

Date: June 16, 2005

Subject: DRC Recommendations to DCC and DHS

To: DHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D.
Chairman DRC

At its 06/15/05 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of the beta blockers in adults with hypertension, angina, s/p coronary artery bypass graft, heart failure, recent myocardial infarction, atrial arrhythmias, esophageal varices, and migraine.

The Committee reached the following conclusions based upon its perception of the bulk of the best available evidence.

1. There is insufficient data on carteolol and penbutalol for the Committee to comment on their utility for the aforementioned indications.
2. Metoprolol tartrate should be available to Arkansas Medicaid patients for various indications.
3. All of the beta blockers discussed have some efficacy in the treatment of hypertension.
4. Excluding timolol, all of the remaining drugs have some efficacy in the treatment of angina.
5. Acebutalol, propranolol, timolol, carvedilol and metoprolol tartrate have some efficacy in the treatment of patients with recent myocardial infarction. The Committee does not believe that pindolol should be available for this indication.
6. Bisoprolol, Metoprolol succinate and carvedilol have some efficacy in the management of congestive heart failure. At least two of them should be available.
7. Atenolol, nadolol, metoprolol succinate, pindolol, bisoprolol and carvedilol have some efficacy in the management of atrial dysrhythmias. There is insufficient data to recommend labetalol for this indication.
8. Atenolol, metoprolol tartrate, propranolol, bisoprolol, and timolol have some efficacy in the treatment of migraine. There is insufficient data to recommend to recommend pindolol for this indication.

9. Atenolol, nadolol and propranolol all have some efficacy in the management of esophageal varices.

10. There is insufficient data to recommend specific beta blockers to patients simply because they have had coronary bypass grafting.

11. Although none of the beta blockers has been proven more effective on the basis of sex, race, pregnancy or concomitant use of other medications, four of the six voting members felt there was data suggesting that carvedilol was effective in African American patient with congestive heart failure and voted that it should be made available to them. There was discussion that carvedilol might be beneficial to some patients with decreased renal function but evidence was felt to be insufficient to make a recommendation. Everyone agreed that a beta selective agent should be available to patients with obstructive lung disease.