# Trends in Payer Uptake and Perceptions of the Institute for Clinical and Economic Review Value Assessment Framework From 2016 to 2022

Extremely/Very familiar

Not at all/Not very familiar

Somewhat familiar

Victoria Loo, MPH<sup>1</sup>; Kyle Noonan, PharmD<sup>1</sup>; Tasmina Hydery, PharmD, MBA, BCGP<sup>1</sup>; Kimberly Westrich, MA<sup>1</sup> <sup>1</sup>Xcenda, Carrollton, TX, USA

### **Background and objective**

- The Institute for Clinical and Economic Review (ICER) conducts 8-12 value assessments annually.
- These assessments utilize ICER's Value Assessment Framework (VAF) methodology, which was updated in 2017 and 2020.
- There is limited evidence evaluating how payer perceptions and utilization of ICER's VAF for decision making have evolved over time.
- We assessed trends in uptake and impact of the ICER VAF in payer decision making from 2016 to 2022.

### Methods

- Double-blinded, web-based surveys were fielded through Xcenda's research panel, the Managed Care Network (MCN), in November 2016, November 2018, October 2020, and 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.
- All surveys assessed payer utilization and perceptions of the ICER VAF in coverage decisions.
- Survey questions were modified slightly in 2016, 2018, 2020, and 2022 to reflect the most current version of the ICER VAF.
- Responses were compared across surveys when possible.

### Results

- An average of 52 payers (55 in 2016; 54 in 2018; 47 in 2020; 51 in 2022) completed the surveys from 2016 to 2022.
- As shown in **Table 1**, health plans/managed care organizations (MCOs) consistently represented the largest percentage of respondents across all 4 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)	2022 (n=51)
Health plan/MCO	66%	65%	47%	53%
PBM	18%	15%	28%	24%
IDN	15%	20%	26%	24%
Othera	2%	0%	0%	0%

Key: IDN – integrated delivery network; MCO – managed care organization; PBM – pharmacy benefit manager. <sup>a</sup>Other included a national correctional pharmacy provider with pharmacy benefit management and specialty pharmacy services.

### **Results (cont.)**

### Figure 1. Payer familiarity with ICER VAF







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 Payers who reported being extremely/very familiar with ICER's VAF increased from 74% in 2018 to 90% in 2022 (2016 data unavailable) (**Figure 1**).

• In 2016, 49% of payers reported ICER's recommendations had at least occasionally (44%) or often (5%) influenced coverage decisions; this figure increased in 2018 to 78% (74% occasionally, 4% often) and has remained stable through 2022 at 79%; however, in 2022, the proportion of payers who responded with "often" increased to 20% (**Figure 2**).

• The share of payers who stated 5 or more ICER evaluations affected their coverage decisions over the past 24 months was 9% in 2018, increased to 23% in 2020, and fell to 18% in 2022 (2016 data unavailable) (**Figure 3**).

Q: Please describe your current level of familiarity with the following value assessment frameworks (VAFs)/tools: ICER VAF



Q: Over the last 24 months, how many ICER evaluations have affected coverage decisions in your organization? Note: Due to rounding, percentages displayed may not sum to 100%.

- There was an increased use of ICER reports over time in oncology/ hematology (43% in 2016, 44% in 2018, 49% in 2020, 67% in 2022) and rare/ orphan diseases (46% in 2016, 63% in 2018, 60% in 2020, 71% in 2022) (**Figure 4**).
- The most prevalent use of ICER assessment reports each year was in high-cost drug or disease states (68% in 2016, 84% in 2018, 70% in 2020, 78% in 2022) (**Figure 4**).
- Respondents consistently identified "comparative clinical effectiveness" as the most influential component of ICER reports, with "voting questions" and "patient perspectives" providing negligible influence on decision making (Figure 5).
- Respondents consistently identified "other benefits and contextual considerations" and "patient perspective" as sections that were unclear or ill-defined components of ICER reports (**Figure 6**).

### Figure 4. Payer utilization of ICER VAF in various therapeutic categories

Q: In which of the following areas are you currently utilizing the ICER value assessment framework? Note: Multiple selections were allowed for all years.



Q: Which core components of the current ICER final reports have you found most influential in the decisions made by your organization Note: 'Patient perspectives' was not presented as an answer choice in the 2016 or 2018 survey. Multiple responses were allowed for all years.

### Figure 6. Unclear or not well-defined components of ICER reports



Q: Which, if any, components of the current ICER final reports do you find unclear or not well-defined? Note: "Patient perspectives" was not presented as a choice in the 2016 or 2018 survey. Multiple responses were allowed for all years

### Limitations

- Due to the evolution of ICER's VAF over time, it was necessary to modify the survey questions to reflect the most current VAF; as such, questions and response options are not consistent across all timepoints.
- Survey results were descriptive in nature and based on a small number of respondents and thus may not be generalizable to all payer organizations or payer types.
- Because all respondents voluntarily completed the 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 user stakeholder perspectives (eg, healthcare providers, patients, manufacturers) were not represented in this subset.

### Conclusions

- Payer familiarity with ICER's VAF has increased over the years. The influence on payer coverage decisions increased in 2018 and has since remained stable.
- The intensity of use of ICER assessment reports may have varied over time, with no clear trend in the share of payers reporting 5 or more evaluations affecting coverage decisions.
- ICER assessment reports in high-cost drugs or disease states continue to be the most utilized, with use in oncology/hematology and rare/orphan disease increasing over the years.
- From 2016 to 2022, the most influential component of ICER reports has consistently been the "comparative clinical effectiveness" section, while the "other benefits and contextual considerations" and "patient perspectives" sections were consistently reported as unclear or ill-defined.

### Presented at:

AMCP 2023 Annual Meeting, March 21-24, 2023; San Antonio, Texas. Direct questions to Kimberly Westrich at Kimberly.Westrich@xcenda.com This research was funded by Xcenda.