



PARTNERSHIP FORUM

No.2 = 2022

Health Technology Assessment and
Value Frameworks to Inform
Coverage Reimbursement

AUGUST 30-31, 2022 | RENAISSANCE ARLINGTON CAPITAL VIEW HOTEL





Moderator Welcome



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AMCP Partnership Forums

Collaboration for Optimization



AMCP Partnership Forums bring key decision makers in managed care, integrated care, the pharmaceutical industry, and others together to discuss and collaborate on tactics and strategies to drive efficiencies and outcomes in integrated care and managed care.



Partnership Forums

- Provide a voice for stakeholders
- Find common ground and gain consensus
- Identify actionable results
- Amplify to raise visibility



Partnership Forum Goals

- Outline considerations for how value should be rewarded in a system of constrained resources
- Explore the evolution of value frameworks to guide coverage and reimbursement decisions, and
- Identify education and managed care tools to aid the application of value assessment findings.



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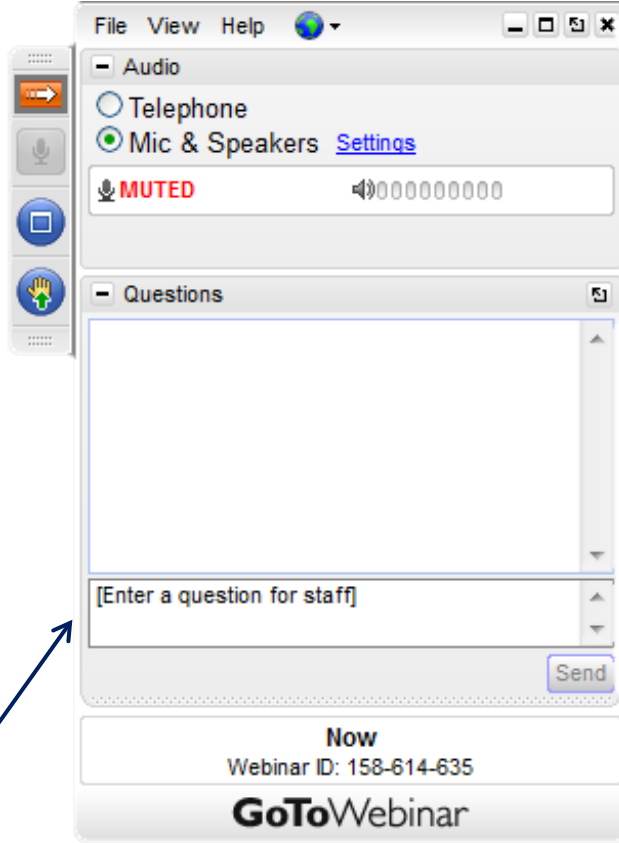
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Type your question in the “Questions” area, then click “Send”

Our Faculty



Kathryn Brown, PharmD MHA

SVP Pharmacy Operations
Kaiser Permanente



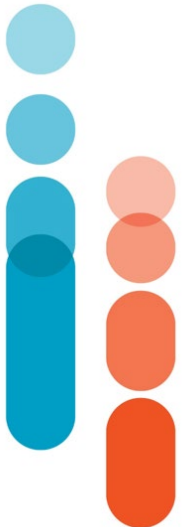
Vimal Reddy, PharmD

VP, Payer Strategy, Market Access
Lockwood



Kimberly Westrich, MA

Director, Value and Access Strategy
Xcenda



Agenda

- Key Background
- Forum findings and recommendations
- Q&A
- What's next?



Key Forum Take Aways

- Definitions of value vary by stakeholder perspective.
- High-value products should be rewarded.
- Value assessments are just one part of payer coverage and reimbursement decisions.
- New inputs to value assessment frameworks need time for uptake.
- Stakeholder education is a key opportunity.

What is value assessment?

WHAT?



An approach to measure the “value” (often in terms of clinical benefit and cost) of healthcare interventions and provide those results to stakeholders in a clear, actionable, and user-friendly format

WHY?



