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

EBRI Issue Forum
Washington DC
December 2, 2004
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.
Overview of Project

PRIVATE NON PROFITS AND STATES

CENTER FOR EVIDENCE-BASED POLICY

COORDINATING EVIDENCE BASED PRACTICE CENTER

OREGON EPC

UNC EPC

CALIF EPC
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
## Contact Information

[www.ohsu.edu/policycenter](http://www.ohsu.edu/policycenter)

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