

OREGON
HEALTH
& SCIENCE
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Alison Little, MD, MPH
Drug Effectiveness Review Project

Medicaid Prescription Drug Quality and Cost
Management: Options, Opportunities and
Progress

November 13, 2009

Beginnings

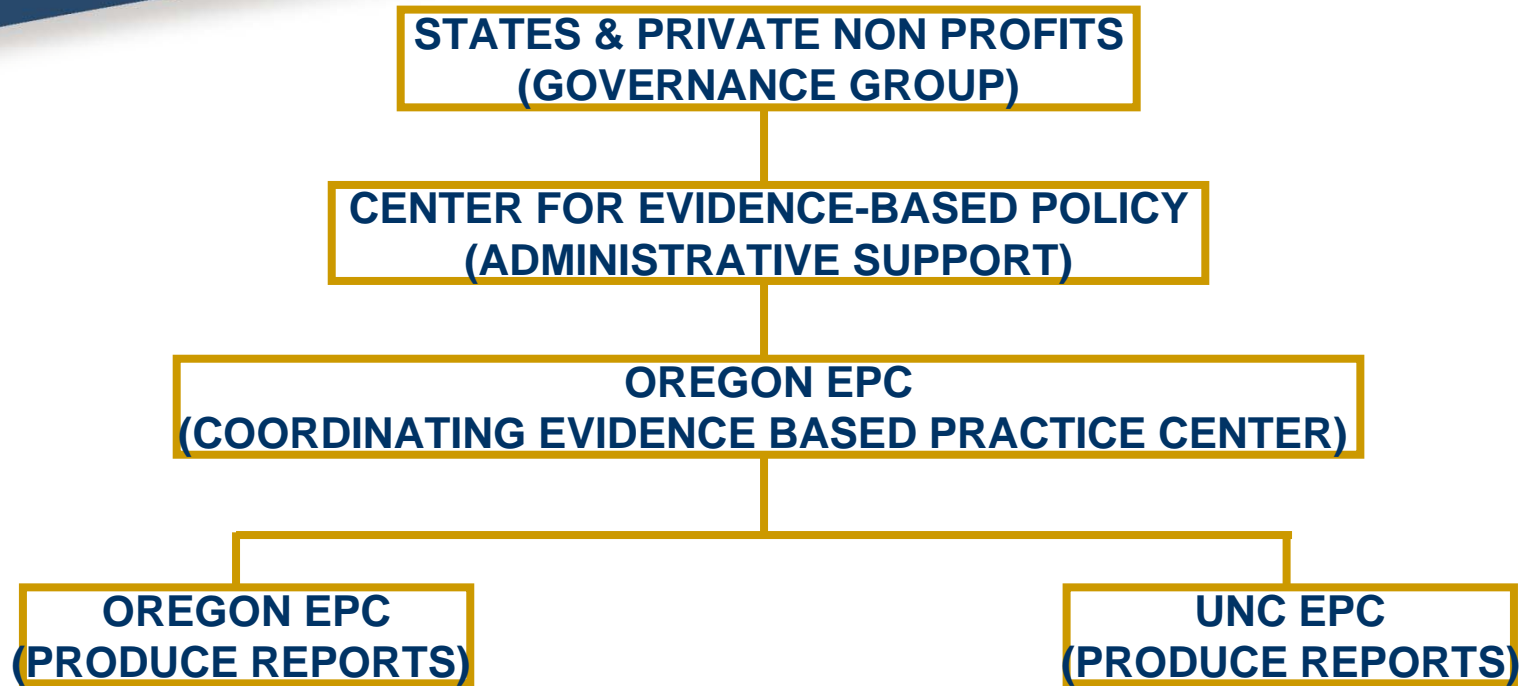
- 60% Increase in drug spending for Oregon Medicaid
- PDL Legislation passed 2001
 - Consider effectiveness first
 - Consider cost if effectiveness equal
- Collaboration with OHSU EPC
- Washington and Idaho invited, value of pooled resources identified
- Project begins 2003

Drug Effectiveness Review Project

Self-governing collaboration of organizations that:

- Obtain and synthesize global evidence on the comparative effectiveness, safety, and effects on subpopulations of drugs within classes.
- Support policy makers in using the evidence to inform policy in local decision making.

