

TRIPTANS FOR THE TREATMENT OF MIGRAINES

Citizens' Panel Report

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Background

The ODPRN Citizens' Panel, a stakeholder group comprised of members of the general public, provides feedback on drug reimbursement policy options for each ODPRN drug class review. The purpose of this exercise is to understand perceptions of the general public about the feasibility and social acceptability of the draft policy options developed at the end of each drug class review, and to rank the most preferred policy options from the perspective of the Citizens' Panel for the Ontario Public Drug Programs' consideration. This report is a high level overview of the methods and results of the ODPRN Citizens' Panel engagement process for the triptans drug class review.

Methods

Citizens' Panel Recruitment

Members of the general public were invited to join the Citizens' Panel by posting advertisements on public websites, the ODPRN website, and social media (e.g. Charity Village, getinvolved.ca, Kijiji, Craig's list, Twitter, Facebook). Citizens' Panel members were also recruited from the Ontario Citizen's Council (OCC). We aimed to recruit 10 to 15 individuals 18 years of age or older who reside in Ontario, with varied education levels and work experience. Members of the general public who expressed interest in joining the panel were asked to fill out an application form. Follow up interviews were conducted with potential panel members over the phone to make final selections. We assessed each potential panel member on their level of knowledge of the healthcare system and drug policy making in Ontario, with the goal of including diversity of knowledge, experiences, and opinions. A total of 15 panel members were ultimately selected and comprised a panel that we engaged for each of the ODPRN's drug class reviews.

Data collection

All panel members were asked to read the draft report and recommendations from the drug class review to familiarize themselves with the research findings. The report was re-written in lay language to enhance its readability and accessibility. Feedback from panel members was obtained in two surveys and a webinar using a modified RAND Appropriateness Method (also known as The Delphi Method) (Fitch, 2001). First, an online pre-meeting survey was distributed to Citizens' Panel members to collect their input on the policy options rated on domains of social acceptability and pharmaceutical policy acceptability analysis: general access, equitable access, appropriateness, affordability, cost to the system, safety, and overall benefit (Morgan, 2009). Panel members were also asked to rate the general acceptability of each option, as well as to rank the policy options relative to one another in terms of their preferred option. Open-ended responses were provided to enable panel members to contribute thoughts, questions, or justifications for their ratings/rankings. Next, Citizens' Panel members attended a webinar meeting, at which we presented key issues, findings and policy implications, and engaged in deliberative group discussion on the recommendations. Any questions, issues or themes that arose from the first round of surveys were addressed in the meeting. Citizens' Panel members completed a second survey after the meeting, enabling them to provide additional feedback and giving them the opportunity to re-rank the policy options. This approach allowed each person to express their idea(s); each person's opinion was taken into account (compared to traditional voting where only the largest group is considered). The findings from the Citizens' Panel surveys and discussion were used by the team to make any necessary revisions to the reports and draft reimbursement options.

Data analysis

Survey responses were analyzed using descriptive statistics and content analysis for open-ended questions. Extensive field notes were taken during meetings and key themes were summarized.

Findings

The ODPRN Citizen's Panel meeting took place on February 27, 2014. Overall, 11 of 15 (73%) of

Citizen's Panel members participated in the pre-meeting online survey. Thirteen of 15 (87%) of panel members participated in the meeting, and the same 11 (73%) panel members who completed the pre-meeting survey also completed the post-meeting survey. Below is a high level summary of findings from the meeting discussion and the pre and post surveys.

Part 1: Responses to the pre-meeting online survey

Respondents were asked to rate statements related to the accessibility, affordability, and acceptability of each of the policy options on a scale from 1 (strongly disagree) to 7 (strongly agree). Average ratings across each of the policy options are presented in **Table 1**.

Table 1. Average panel member ratings of statements related to the accessibility, affordability, and acceptability of the triptans policy options, on a scale from 1 (strongly disagree) to 7 (strongly agree).

