES study results were published in *The Lancet* in April of this year. It's the largest prospective randomized controlled clinical trial evaluating smoking cessation medications ever done. A multinational, double-blind controlled study evaluated the neuropsychiatric safety of Chantix, Zyban, placebo, and nicotine patch. All patients received smoking cessation counseling; approximately half of the 8,000 patients in this study had a history of psychiatric disorders, including mood, anxiety, psychotic and personality disorders, that were either past and in remission, or current and clinically stable. The other 4,000 patients had no current or past history of psychiatric disease. The composite primary endpoint for this study was developed in consultation with the FDA, included 16 moderate or severe neuropsychiatric adverse events, reported while on drug or within 30 days of last dose. So the results ended up being, in the non-psychiatric group, incidence of this primary safety endpoint was 1.3% for Chantix, 2.2% for Zyban, 2.5% for nicotine patch, and 2.4% for placebo. In the psychiatric group, it was 6.5% with Chantix, 6.7% with Zyban, 5.2% with nicotine patch, and 4.9% for placebo. Statistical analysis of these numbers revealed no significant increase in the incidence of the composite primary psychiatric safety endpoint for Chantix or Zyban, compared with placebo or nicotine patch, either in the group with or the group without psychiatric disease. Regarding efficacy, the quit rates measured at 12 weeks and at 24 weeks demonstrated that all three active drugs—nicotine patch, Zyban, and Chantix—were all more effective than placebo, but that Chantix was significantly more effective than Zyban or nicotine patch. The key limitations of the study are that its findings may not generalize to smokers with untreated or unstable psychiatric disease, or those with active substance abuse. And despite its very large size, the study still had low power to detect rare psychiatric adverse events like completed suicide. Please note that the EAGLES study data are currently under review by the FDA and are not included in the Chantix label, which continues to include a box warning regarding serious neuropsychiatric adverse events. The EAGLES study adds to the growing body of evidence supporting both the efficacy and safety profile of Chantix. We respectfully ask that it be maintained as a preferred agent on the Idaho Medicaid formulary. Does anyone have any questions?

Committee: I have a question. You said that the study showed it was significantly more effective than the other treatments. Did you have the actual numbers, success numbers?

Dr. Dutro: The quit numbers? Yes. I'm going to approximate, the numbers overall were about, the quit rates we've divided it into, well, overall the quit rates were about, I'm going to guess, in the mid-30s, 34, 36% for Chantix, in the 20s or so percent for both Zyban and nicotine patch, and about half that for placebo. Another question? Yes.

Committee: Were the doses of Zyban to the max, or were they lower-dose testing?

Dr. Dutro: There's really only one recommended dose for Zyban for this indication, 150 b.i.d., so people were titrated up and given 150 b.i.d. It was all standard dosing of all three agents—standard dosing of Chantix, standard dosing of Zyban, and then nicotine patch 120 mg, and then titrating down after a period of time. Any other questions? No? Thank you.