Project Structure



DERP Participating Organizations

- Arkansas
- Maryland
- Oregon
- Washington
- Idaho
- Wyoming
- Missouri
- Wisconsin
- CADTH
- New York
- Montana
- Colorado

Center for Evidence-based Policy

Mission

To address policy challenges by applying the best available evidence through self-governing communities of interest.

Includes

Drug Effectiveness Review Project (DERP)

Medicaid Evidence-based Decisions (MED)

Effective Healthcare Program (AHRQ) Stakeholder Outreach

Oregon Evidence-Based Practice Center

- EPCs are designated as such by AHRQ
 - Must show expertise
 - Must show capacity
 - Must show ability to grow methodologically
 - EPC designation lasts 5 years
 - Must re-compete for designation (14 total EPCs)
- EPC faculty and staff
 - Doctoral level investigators
 - Masters level research associates
 - Training in evidence review and synthesis
 - Participate in methods discussion group, international scientific meetings and AHRQ EPC meetings

DERP Products

High quality systematic reviews of the comparative effectiveness and safety of drugs within and/or across classes

- Includes translational products
- Includes biennial meetings for sharing best practices
- Transparent process (similar to AHRQ)
- Strict conflict of interest requirements for authors
- Process includes input from industry/advocates

Classes Reviewed (35)

Proton Pump Inhibitors - PPIs
Long-acting Opioids
Statins
Non-steroidal Anti-Inflammatory Drugs - NSAIDs
Estrogens
Tryptans
Skeletal Muscle Relaxants - SMRs
Oral Hypoglycemics - OHs
Drugs for Overactive Bladder
ACE Inhibitors – ACE-I
Beta Blockers - BB
Calcium Channel Blockers – CCBs
Angiotensin II Receptor Antagonists - AIIRA
2nd Generation Antidepressants
Drugs for Constipation
Direct Renin Inhibitors/ACEI/ AIIRA

Center for Evidence-based Policy
Globalizing Evidence, Localizing Decisions

Antiepileptic Drugs in Bipolar Disorder/ Pain
2nd Generation Antihistamines
Atypical Antipsychotics – AAP
Inhaled Corticosteroids – ICS
ADHD and ADD, Drugs to treat
Alzheimers, Drugs to treat
Anti-platelet Drugs
Thiazolidinedione – TZDs
Drugs for Hepatitis C
Newer Drugs for Insomnia
Targeted Immune Modulators
Beta Agonists
Newer Anti-emetics
Drugs for Multiple Sclerosis
Combination Products for Diabetes and
Hyperlipidemia
Controller Drugs for Asthma
Newer Drugs for Diabetes
Topical Calcineurin Inhibitors
Drugs for Neuropathic Pain

Overview of Systematic Review Process

Methods similar to AHRQ reports:

- Key questions/ inclusion/exclusion criteria and public comment
- Global data search (including industry submissions)
- Evaluation of data quality
- Synthesis of good/fair quality data
- Draft report and peer/public review
- Final report

DERP Report Use – Similarities and Differences

- Preferred Drug List
 - Presence
 - Voluntary vs. Mandatory
 - Which drug classes are included
- Pharmacy and Therapeutics Committee
 - Advisory vs. Decision-making
 - Whether cost is considered

DERP Report Use – Similarities and Differences

- Pharmacy Benefit Manager
 - Some use them, some do not
- Use of Other Pharmacy Management Tools
 - Prior Authorization
 - Step Therapy
 - Quantity Limits
 - Therapeutic Duplication edits
 - Age/ gender/ dose edits
 - Pill splitting
 - SMAC pricing

DERP Report Use – Similarities and Differences

- Academic Detailing
- Patient Education Materials

DERP Value

All agree on the value of using the highest quality evidence in management of their pharmacy programs, as well as the value of collaboration and sharing of best practices

Thank You



Mount Hood

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