Drug Effectiveness Review Project:

Making the Best Use of Limited Resources for Drug Evaluations

Cochrane Collaboration Colloquium

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Introduction:

- U.S. Health Care Is Chaos not System
- Payers are Fragmented
  - Privately Funded Insurance
  - Medicare
  - Medicaid
  - Uninsured
- U.S. Research Agenda
  - Billions of $ on Basic Research
  - Only a fraction on health services research

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Unique Reality of State Policy Making

- Resources are explicitly limited
  - Budget law prohibits deficit spending
  - Access vs. Cost
  - Reform sustainability threatened by cost
- Politics shape policy
  - Conserve tax dollars
  - Maximize services
  - Maximize value

The Oregon Experience

- 60% Increase in Pharmaceutical Spending
- Preferred Drug List (formulary)
  - Effectiveness considered first
  - If similarly effective, then cost considered
  - Lacking “in house” capacity for research
- Collaboration with OHSU EPC
- Washington and Idaho Collaborate
- Need Larger Resource Base

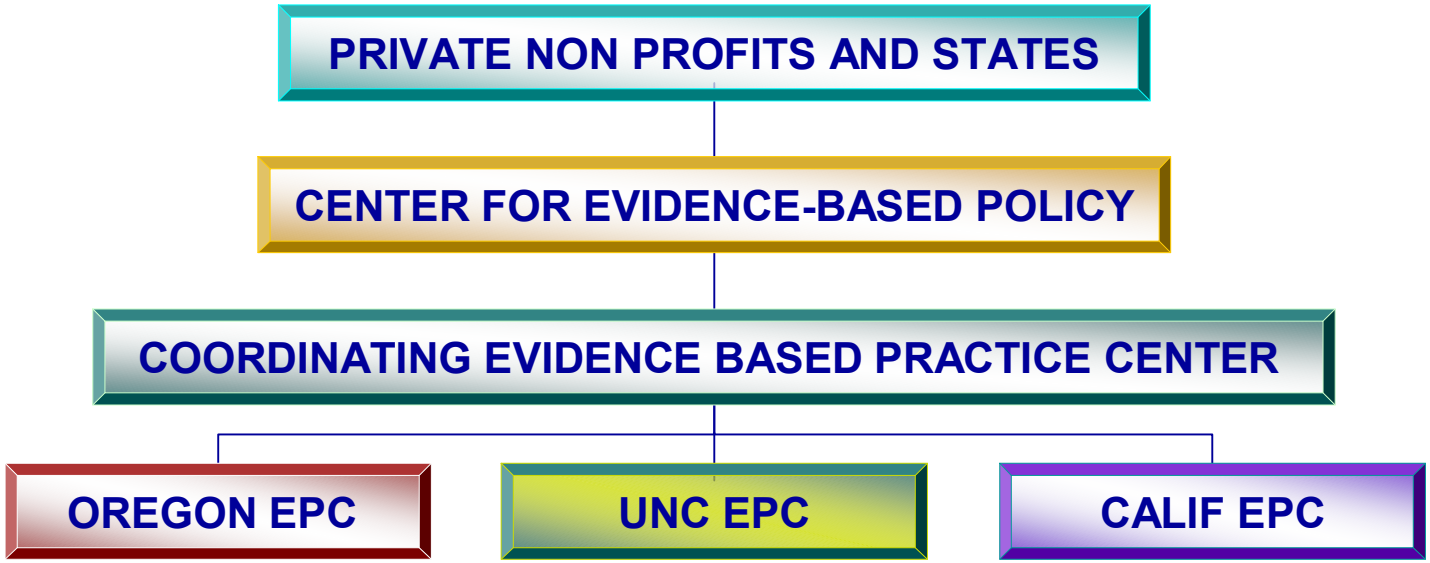
Drug Effectiveness Review Project

- *Self-governing collaboration of organizations that:*

- Obtains and synthesizes global evidence on the relative effectiveness, safety and effect on subpopulations of drugs within classes of medications.

- Support policy makers in using the evidence to inform policy in local decision making

Drug Effectiveness Review Project Organization



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Participating Organizations

Arkansas
CADTH
Idaho
Kansas
Michigan
Missouri
Minnesota
New York
North Carolina
Oregon
Washington
Wisconsin
Wyoming
Montana

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DERP Systematic Review Process

- Creation of Key Questions (public comment)
- Inclusion/exclusion Criteria
- Global Search for Evidence
- Critical Assessment of Evidence
- Synthesis of Evidence
- Peer Review and Critique (public comment)
- Final Draft (public domain)
- Update

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?

Classes Reviewed

1. Proton Pump Inhibitors - PPIs
2. Long-acting Opioids
3. Statins
4. Non-steroidal Anti-Inflammatory Drugs - NSAIDS
5. Estrogens
6. Triptans
7. Skeletal Muscle Relaxants - SMRS
8. Oral Hypoglycemics - OHs
9. Urinary Incontinence, Drugs to Treat - UI
10. ACE Inhibitors – ACE-I
11. Beta Blockers - BB
12. Calcium Channel Blockers –CCBS
13. Angiotensin II Receptor Antagonists - ARBs
14. 2nd Generation Antidepressants
15. Antiepileptic Drugs in Bipolar Mood Disorder and Neuropathic Pain
16. Atypical Anti-psychotics AAP
17. 2nd Generation Antihistamines
18. Inhaled Corticosteroids - ICS
19. ADHD & ADD, Drugs to treat
20. Alzheimers, Drugs to treat
21. Anti-platelet Drugs
22. Thiazolidinedione – TZDs
23. 5HT3 Receptor Antagonists
24. Sedative Hypnotics
25. Targeted Immune Modulators
26. Beta Agonists
27. Newer Anti-emetics
28. Drugs for Multiple Sclerosis
29. Drugs to treat constipation

DERP 2 Deliverables

- 8-10 Original Reports
- Annual scan of evidence for classes already reviewed
- 20-25 Updates

Update Selection Process

- Annual scan of each class
  - Literature search of Medline
  - Presentation of all new abstracts
  - Identification of new drugs in class, new indications, and new safety information
- Review of information and vote of members in governance call or meeting

Results In General

1) Good evidence, no significant differences (PPIs)
2) No good comparative evidence (Opiod Analgesics)
3) Good evidence, marginal differences (Triptans)
4) Good evidence, significant clinical differences (Beta Blockers)
5) Even classes with good evidence often have significant gaps (subpopulations)

Uses by Participating Organizations

- Primary source for clinical information used by P&T committee
- Supplement to other clinical information used by P&T committee
- Provide to other partners
- Education for prescribers

Medicaid Evidence-based Decisions Project

- Clinical Evidence Resources
  - Participant Inquiries
  - Evidence Scoping Reports
  - Rapid Appraisal Reports
  - Rapid Reviews
  - Full Reviews and HTAs
- Policy trials
- Consultation
- Clearinghouse

Lessons Learned

- Widely Varied Organizations Can Collaborate
  - Twice yearly face to face meetings
  - Monthly governance teleconferences
- Research/policy Interface is Key
- Transparency is Important for Credibility
- Conflict of Interest Policy
  - Researchers must be conflict free
  - Peer reviewer conflicts are often helpful
- Methodological Currency Important

Lessons Learned

- Industry Interface Carefully Handled
  - Annual meetings
  - Written Communications
  - Researcher control contact
- Product Continuum Important
  - SRs for credibility
  - Derivative products for policy makers
- Local Decision Making Important

Conclusion

- When there is a lack of evidence, think of who else needs that evidence, then work out a partnership. You may be pleasantly surprised at the results you can achieve.

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