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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.
DERP Participating Organizations

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

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