To aid stakeholder decision making and optimize treatment outcomes and value for money in policy and practice

WHO?



In the US, there are several private-sector initiatives undertaken by nonprofit organizations, including leading medical organizations and professional societies



Rewarding value

Definitions of value vary by stakeholder

- Consider medication type, intended treatment population, and disease severity
 - Value and coverage decisions should be based on core set of inputs like clinical outcomes, patient-reported outcomes, safety, and high-quality real-world data
 - Greater data and clinical trial diversity for subpopulation consideration
 - Value assessment methods need to be transparent and reproducible
-

Rewarding value

High-value products should be rewarded

- Incentives of better access and lower patient out-of-pocket costs
 - Drive innovation but unintentionally may alter products developed based on reward
 - Tradeoffs due to constrained resources
 - Value changes over time, and value assessments should be updated
-

Methodology



Online survey

- Quantitative survey, including open-ended questions, was fielded from June 30, 2022, to July 19, 2022



Format

- Double blinded, 30-minute survey
- Topics covered included value assessment frameworks and tools



Participants

- A total of 51 advisors from health plans, IDNs, and PBMs

Value Assessment Frameworks in the US

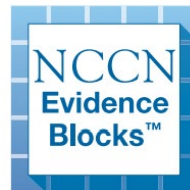
ICER
Value Assessment
Framework

NCCN
Evidence Blocks

ASCO
Value Framework

Drug Pricing Lab
Drug Abacus

IVI Open-Source
Value Models



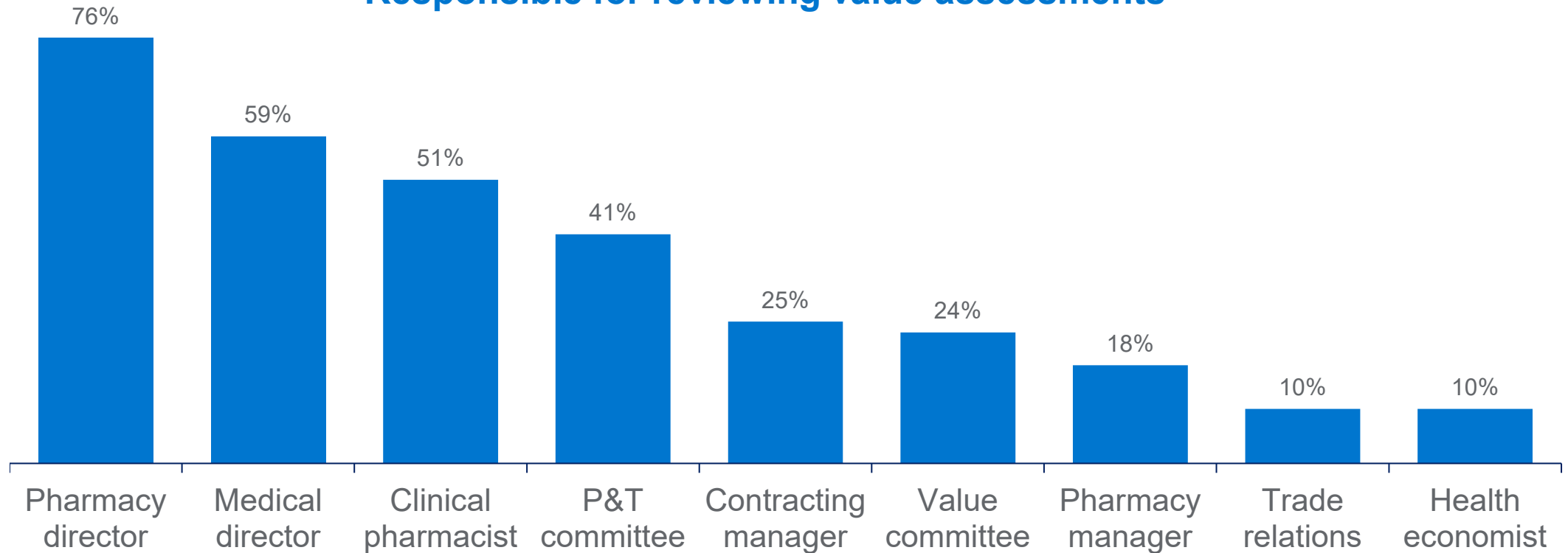
2015

2017



Multiple team members are reviewing value assessments

Responsible for reviewing value assessments



N=51

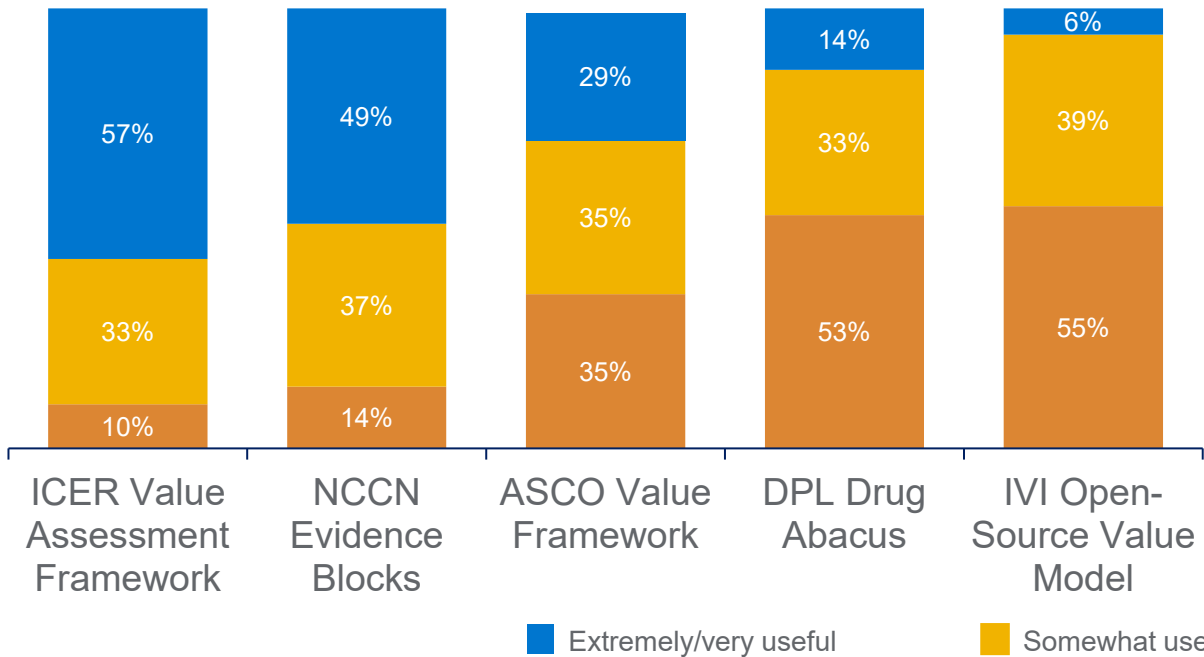
q1: Who in your organization is responsible for reviewing value assessment frameworks/tools?

Key: P&T – pharmacy and therapeutics.

