

Trends in ICER evaluations: a 5 year longitudinal analysis

Authors

Sander Kirschenbaum J¹, Lodowski N¹, White N¹, Huang Y²

¹PRMA Consulting, Philadelphia, PA, USA, ²PRMA Consulting, Fleet, UK

OBJECTIVES

This research aimed to examine trends in ICER assessments over the past 5 years.

METHODS

Publicly available ICER reports were used to identify trends in pharmacologic final evidence reports, including 27 assessments from 2015–2020. We evaluated the assessments per year and therapeutic area, timing of assessments compared to FDA approval, and general cost-effectiveness conclusions.

RESULTS

The number of ICER evaluations completed have increased between 2015 and 2018, with over one-third (n=10) of the final evidence reports published in 2018 alone; however, only 5 assessments were completed in 2019. Nearly equal numbers of therapies were assessed up to 1 year after FDA approval (n=33), 1–5 years after FDA approval (n=28), and over 5 years after FDA approval (n=28). Only 17% (n=18) of therapies were assessed before FDA approval. Within the 27 reports reviewed, 45 indications were included and a total of 109 treatments were assessed. The reviewed therapeutic areas with the highest number of therapies assessed were CNS (n=32 therapies, 11 indications), inflammation/immunology (n=28 therapies, 4 indications), and oncology (n=23 therapies, 10 indications). Further, 33 treatments were found to be cost-effective under a \$150,000 per QALY threshold. Seventy-three percent (n=81) were not found to be cost-effective. All of the cardiovascular therapies assessed and 75% of the metabolic therapies were found to be cost-effective, while only 37% of inflammation/immunology, 28% of CNS, and none of endocrinology, rare-disease, psychiatry, and respiratory therapies were found to be cost-effective. The remaining did not have cost-effectiveness ratios published.

CONCLUSIONS

The frequency of ICER assessments has increased over the years with a diversity of disease states assessed, the majority of which were found not to be cost-effective. Most ICER assessments are not conducted until after product launch, which decreases the value of assessments to US payers, who might look to these reports to inform their decision-making.