	Policy Option			
	1) General benefit (GB)	2) Limited Use (LU) + quantity limits	3a) Exceptional Access Program (EAP) + generics	3b) EAP + generics + quantity limits
The policy helps those who need triptans to access them easily.	5.8	6.2	1.9	2.3
The policy will enable those who need triptans to access them equitably (in other words, regardless of age, income, health status, gender, etc.)	6.5	6.3	2.3	2.9
The policy adequately provides coverage for the appropriate types/quantity/doses of triptans.	5.7	5.5	3.5	4
The policy is a good option to make triptans more affordable.	4.9	5.8	3.7	4.2
The policy is a good option to limit the burden of cost on the healthcare system.	3.5	4.2	4.6	4.9
The policy adequately considers the safety and effectiveness of triptans.	3.7	5.5	4.2	4.2
I think this policy will benefit those who require triptans.	4.7	6	2	2.3
I think this policy is an acceptable option.	4.1	6.1	1.9	1.9

Summary of comments from open ended responses

Respondents were also given the opportunity to comment on each of the policy options in open-

ended responses. Key themes included:

- It is important to ensure that the current EAP system is being maximized (i.e., that doctors are made aware of the criteria & application process is improved), before dismissing this option and moving triptans to GB.
- Moving triptans to GB would make triptans more accessible to those in need, but would also increase the risk of medication overuse and resulting costs for medical treatment.
- It is necessary to understand the epidemiology of medication overuse headaches. The prevalence of medication overuse headaches will help determine the need for quantity limits.
- It is necessary to understand the exact nature of medication overuse headaches. If only a small portion of patients who use more than 12 per month actually develop this condition, this is an important factor to consider when setting restrictions.
- The burden of illness associated with migraine is significant and increasing access to effective treatment can give people the opportunity to be more productive in the workplace which can help to compensate for the economic toll it places on the health care system.
- Quantity limits can be useful for preventing overuse, but they may also promote misuse, in the form of splitting doses or delaying administration.
- The potential for abuse should not dictate accessibility for those who really need this treatment for a debilitating health condition.
- If physicians have to do more paperwork, this will not influence the efficacy of a system, it will control access to the drug which might be less equitable.
- Physicians whose applications are denied are less likely to try again unless given direction as to how to improve and bring about a favorable outcome. The EAP option gives less accessibility than the other ones.
- The current EAP option poses an unacceptable bureaucratic hurdle to those who require this medication for a normal and functioning life and the lack of quantity limits with this policy option is a cause for concern.
- Policy option 3b (EAP + generics + quantity limits) significantly limits accessibility and the money saved in this option will be spent on emergency room visits by patients suffering from severe migraines.

Policy Ranking

Table 2 shows the number of respondents who ranked each of the policy options relative to one according to preference. The most preferable option, as ranked by the majority of respondents (80%, n = 8), was the LU + quantity limits option. There was a tie for the second most preferable options between EAP + generics (27%, n = 3) and EAP + generics + quantity limit (27%, n = 3). The third most preferable option was GB (45%, n = 5). There was also a tie for the least preferable option between EAP + generics (40%, n = 4) and EAP + generics + quantity limit (40%, n = 4).

Note that not all respondents completed the ranking exercise.

However, given the number of people who ranked the EAP options in last place, the average rankings place the LU + quantity limits option first, the GB second, EAP + generics + quantity limits third, and EAP + generics in last place.

Table 2. Policy option ranking from 1 (most preferable) to 4 (least preferable) by respondents.

