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

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Background and objective

- The Institute for Clinical and Economic Review (ICER) updated its value assessment framework (VAF) methodology in 2017 and 2020 to improve its assessment process and incorporate stakeholder feedback.
- There is limited evidence assessing how these updates have influenced payer utilization of ICER reports over time.
- The objective of the current study is to assess trends in payer uptake and the impact of the ICER VAF on payer coverage decisions from 2016 to 2020.

Methods

- Double-blinded, web-based surveys were fielded through Xcenda's research panel, the Managed Care Network (MCN), in November 2016, November 2018, and October 2020.
  - Participation in this survey was voluntary, and a modest honorarium was paid by Xcenda to participants who completed the survey.
- All surveys assessed payer utilization of the ICER VAF in coverage decisions, and the 2020 survey also assessed payer perceptions of newer ICER initiatives.
  - Survey questions were modified slightly between 2016, 2018, and 2020 to reflect the most current version of the ICER VAF.
  - Responses were compared to historical surveys when data were available.

Results

- There were 55, 54, and 47 payers who completed the surveys in 2016, 2018, and 2020, respectively.
- As shown in **Table 1**, health plans/managed care organizations (MCOs) represented the largest percentage of respondents across all 3 years, followed by a similar percentage of pharmacy benefit managers (PBMs) and integrated delivery networks (IDNs).

Table 1. Payer demographics

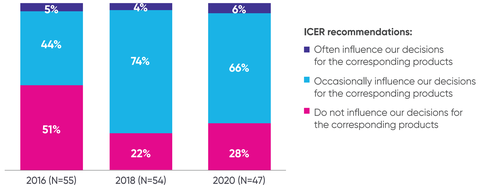
Organization type	2016 (N=55)	2018 (N=54)	2020 (N=47)
Health plan/MCO	66%	65%	47%
PBM	18%	15%	28%
IDN	15%	20%	26%
Other[a]	2%	0%	0%

[a] Other included a national correctional pharmacy provider with pharmacy benefit management and specialty pharmacy services.
Key: IDN = integrated delivery network; MCO = managed care organization; PBM = pharmacy benefit manager.

Results (cont.)

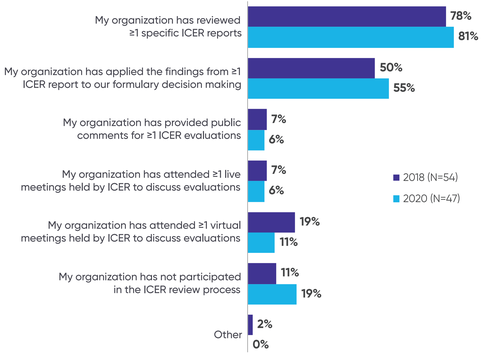
- Compared to 2016, respondents from the 2018 survey increasingly reported that the ICER VAF had at least occasionally influenced coverage decisions in the past 2-year period. The reported influence was similar in 2018 and 2020 (49% in 2016 vs 78% in 2018 vs 72% in 2020) (**Figure 1**).

Figure 1. Influence of ICER recommendations on coverage decisions



- From 2018 to 2020, payers reported similar levels of experience with the ICER VAF among their organizations.
  - In both years, over three-fourths of payer organizations reviewed ≥1 ICER report, and roughly half of payer organizations applied findings of ≥1 ICER report to formulary decision making (**Figure 2**).

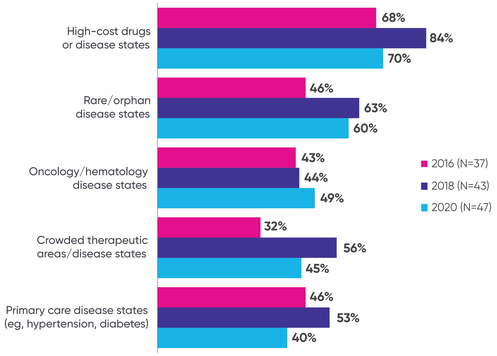
Figure 2. Experience with ICER's review process and reports[a]



[a] Data were not available from 2016.

