



FLORIDA ACADEMY OF FAMILY PHYSICIANS
FLORIDA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

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September 21, 2009

Ann Wells, Pharm.D., MS
Bureau Chief, Medicaid Pharmacy Services
2727 Mahan Drive, Bldg. #3, Mail Stop #38
Tallahassee FL 32308

Dear Dr. Wells:

I recently became aware that the Medicaid Pharmaceutical and Therapeutics Committee will be reviewing access to branded statin drugs. I am sure this is considered a way of decreasing costs, but I actually believe it may increase costs.

My concerns are based on my experiences with the 190 clinicians and over 17,000 patients in the diabetes registry of our Diabetes Master Clinician Program. We track HbA1c, LDL, B/P, Triglycerides and HDL as well as other recommended tests, medications and immunizations on all of these patients. My job is to help the clinicians achieve evidenced based goals for all of these patients. I provide teaching seminars for the clinicians and their staff and also go their offices and meet with them to discuss cases. This provides me some unique insights into the challenges the primary care clinician has with treating diabetic patients. Lipid management is one of the most difficult challenges.

We are all aware that cardiovascular disease accounts for 75% of the mortality and morbidity in diabetes and controlling lipids is one of the major ways we address this issue. A recent consensus statement on lipid management goals from the American Diabetes Association and the American College of Cardiology Foundation was published in April of 2008 in Diabetes Care. The statement provided new goals for LDL and Non-HDL cholesterol. If the patient has known CVD or is diabetic and has one additional risk factor such as hypertension, family history of premature heart disease or smokes the goal for LDL is <70 mg/dl and Non-HDL <100 mg/dl. If the patient has two risk factors or has diabetes with no additional risk factors the goal for LDL is <100 mg/dl and Non-HDL <130 mg/dl.

Nationally only 33% of diabetics achieve a goal of <100. For the diabetics in our database 55% are at <100 and 30% are <70. Some of our practices that have been in the program for 3 or more years have 70% of their patients at a goal of <100 and 50% at <70.

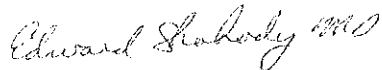
Unfortunately, in our database 33% of our diabetic patients have LDL cholesterol of over 130. Many of our diabetic patients are started on generic drugs but are not able to achieve goal (especially when they need 50% or greater reduction). If they are switched to branded drugs at a high dose they are able to achieve these life saving goals.

Current standards of care recommend that all diabetics over 40 be on a statin drug and the goals we need to achieve are clear. If the patient can achieve goal with a generic drug and life style changes that is our first choice. If they do not reach goal we need to be able to use branded drugs.

If a patient is currently on a branded drug and doing well it does not seem reasonable to make changes. We already have difficulty convincing patients to take these drugs because of myths associated with the drugs. Making unnecessary changes only adds to the confusion and lack of adherence.

I applaud changes that reduce the cost of medical care. But I ask that it be a prudent decision that does not end up increasing costs by decreasing the number of patients who reach goal and therefore increase the number of cardiovascular events that occur in these patients.

Sincerely,

A handwritten signature in cursive script that reads "Edward Shahady MD".

Edward Shahady MD
Medical Director
Diabetes Master Clinician Program
Florida Academy of Family Physicians Foundation

cc: Secretary Holly Benson
Members of the Committee