

ICER Framework: Thoughtful Aspects*

1. Combines multiple value attributes beyond just cost effectiveness (e.g., additional benefits, context)
2. Makes general approach transparent
3. Considered and included input from many stakeholders
4. *Care Value* component incorporates lifetime benefits to the patient

*NPC is continuing to evaluate the ICER framework, as well as other value frameworks, and will review the reports as issued.

ICER Framework: Work to Be Done*

1. *Care Value* cost effectiveness models should be made available
2. Methods to determine affordability price thresholds need broader input and validation (currently it is ICER's perspective)
3. Adoption rate crucially influences *Health System Value* price threshold; any calculation should wait 6-12 months to be more accurate and not mislead

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ICER Framework: Work to Be Done*

4. Wholesale acquisition price does not accurately reflect likely discounts and biases comparisons between threshold and realistic prices
5. 5-year budget impact horizon for *Health System Value* price thresholds does not accurately reflect benefits of curative therapies
6. *Care Value* and *Health System Value* threshold prices don't reflect key economic benefits such as improvements in worker productivity or reductions in caregiver burden

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ICER Framework: Work to Be Done*

7. *Health System Value* threshold prices create disincentives to develop innovative treatments for large unmet needs populations
8. Not all drugs are equal; *Health System Value* calculations assume that all drugs are equal and should consume the same amount of the spending pie. *Care Value* incorporates additional considerations – *Health System Value* should do the same
9. Despite acknowledgement that a broader discussion should ensue, too quickly the focus devolves into price

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