Ranking	Policy Options			
	1) GB	2) LU + quantity limits	3a) EAP + generics	3b) EAP + generics + quantity limits
1	1	8	0	1
2	2	1	3	3
3	5	1	3	2
4	2	0	4	4
Average	2.8	1.3	3.1	2.9

Part 2: Key discussion points during the meeting

During the meeting, CP members discussed the following points:

- The risk and potential impact of overuse headache, where CP members required clarification regarding how severe a safety concern this was, and wanted to know the potential for developing overuse headache as a direct result of using triptans as opposed to using multiple drugs to treat migraines.
- There were questions about any other potential safety concerns that might have a more substantial societal impact, such as risk for addiction to these drugs.
- The EAP process was discussed at length; many CP members voiced opinions with regard to the finding that physicians were deterred from applying to the EAP to obtain triptans for patients. There was concern that perhaps the process needs to be improved rather than implementing new funding policies, or that physicians should be more accountable to their patients and should be applying regardless of how challenging the process is perceived to be.
- Ensuring access without opening “floodgates” was a key point during the discussion. One CP member who lives in rural Ontario pointed out that accessibility in general is an issue for rural locales, and that the geography of Ontarians in need of these drugs should be considered. Other CP members felt that access should be balanced with safety and cost.
- Many were unsure of the jump in number of ODB-eligible triptans users from 1,200 to ~24,000 individuals, particularly when looking at the cost impact of the various policy options. CP members felt that increased costs for GB and GB/LU options would not be as high as projected, but still acknowledged that triptans are expensive and would be a substantial cost to the system if there were limitations to access.

Part 3: Responses to the post-meeting online survey

Following the meeting, respondents were asked to rate statements related to the accessibility, affordability, and acceptability of each of the policy options on a scale from 1 (strongly disagree) to 7 (strongly agree). Average ratings across each of the policy options are presented in **Table 3**.

Table 3. Average CP member ratings of statements related to the accessibility, affordability, and acceptability of the triptans policy options, on a scale from 1 (strongly disagree) to 7 (strongly agree).

	Policy Option			
	1) GB	2) LU + quantity limits	3a) EAP + generics	3b) EAP + generics + quantity limits
The policy helps those who need triptans to access them easily.	5.8	5.4	2.6	3
The policy will enable those who need triptans to access them equitably (in other words, regardless of age, income, health status, gender, etc.)	5.8	5.5	3.5	3.4
The policy adequately provides coverage for the appropriate types/quantity/doses of triptans.	4.4	5.5	3.7	4
The policy is a good option to make triptans more affordable.	3.9	5.1	3.7	4.6
The policy is a good option to limit the burden of cost on the healthcare system.	1.9	3.7	5.2	5.4
The policy adequately considers the safety and effectiveness of triptans.	2.7	5.1	3.8	4.9
I think this policy will benefit those who require triptans.	4.3	5.3	2.5	3.5
I think this policy is an acceptable option.	2.2	5.4	3.2	3.4

Summary of comments

Respondents were also given the opportunity to comment on each of the policy options in open-ended responses. Key themes included:

- Human nature is such that a lack of limits placed on dosage will surely result in an excessive use of medication.

- A lack of quantity limits significantly reduces the safety of using triptans and outweighs the increase in accessibility.
- Option 1 is too liberal and very costly. It is important to have a system that keeps physicians accountable for the prescriptions they write.
- GB is not necessary for a condition that only impacts 10-15% of Canadians.
- The current EAP policy could be a reasonable second option, to policy option 2, if there are improvements made to the application process.
- Option 2 is the most equitable choice, it improves accessibility while still addressing ways to limit the potential side effects. This option should be considered if the current EAP system cannot be maximized with proper instructions for physicians.
- If physicians have to do more paperwork, and there are no limits on dosage, this will increase costs to the system.
- If triptans remain linked with the EAP system, then they will continue to be an underutilized treatment option.
- It is important to understand the prevalence of medication overuse headaches. If the prevalence is high then it seems reasonable to maintain EAP access with quantity limits.
- The number chosen for quantity limits (12) seems arbitrary, it would be more beneficial to increase this to 18 to avoid the misuse of triptans.

Policy Ranking

Table 4 shows the number of respondents who ranked each of the policy options relative to one another in terms of the most preferable policy option. Most respondents (70%, n = 7) ranked the LU + quantity limits option as the most preferable policy option, followed by EAP + generics + quantity limits in second place (45%, n = 5), EAP + generics option in third place (64%, n = 7), and GB in fourth place (67%, n = 6). Average rankings aligned with these results. Note that not all respondents completed the ranking exercise.

