

Date: April 17, 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 04/14/05 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of the calcium channel blockers. Dr. McDonough of the EPC also addressed the Committee telephonically regarding her organization's views on the class.

With the understanding that comparable doses of each drug are used the Committee reached the conclusions listed below based upon its perception of the bulk of the best available evidence.

1. Excluding bepredil, none of the available calcium channel blockers is associated with clinically evident adverse events of sufficient severity or number to exclude it from further consideration.
2. None of the remaining drugs have been proven to cause adverse events of greater severity or frequency among patients of a particular sex, age or race than the others.
3. None of the remaining drugs have been proven more efficacious for patients of a particular sex, age or race than the others.
4. The three classes of calcium channel blockers in use differ pharmacologically to the degree that at least one representative of each should be accessible to prescribers. Accordingly, verapamil, diltiazem and at least one dihydropyridine should be available.
5. When considering the dihydropyridines, the Committee recommends the following:
 - That amlodipine, nicardipine, nifedipine and nisoldipine are considerations for patients with angina
 - That amlodipine, isradipine, nicardipine, nifedipine and nisoldipine are considerations for patients with hypertension
 - That amlodipine be available in the following categories:
 - Patients with both angina and documented left ventricular systolic dysfunction
 - Patients with hypertension and documented left ventricular systolic dysfunction
 - Patients with angina, hypertension, and documented left ventricular systolic dysfunction