



ICER Value Framework and Patient Feedback: Q&A With Steve Pearson

Responses to Audience Questions

<p>Is a lower price the only way you are measuring success? What about other things patients find valuable in treatment?</p>	<p>We strive to provide information that helps achieve prices that align more consistently with how well each drug improves patients’ lives. Sometimes that means we recommend lower prices, sometimes not. But in total, we hope our work provides a foundation for better patient access and incentives to support research into future treatments that will benefit patients the most.</p>
<p>Payers tend to focus on diagnosis vs. disability even when the data exists at launch. Is this abject laziness to fail to apply a value to patient-related outcomes like presenteeism?</p>	<p>We agree that broader societal factors like presenteeism and caregiver burden can be very important considerations in what a fair price may be, and that’s why our reports and public meetings highlight these non-clinical potential benefits. Whenever this data exists, we are willing to include it in our economic models.</p> <p>It’s our experience that employers, in particular, are very interested in considerations such as presenteeism and employee productivity, and these stakeholders have some ability to influence the way payers cover treatments that impact these outcomes.</p>
<p>Why is ICER moving out of its lane by getting into budget implications? This is the job of the CBO. It requires assumptions about what are national policy decisions that are very different from what you describe as your role of determining the value of a treatment.</p>	<p>The broader goal of our independent reviews is to support decisions that help the US health system achieve fair price and fair access, while sustaining financial incentives for future innovation. As part of this mission, payers, patient/consumer groups, and policymakers have asked us to conduct potential budget impact analyses that help alert the market to plan for instances that may strain current health system budgets. We’ve been told very explicitly that a discussion of “value” without consideration of budget impact is unrealistic, as budget impact can have a very real consequence on patient access in the real world.</p>
<p>What would ICER’s approach be regarding a rare disease like adhesive arachnoiditis? There have not been any clinical trials for treatment options.</p>	<p>ICER doesn’t conduct our own clinical trials. Instead, we closely analyze all the existing data – from manufacturer-sponsored clinical trials and</p>

<p>What are your plans on treating rare disease and will you consider having clinical trials for this and other rare diseases?</p>	<p>other sources – to provide decision-makers with an independent source of information around the clinical and cost-effectiveness of the various treatment options.</p> <p>In the case of ultra-rare disorders like the one you mention, large clinical trials are often not feasible for the manufacturer to conduct. Therefore, for these instances we have adapted our methods to account for less definitive data.</p>
<p>Does ICER, or will they, begin to proactively reach out to organizations (e.g., payors) with right data sources (med, Rx, lab claims/results) to obtain RWE? Is ICER willing to collaborate/partner with those orgs (as opposed to “here’s the raw data we need, can you provide?” for example)?</p>	<p>Our draft proposals for the value assessment framework update include a commitment to explore collaborations with organizations to gather and use real-world evidence. Payers would be one possible collaborator, but there are consultancies and data aggregators who might be partners as well. We definitely look forward to sorting out what kind of relationship(s) might prove most useful.</p>
<p>Regarding your comments on oral medications vs. injections, insurance companies will not pay for medications such as ketorolac – Toradol or steroids for injections. This cost patients out of pocket over \$100 a month. What can be done to get insurers to pay for these medications that rare disease patients depend on, especially arachnoiditis patients?</p>	<p>We believe manufacturers should price treatments fairly, and that insurers should respond by providing fair access to those treatments. ICER has not yet assessed these specific treatments you mention here, but when I was a practicing physician, I prescribed Toradol and never ran into issues related to insurers not covering the product.</p> <p>For your specific case, I would recommend that you call the member services phone number provided to you by your insurance company, and request to speak to the medical director about your concerns.</p>