

Date: September 20, 2007

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 09/20/07 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, penbutalol and carvedilol phosphate for the Committee to comment on their utility for the aforementioned indications.
2. All of the beta blockers discussed have some efficacy in the treatment of hypertension.
3. Excluding timolol due to lack of sufficient data, all of the remaining drugs have some efficacy in the treatment of angina.
4. 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.
5. Bisoprolol, metoprolol succinate and carvedilol have some efficacy in the management of congestive heart failure. At least two of them should be available, one of which should be carvedilol.
6. 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.
7. Atenolol, metoprolol tartrate, propranolol, bisoprolol, and timolol have some efficacy in the treatment of migraine. The Committee does not recommend pindolol for this indication.
8. Atenolol, nadolol, immediate release propranolol, and long acting 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. None of the beta blockers has been proven either to be more effective or to have more significant adverse effects on the basis of sex, race, or concomitant use of other medications.

12. There was discussion that carvedilol and labetalol might be beneficial to patients requiring beta blockers who abuse adrenergic stimulants but evidence was felt insufficient to make a formal recommendation.

Some members of the group also felt that labetalol should be available for treatment of hypertension in pregnant patients.