

Date: February 21, 2008

Subject: DRC Recommendations to DCC and DHS

To: DHHS, DCC, Dean's Office

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

At its 02/21/08 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of various medications for neuropathic pain and received public input on antihyperlipidemics.

Indications under consideration

Neuropathic pain

Agents under consideration with labeled indications for some kinds of neuropathic pain

Antiepileptics

Gabapentin [Neurontin] for postherpetic neuralgia

Pregabalin [Lyrica] for diabetic neuropathy and postherpetic neuralgia

Carbamazepine [Tegretol, Tegretol XR] for trigeminal neuralgia

SNRI antidepressants

Duloxetine [Cymbalta] for diabetic neuropathy

Topical analgesic

Lidocaine patch 5% for postherpetic neuralgia

Agents under consideration without labeled indications for neuropathic pain syndromes

Antiepileptics

Lamotrigine [Lamictal]

Topiramate [Topamax]

Oxcarbazepine [Trileptal]

Valproic acid/divalproex [Depakote and Depakene respectively]

SNRI antidepressants

Venlafaxin [Effexor and Effexor XR]

Tricyclic antidepressants

Amitriptyline [Elavil]

Desipramine [Norpramin]

Nortriptyline [Pamelor]

Imipramine [Tofranil]

Doxepin [Sinequan]

SSRI antidepressants

Citalopram [Celexa]

Fluoxetine [Prozac]

Paroxetine [Paxil]

Setraline [Zoloft]

Escitalopram [Lexapro]
NMDA receptor antagonists
Dextromethorphan [several brands]
Topical analgesics
Lidocaine ointment [Anestacon, Xylocaine]

Discussion

After discussing the captioned medications and reviewing related issues with Dr. Roger Chou of EPC, the Committee unanimously approved a motion made by Dr. Cowherd and seconded by Dr. Smith to offer DCC and DHS the following recommendations for their consideration:

One or more each of the antiepileptics, serotonin norepinephrine reuptake inhibitors, tricyclic antidepressants and topical lidocaine preparations that are demonstrably effective against placebo should be available. Specifically,

At least two antiepileptics should be available and if only two, then either gabapentin or pregabalin and carbamazepine,

At least one serotonin norepinephrine reuptake inhibitor should be available and if only one, then duloxetine

At least two tricyclic antidepressants should be available and if only two, then amitriptyline and nortriptyline.

At least one topical lidocaine preparation should be available.

When indicated, a topical lidocaine preparation should be available for patients who cannot take oral medications.

Carbamazepine should be available for patients with trigeminal neuralgia.

Respectfully submitted,

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