Impact of ICER Assessments on Payer Decision Making in the United States

HTA51

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Background and objective

- The Institute for Clinical and Economic Review (ICER) value assessment framework (VAF) has had increasing influence on payer coverage decisions over the last few years.[1]
- There is limited evidence assessing recent payer utilization of ICER assessments.
- The objective of the current study is to evaluate how payers utilize ICER assessments to inform coverage or formulary decisions.

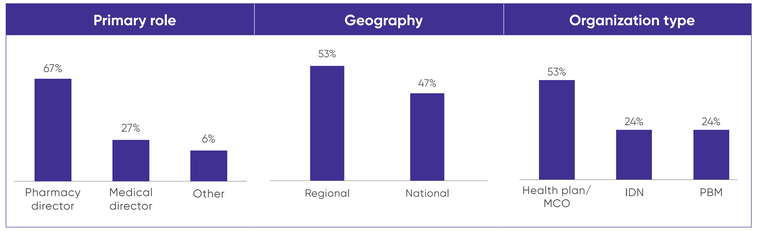
Methods

- To assess payer utilization and perceptions of ICER's VAF in payer decision making, a double-blind, web-based survey was fielded through Xcenda's Managed Care Network (MCN) research panel from June to July 2022.
  - MCN is a proprietary research panel of over 160 healthcare executives, medical and pharmacy directors, and other experienced individuals in managed care.
  - Participation in this survey was voluntary, and a modest honorarium was paid by Xcenda to participants who completed the survey.

Results

- There were 51 payers who completed the MCN survey in 2022. As shown in **Table 1**, health plans/managed care organizations (MCOs) represented over half of respondents, followed by a quarter of respondents from both integrated delivery networks (IDNs) and pharmacy benefit managers (PBMs).

Table 1. Payer demographics



Note: "Other" roles include trade relations (2%), contracting director (2%), and clinical pharmacist (2%).

- 90% of payers indicated ICER's VAF was at least somewhat useful for informing formulary decisions within their organizations (**Figure 1**).

Figure 1. Usefulness of ICER's value assessment framework for informing formulary decisions

Q: How useful is ICER's VAF for informing formulary decisions within your organization? (N=51)

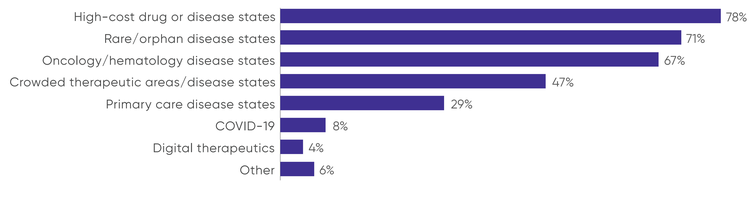
- Nearly three-quarters of respondents (73%) agreed that ICER assessments are aligned with their organization's internal assessment (**Figure 2**).

Figure 2. Alignment of ICER assessments with internal assessments

Q: Please rate your level of agreement with the following statement: "In general, ICER assessments typically align with our organization's internal assessment." (N=51)

- Utilization of ICER's VAF was most prevalent in high-cost drug or disease states (78%), rare/orphan disease states (71%), and oncology/hematology disease states (67%) (**Figure 3**).
- Payers reported less use in primary care disease states (29%), COVID-19 (8%), and digital therapeutics (4%).
- "Other" responses included gene therapy, no specific area, and not using.

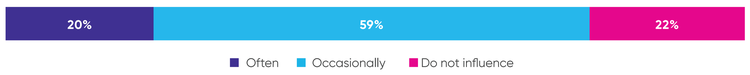
Figure 3. Therapeutic areas of ICER VAF utilization



Q: In which of the following areas are you currently utilizing the ICER value assessment framework? (N=51)
Note: Respondents were instructed to choose all that apply.

- 79% of payers reported ICER's recommendations had at least occasionally (59%) or often (20%) influenced coverage decisions in the last 24 months (**Figure 4**).

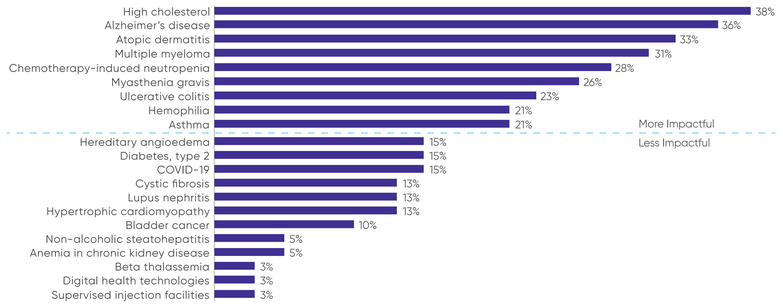
Figure 4. ICER recommendations influencing coverage decisions within payer organizations in the last 24 months



Q: How often have the ICER recommendations influenced coverage decisions within your organization in the last 24 months? (N=51)

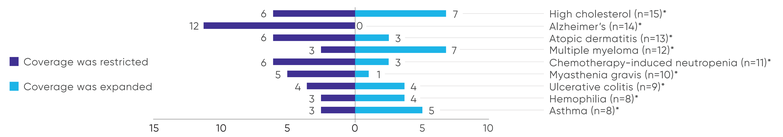
- In the last 24 months, the ICER assessments that influenced coverage decisions in the most respondent organizations were high cholesterol (38%), Alzheimer's disease (36%), atopic dermatitis (33%), multiple myeloma (31%), and chemotherapy-induced neutropenia (28%) (**Figure 5**).
- ICER assessments that were less impactful on coverage decisions included beta thalassemia (3%), digital health technologies (3%), and supervised injection facilities (3%).
- Payers reported using ICER assessments to inform both expanded and restricted coverage decisions (**Figure 6**).
- "Other" responses (not shown in figure) included "used in contracting discussions," "indications were clarified," "helped define prior authorization (PA) criteria," and "validated/supported our coverage decision."

Figure 5. ICER assessments that affected coverage decisions



Q: Which ICER evaluations from the last 24 months have affected your organization's coverage decisions? (N=39)
Note: Respondents were instructed to choose all that apply.

Figure 6. Payer coverage decision revisions based on ICER assessments



Note: Multiple responses were allowed. Responses reflect respondent answers to whether they revised a prior coverage decision based on ICER reports that were completed between June 2020 and 2022.
*Numbers for each evaluation include respondents who selected "coverage was further restricted," "coverage was expanded," or "other" (not shown in figure).

Limitations

- Responses in this survey reflect the perspectives of a select group of formulary decision makers in the US and were derived from a relatively small sample size; due to the sample size, results may not be generalizable to all payer organizations.
- Because all respondents voluntarily completed the MCN survey, voluntary response bias may exist, and survey results may over-represent respondents with stronger interest in ICER's VAF.
- This research reflects the perspectives of managed care professionals identified from Xcenda's MCN research panel; other stakeholders (eg, healthcare providers, patients, manufacturers) were not represented in this study.

Conclusions

- Our findings indicate that payers find ICER's VAF useful for informing formulary decisions in their organizations.
- ICER's assessments often align with payers' internal assessments and are most frequently utilized for high-cost drugs or disease states, rare/orphan diseases, and oncology/hematology.
- Payers indicate ICER assessments have affected both expansion and restriction of their coverage policies and assisted in other internal organizational processes.

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Reference: 1. Choi M, Hydery T, Tan R, Tennant L. Trends in the uptake and impact of the Institute for Clinical and Economic Review value assessment framework in payer coverage decisions from 2016 to 2020. Presented at: AMCP Annual Meeting; April 12-16, 2021; virtual meeting.

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