Table 4. Number of respondents ranking each of the policy options from 1 (most preferable) to 4 (least preferable).

Ranking	Policy Options			
	1) GB	2) LU + quantity limits	3a) EAP + generics	3b) EAP + generics + quantity limits
1	1	7	0	2
2	1	2	3	5
3	2	1	7	1
4	6	0	1	2
Average	3.3	1.4	2.9	2.3

Part 4: Comparison of pre- and post-meeting responses

Post-meeting responses differed slightly from pre-meeting responses. Changes mostly reflected decrease in perceptions of the affordability and acceptability of the GB option, and an increase in perception of these factors with regard to both EAP options (**Table 5**).

Table 5. Comparison of pre- and post-meeting average CP member ratings of statements related to the accessibility, affordability, and acceptability of the triptans policy options, on a scale from 1 (strongly disagree) to 7 (strongly agree).

	1) GB		2) LU + quantity limits		3b) EAP + generics		3b) EAP + generics + quantity limits	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
The policy helps those who need triptans to access them easily.	5.8	5.8	6.2	5.4	1.9	2.6	2.3	3
The policy will enable those who need triptans to access them equitably (in other words, regardless of age, income, health status, gender, etc.)	6.5	5.8	6.3	5.5	2.3	3.5	2.9	3.4
The policy adequately provides coverage for the appropriate types/quantity/doses of triptans.	5.7	4.4	5.5	5.5	3.5	3.7	4	4
The policy is a good option to make triptans more affordable.	4.9	3.9	5.8	5.1	3.7	3.7	4.2	4.6
The policy is a good option to limit the burden of cost on the healthcare system.	3.5	1.9	4.2	3.7	4.6	5.2	4.9	5.4
The policy adequately considers the safety and effectiveness of triptans.	3.7	2.7	5.5	5.1	4.2	3.8	4.2	4.9
I think this policy will benefit those who require triptans.	4.7	4.3	6	5.3	2	2.5	2.3	3.5
I think this policy is an acceptable option.	4.1	2.2	6.1	5.4	1.9	3.2	1.9	3.4

Upon re-ranking, CP members still supported the LU + quantity limits option as the most preferable policy option; however, the rankings of the other policy options changed, with both EAP options being ranked higher than previous rankings and GB moving from second to last place (**Table 6**). In the second round of ranking, more CP members agreed on rankings of the respective policy options than pre-meeting (i.e., more individuals ranked policy options the same than prior to the meeting). Ultimately, the post-meeting rankings best represent the CP members' "consensus" on which policy options would be the most acceptable to implement from a societal standpoint.

Table 6. Comparison of pre- and post-meeting ranking of policy options

	Ranking Pre-Meeting	Ranking Post-Meeting
1) GB	2	4
2) LU + quantity limits	1	1
3a) EAP + generics	4	3
3b) EAP + generics + quantity limits	3	2

Limitations

Since the sample for this Citizens' Panel was small the results in this report may not be representative of the general public in Ontario. However, the literature on public engagement methods, such as the Delphi, states that group dynamics and diversity play a more important role than sample size (Bruni, 2008; Okoli, 2004). The Delphi method is separate from traditional survey methods and is considered a type of virtual meeting or a group decision technique (Okoli, 2004). The panel members who participated in this exercise provided a range of diverse and valuable insights from the perspective of Ontario tax payers who do not suffer from migraines. This information, in combination with additional feedback from various stakeholders (e.g., qualitative interviews, in-person forums, and online submissions) and quantitative research evidence, will aid in the development of the final policy options for this review.

Conclusion

The Citizens' Panel provided important feedback on the feasibility and social acceptability of the draft policy options for the triptans review. These findings will be used to help frame the final options in the consolidated report. The consolidated report will be posted at www.odprn.ca.

References

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