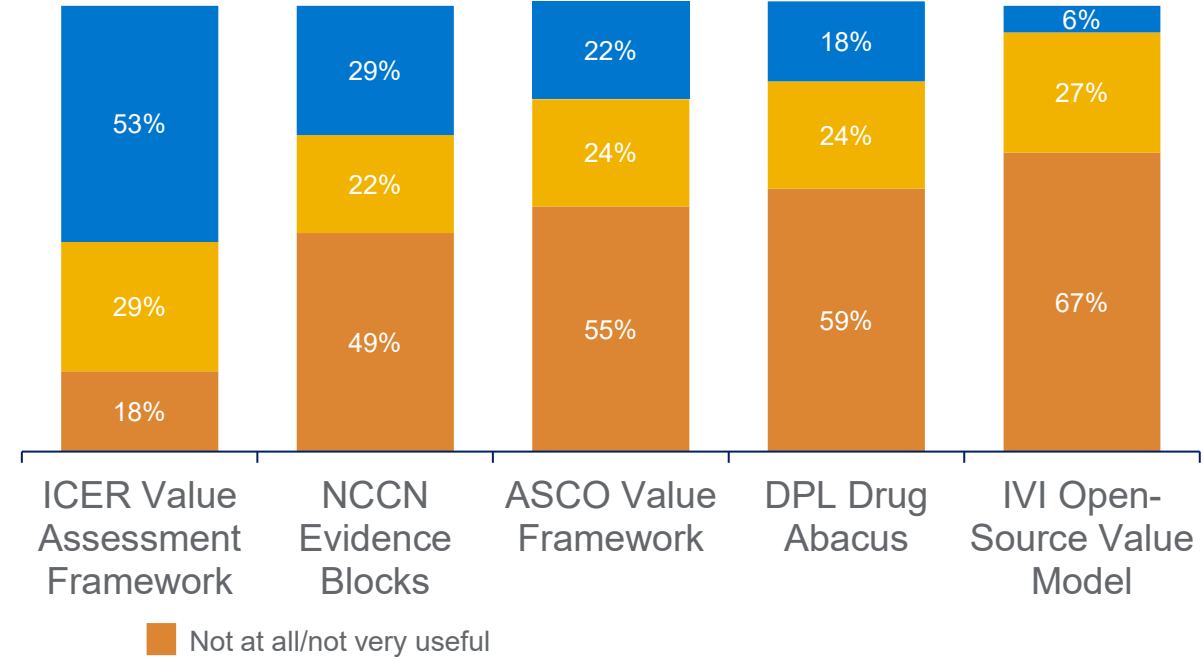


Value assessments are more useful for informing formulary decisions than pricing negotiations, but they are used for both

Formulary decisions



Pricing negotiations



N=51

q2: How useful are the following value assessment frameworks/tools for informing formulary decisions within your organization?

q3: How useful are the following value assessment frameworks/tools for informing pricing negotiations within your organization?

Key: ASCO – American Society of Clinical Oncology; DPL – Drug Pricing Lab; ICER – Institute for Clinical and Economic Review; IVI – Innovation and Value Initiative; NCCN – National Comprehensive Cancer Network; VAF – value assessment framework.



Methodology and transparency are among the most important factors when selecting a value assessment tool

Alternate perspectives and identification of health disparities are among the lowest

