



From USP-DI to DrugPoints

In 1998, the United State Pharmacopeia (“USP”) sold the USP Drug Information (USP-DI) database to Thomson Healthcare (“Thomson”, formerly “Thomson Micromedex”). USP continued providing off-label reviews of drug information and Thomson provided updates to on-label information, as part of the collaborative agreement. In 2004, the relationship ended and sole responsibility of the database was turned over to Thomson. At that time, USP agreed to allow use of the USP trademark until the end of 2007. It was unknown at that time if Thomson would change the name of the USP-DI product, or take a different action.

On July 11, 2007, Thomson enhanced its DrugPoints database by merging content with the USP-DI. As part of this task, more than 14,000 indications were reconciled across the two products and USP-DI off-label indications were reviewed and assigned the appropriate ratings in DrugPoints. There is not a set standard for how ratings of indications in the USP-DI will translate over to DrugPoints.

DrugPoints uses a three-tier rating system, which includes three evidence-based rating categories for FDA-labeled and off-label indications. Indications are assigned one rating from each of the three categories, based on definitions defined by Thomson:

Strength of Recommendation

- Class I: Recommended; the given test or treatment has been proven to be useful, and should be performed or administered.
- Class IIa: Recommended, in most cases; the given test, or treatment is generally considered to be useful, and is indicated in most cases.
- Class IIb: Recommended, in some cases; the given test, or treatment may be useful, and is indicated in some, but not most, cases.
- Class III: Not Recommended; the given test, or treatment is not useful, and should be avoided.
- Class Indeterminant: Evidence Inconclusive.

Strength of Evidence

- Category A: Evidence is based on data derived from: Meta-analyses of randomized controlled trials with homogeneity with regard to the directions and degrees of results between individual studies. Multiple, well-done randomized clinical trials involving large numbers of patients.
- Category B: Evidence is based on data derived from: Meta-analyses of randomized controlled trials with conflicting conclusions with regard to the directions and degrees of results between individual studies. Randomized controlled trials that involved small numbers of patients or had significant methodological flaws (e.g., bias, drop-out rate, flawed analysis, etc.). Nonrandomized studies (e.g., cohort studies, case-control studies, observational studies).

- Category C: Evidence is based on data derived from: Expert opinion or consensus, case reports or case series.
- No Evidence

Efficacy

- Class I: Effective; evidence and/or expert opinion suggests that a given drug treatment for a specific indication is effective.
- Class IIa: Evidence Favors Efficacy; Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion favors efficacy.
- Class IIb: Evidence is Inconclusive; Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion argues against efficacy.
- Class III: Ineffective; Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is ineffective.

As of October 12, 2007, the Association of Community Cancer Centers (ACCC) is including information from DrugPoints on its Oncology Drug Search Engine. This online drug database is made available through an agreement with ACCC and Thomson to provide the oncology professional community with DrugPoints, the successor publication to the USP-DI. A similar agreement existed between ACCC and Thomson when the USP-DI was available.

It is yet unclear how Medicare carriers and CMS will view DrugPoints and if and at which rating level carriers will provide coverage. Once this is clear, ACCC's Reimbursement Committee will change their Compendia-based Drug Bulletin as appropriate.

It is important to note that the DrugPoints rating system and process is the same as DrugDex, which is not a currently recognized compendium by Medicare Part B, but is recognized by Medicaid and Medicare Part D. Also, the succession of USP-DI by a completely different publication DrugPoints may be beyond the protection provided by a name change, as provided by §1873 of Title XVIII of the Social Security Act.

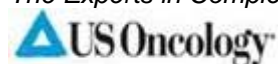
Thomson has more information available on their website at:

<http://www.micromedex.com/products/uspdi/v1/>

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