

Date: March 22, 2007

Subject: DRC Recommendations to DCC and DHS

To: DHHS, DCC, Dean's Office

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

At its 03/22/07 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of selected NSAIDS.

NSAIDs under consideration

- Celocoxib (Celebrex)
- Diclofenac sodium (Voltaren, Voltaren-XR)
- Diclofenac potassium (Cataflam)
- Diflunisal (Dolobid)
- Etodolac (Lodine, Lodine XL)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Motrin)
- Indomethacin (Indocin, Indocin SR)
- Ketoprofen
- Ketoprofen XR (Oruvail)
- Ketorolac (Toradol)
- Meclofenamate
- Mefanamic acid
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen
- Naproxen delayed release
- Naproxen sodium (Anaprox, Anaprox DS, Naprelan)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Salsalate (Disalcid)
- Sulindac (Clinoril)
- Tolmetin (Tolectin)

Indications under consideration in adults and children

Acute pain of diverse etiology and chronic pain from osteoarthritis, rheumatoid arthritis, soft tissues, or the back including ankylosing spondylitis.

Discussion

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

1. Based upon the bulk of the available data, for patients in the captioned groups with chronic pain the available coxibs, other NSAIDs, or NSAIDs plus an antiulcer medication with the exception of ketorolac do not differ in **long term** safety or adverse events to the degree that one or more should be stricken from further consideration.

Therapy with ketorolac should not exceed five days.

2. Based upon the bulk of the available data, for patients in the captioned groups with chronic pain the available coxibs, other NSAIDs, or NSAIDs plus an antiulcer medication do not differ in **short term** safety or adverse events to the degree that one or more should be stricken from further consideration.

3. Based upon the bulk of the available data, for patients in the captioned groups with chronic pain there are no clinically significant differences in effectiveness between the available coxibs and other NSAIDs.

However, at least three different agents should be available.

4. Based upon the bulk of the available data, for patients in the captioned groups with chronic pain are there subgroups based upon demographics, other medications (e.g. aspirin), or comorbidities for which one medication is more effective or associated with fewer adverse effects?

5. Upon consideration of issues related to demographics, comorbidities, pregnancy and other medications the Committee offers the following advice to DCC and DHS in lieu of formal recommendations.

Ibuprofen liquid should be available for the pediatric population.

If a pregnant patient requires an NSAID, naproxen or flurbiprofen should be available. NSAIDs pose significant risks in the third trimester.

Naproxen should be available if an NSAID is required for a patient with increased cardiac risk factors.

Patients with hepatic disease who require an NSAID should have an alternative to both sulindac and diclofenac.

There are multiple ways to treat patients with a perceived increased risk of adverse GI effects.

All of the agents pose additional risk when administered with anticoagulant medications or aspirin.