

**PREFERRED DRUG LIST ADVISORY PUBLIC MEETING**  
**OCTOBER 24, 2003—CHEYENNE, WYOMING—THE PLAINS HOTEL**

Opening remarks were made by Dr. Brent Sherard, Deputy Director of the Wyoming Department of Health. Dr. Sherard stressed the importance of good therapeutics, that access to medication is important, and that we are here to serve patients not ourselves—the goal of the Wyoming Department of Health in reference to the Preferred Drug List is to ensure the health and safety of patients and that their care will not be compromised in any way.

Dr. Sherard gave an overview of the Medicaid budget, stating that between 17-18% of the overall budget was spent on drug benefits. He remarked that if we don't get a handle on soaring drug costs, we will not be able to provide access to those individuals who really need to be taken care of. Dr. Sherard stated that cost is important, but he made it very clear to the audience that safety was the number one factor in developing the Preferred Drug List and that the WY DOH was very conscious in wanting to develop a patient/prescriber friendly process. Dr. Sherard briefly commented about the Prior Authorization process and reiterated that the Wyoming Department of Health is promoting the highest quality of healthcare at the lowest possible price.

Dr. Sherard welcomed everyone present and communicated how much the WY DOH appreciated all feedback and input from interested parties in developing the Preferred Drug List. He emphasized that the WY DOH wants to include and incorporate this information to make the Preferred Drug List process as efficient and effective as possible. Once again, Dr. Sherard reiterated that everyone present on behalf of the WY DOH was here to serve patients—not themselves, and that patient care would not be compromised in any way since all decisions would be evidence-based (sound scientific basis).

Aimee Lewis, PharmD, began the public meeting by introducing John Santa, from the Oregon Evidence Based Practice Center. In addition to his duties at the Oregon Evidence Based Practice Center, Dr. Santa is also an internist practicing at the VA in Portland, Oregon. Dr Santa gave a broad overview of the evidence-based drug review process and stated what initiatives were involved in evidence-based drug decisions.

Dr. Santa went through all of the how's and why's as to how this evidence-based approach originated. Typically purchasers look at: (1) Making decisions

about generating information that will guide them in decision making process; (2) Purchasing and pricing strategies; and (3) Now that I have all the information, how am I going to get all parties involved to take all of the information into account?

Dr. Santa stated that the Oregon Practice Center's specialty was evaluating other people's research, teaching them how to do good research, and teaching them how to make good decisions. The success of the process is dependent upon starting with getting the questions right in the beginning. Their conducting systematic reviews help prevent the feeling of drowning in too much information. The Institute accesses multiple sources of information. He stated that publication is not the end product, but giving states the knowledge they need to make informed decisions is.

Dr. Santa also pointed out that the Oregon Center does not bill themselves as experts because they feel that in using the "expert" approach, experts only use evidence that they believe is correct, therefore introducing bias. Their goal is be aware of all of the evidence that exists and have a rating system for all of the studies done. The Oregon Practice Center synthesizes evidence and notes that biases evolve by how studies are presented, who reviews and critiques them, and whether or not those doing the studies have made a commitment to keep the studies current (periodically look at consistency to previous evidence presented).

Dr. Santa then moved on to looking at the first 4 classes that Oregon reviewed and stressed that he was merely using them as a model as one local decision maker's approach to the problem—that this may help you understand what purchasers can glean from this type of evidence.

PPI—Stressed that it is a myth that there is not enough evidence out there

to make decisions—random trials repeatedly show no definite demonstrative difference between all PPI's.

Long-Acting Opioids—Not much evidence available. Basically, the only studies found

by the Center were poor in quality for such a large drug class. No evidence was

available for comparing these drugs to each other.

Statins—Interesting because studies showed that all of these drugs were good at lowering cholesterol, but only 3 studies showed that use of the drug resulted in less people dying or having heart attacks.

NSAIDs—There are 20-25 in the class, different generations, good trials but the Center focused on balance. The class trial revealed that the organizers of trials failed to release 12 month follow up data—this is a big, important piece missing. This omission makes it difficult to present that a fair and balanced environment exists so those involved will get a better sense of what works here.

Dr. Santa also gave the new updates on the 4 classes above and stressed that the Oregon Center helps states make informed decisions and that such decisions should be made locally. Dr. Santa repeatedly pointed out that states need to be comfortable about how the decisions are made. The states must identify their endpoint and evaluate whether or not they have enough good data to achieve their goals.

Dr. Santa briefly ran through the classes of Incontinence, Skeletal Muscle Relaxants, Oral Hypoglycemics, Ace Inhibitors, Calcium Channel Blockers, and Beta Blockers.

After Dr. Santa's presentation, Aimee Lewis, PharmD, Wyoming Department of Health, outlined the process that Wyoming has taken, specifically:

- Contracting with Oregon Health Sciences University
- Creating our own unique Preferred Drug list by independently reviewing evidence and making our own decisions
- Creation of a Preferred Drug List Advisory Committee and to have regular meetings (a list of all members was presented)
- Review cost information privately—cannot release proprietary information to the public

Dr. Lewis also stressed, as did Dr. Sherard, that all decisions regarding the Wyoming Preferred Drug List will be evidence-based first and cost will be a secondary consideration.

The floor was opened up for a short question and answer period where Dr. Lewis, Roxanne Homar, Wyoming State Pharmacist, and Dr. John Santa answered any questions attendees had.

Attendees were also provided with addresses, phone numbers, and e-mail address in case they had further questions.