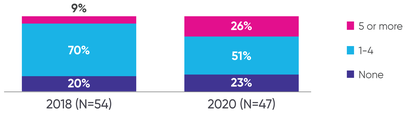
- As illustrated in **Figure 3**, from 2016 to 2020, high-cost drugs or disease states were consistently the most commonly reported therapeutic areas for use of ICER reports. There was similar utilization of ICER reports in oncology/hematology across all 3 years (43% in 2016 vs 44% in 2018 vs 49% in 2020).

Figure 3. Therapeutic areas assessed in ICER reports



- From 2018 to 2020, an increasing number of payers reported that ≥5 ICER evaluations had affected coverage decisions in the past 2-year period (9% in 2018 vs 26% in 2020, see **Figure 4**).

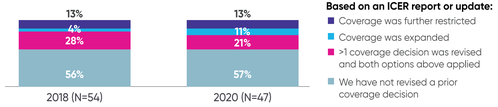
Figure 4. Number of ICER evaluations that affected coverage decisions[a]



[a] Data were not available from 2016. Percentages may not total 100% due to rounding.

- As illustrated in **Figure 5**, from 2018 to 2020, there was an increase in the percentage of payers who reported coverage expansion based on an ICER report or update in the past 2-year period (4% in 2018 vs 11% in 2020) and a similar percentage of payers who reported coverage restrictions (13% in 2018 and 2020) and no coverage changes (56% in 2018 vs 57% in 2020) in the past 2-year period.

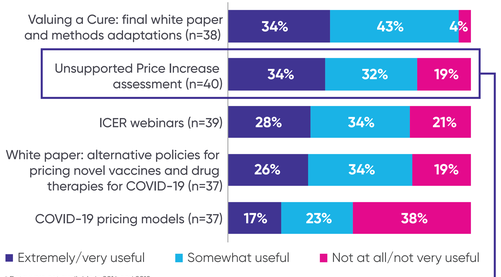
Figure 5. Revisions to coverage decisions based on an ICER report or update[a]



[a] Data were not available in 2016. Percentages may not total 100% due to rounding.

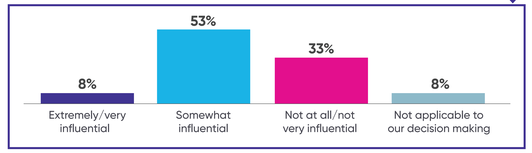
- In 2020, payers indicated that the Valuing a Cure initiative and the Unsupported Price Increase assessment were the most useful ICER initiatives, with 61% of payers reporting the Unsupported Price Increase assessment as at least somewhat influential on decision making (see **Figure 6** and **Figure 7**).

Figure 6. Perceived usefulness of ICER initiatives in 2020[a]



[a] Data were not available in 2016 and 2018.

Figure 7. Influence of ICER's Unsupported Price Increase assessment on coverage decisions in 2020 (N=40)



Limitations

- Due to the evolution of the ICER VAF over time, including the release of the updated framework methodologies and ICER initiatives, it was necessary to modify the survey questions to reflect the most current ICER VAF; as such, questions and response options are not consistent across all timepoints.
- This research reflects the perspectives of managed care professionals identified from Xcenda's MCN research panel; other user types (eg, healthcare providers, patients, manufacturers) were not represented in this subset.
- Lastly, the respondent sample had greater representation from payers in MCOs compared to IDNs and PBM organizations, which could affect generalizability of results across all payer types.

Conclusions

- The results suggest the impact of ICER's VAF on payer decision making increased from 2016 to 2018 and has remained relatively stable from 2018 to 2020.
- Almost half of payers surveyed have revised a coverage decision based on an ICER assessment or update.
- ICER reports may be utilized more frequently in select therapeutic areas compared to others.
- Given the influence on payer coverage decisions, stakeholders should remain current on ICER's value assessment methodology and development process.
- Future research will be critical to understand the role of ICER and its influence on payer decision making in the evolving value-based landscape.

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