

Systematic Reviews of Drugs Within Classes: Searching for Health Care Value

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Where Healing, Teaching and Discovery Come Together

Oregon Experience

- 60% Increase in drug spending
- Faltering state revenues
- PDL Legislation
 - Consider effectiveness first
 - Consider cost if effectiveness equal
- Collaboration with OHSU EPC
- Washington and Idaho join
- Approach requires broader base

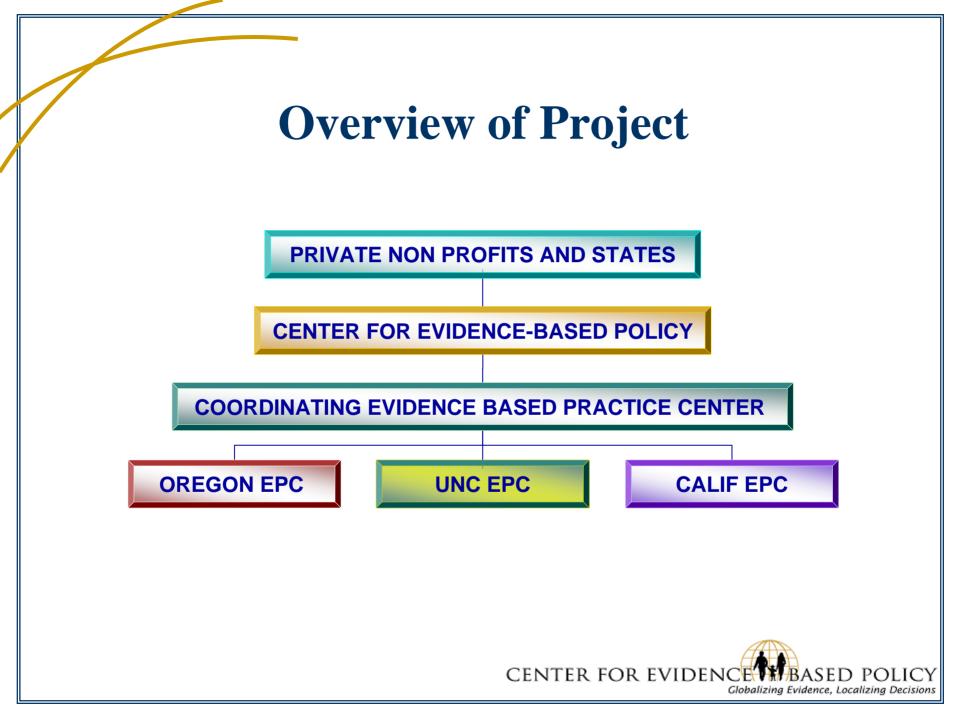


Drug Effectiveness Review Project

Self-governing collaboration of organizations that:

- Obtain and synthesize global evidence on the relative effectiveness of drugs.
- Support policy makers in using the evidence to inform policy in local decision making.





Participating Organizations

- Alaska
- Arkansas
- Oregon
- Washington
- Idaho
- Wyoming
- Kansas
- Michigan
- Missouri
- Minnesota
- North Carolina
- Wisconsin
- CHCF/CALPERS
- CCOHTA

Other organizations are in the contracting process.



Systematic Reviews Comparing Effectiveness of Drugs within Classes

- Key questions
- Inclusion/exclusion criteria
- Global data search
- Synthesis of data meeting inclusion criteria
- Draft report and peer review
- Final report
 - Presentation to participants
 - PowerPoint
 - Executive Summary
 - Full text report



Template Key Questions

- 1. What is the comparative efficacy of different (name drug class) in improving (name the outcome desired) for (name type of patients by symptoms, disease etc.)?
- 2. What are the comparative incidence and nature of complications (serious or life threatening, or those that may adversely affect compliance of different (name the drug class)) for patients being treated for (name the type of patients by symptoms, disease, etc.)?
- 3. Are there subgroups of patients based on demographics (age, racial/ethnic groups, gender), other medications or co-morbidities (obesity for example) for which one or more medications or preparations are more effective or associated with fewer adverse effects?



Drug Company Interaction

- One day informational conference
- Dossier Submission
 - Evidence relevant to key questions
 - No economic data
 - Center is industry contact
 - Public Comment Period
- Full disclosure policy



First Four Classes Oregon Conclusions

- 1. **PPIs/heartburn** "no significant demonstrable differences among them"
- 2. Long-acting opioids "insufficient evidence to draw any conclusions about the comparative effectiveness"
- **3. Statins/cholesterol lowering** "evidence supports the ability of lovastatin, pravastatin and simvastatin to improve coronary heart disease clinical outcomes."
- 4. **NSAIDs** "no significant clinical differences"



Classes Reviewed

- 1. PPIs
- 2. Long-acting opioids
- 3. Statins
- 4. NSAIDs
- 5. Estrogens
- 6. Triptans
- 7. Muscle Relaxants
- 8. Oral Hypoglycemics
- 9. Incontinence Drugs
- **10. ACE Inhibitors**
- 11. Beta Blockers
- **12. Calcium Channel Blockers**

- 13. ARBs
- 14. 2nd Generation Antidepressants
- **15. Atypical Anti-psychotics**
- 16. 2nd Generation Antihistamines
- 17. Anticonvulsants with Mood Stabilizing Properties
- **18. Inhaled Corticosteroids**
- **19. ADHD Drugs**
- 20. Alzheimer's Drugs
- 21. Anti-platelet Drugs



Use by Participants

- Provider/prescriber/consumer education (NC, CHCF)
- Augment P&T Committee Information with thorough and transparent reports (AK, MI, WI, MN, MO)
- Primary P&T Committee Information base (WA, WY, OR, ID, KS)
- Support to other levels of government (CCOHTA)



Relevance to Other Payers

- Individual Consumers
- Business
- Labor
- Medicare



Relevance to Other Decisions

- Devices
- Surgery
- Coverage Decisions
- Benefit Design



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