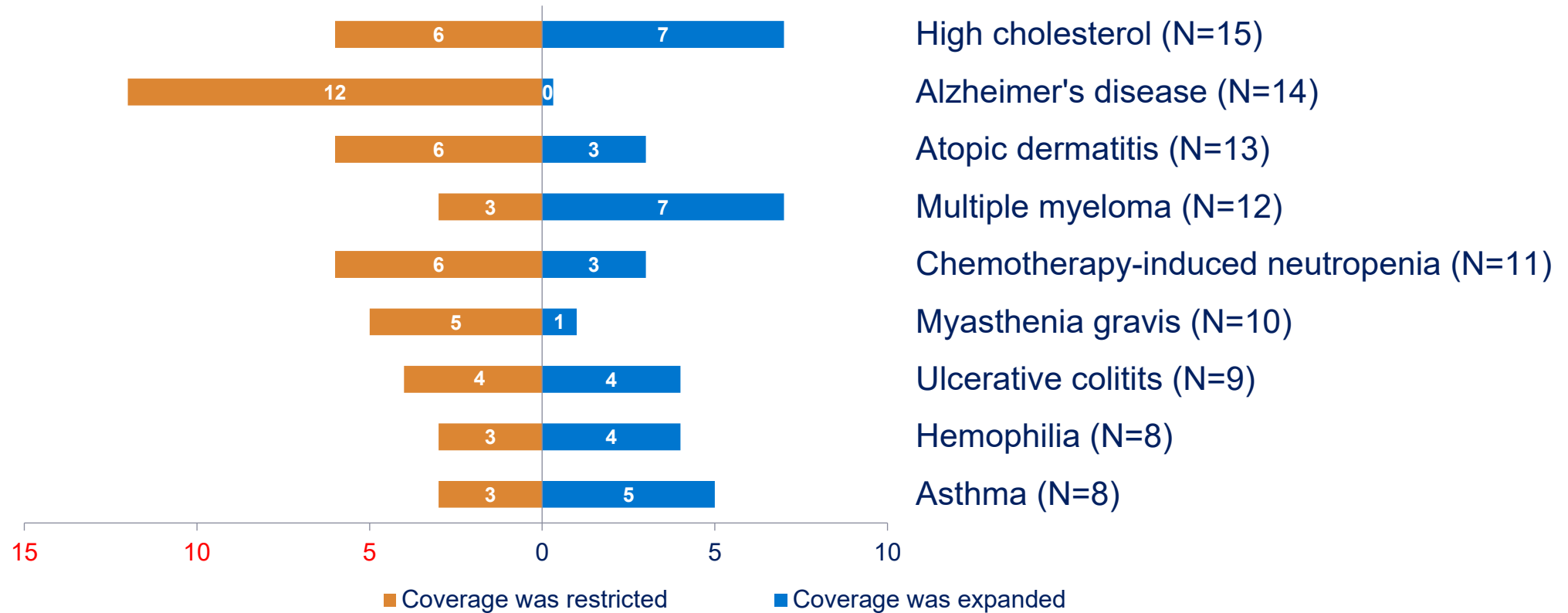
Most important factors	Appropriate metrics and outcomes are included	Comparative clinical effectiveness information	Methodologically rigorous and unbiased methods	Part of a transparent and open process
Least important factors	Identification of health disparities	Inclusion of provider perspective	Inclusion of patient perspective	Inclusion of societal perspective

N=51

q4: How important are each of the following when selecting a value assessment framework/tool to utilize within your organization?

ICER value assessments informed both coverage expansions and restrictions

Coverage decision revisions based on ICER assessment*



q18: How have you revised a prior coverage decision based on the [assessment topic] ICER report or update in the last 24 months?

* Reported Ns include "other" responses (not shown in chart)

Key: ICER – Institute for Clinical and Economic Review.

Value assessment results are used in multiple ways

Confirm clinical evidence



Provides additional checks and balances for identifying and evaluating clinical net benefits and harms

Identify potential utilization management criteria



Guides subpopulations of patients or care settings where high-value care can be optimized; used to inform step therapy, prior authorization, or prescriber guidance; address health equity lens

Inform rebate negotiations and risk-sharing arrangement



Informs rebate team and signals need for value-based agreement

Value assessment results are used in multiple ways

Enable understanding of patient perspectives



Understand patient experiences; guide decision makers on endpoints that matter to patients; inform the need for shared decision-making tools

Assess budget impact; plan care scenarios



Aid forecasting and budget impact, especially for state Medicaid and employee and federal programs

Guide care management



Facilitate clinical treatment and care management programs to optimize high-value products

Future needs in value assessment framework

Data and systems

- Build infrastructure to collect data
- Use and enforce data standards
- Integrate system to leverage available data and link them for analysis
- Establish accessibility through transparent shared evidence generation and data to follow patients

Education

- Opportunities for user training on existing tools and frameworks
- Increase expertise in pharmacoeconomics through additional education
- Raise awareness of current applications and ongoing efforts to improve frameworks
- Increase trust by validating format and communicating rationale for value assessment

Future needs in value assessment framework



Payers

- Prioritize clinical factors in coverage decisions and consider utilization management and economic factors separately
- Allow true value-based benefit design where it is currently limited
- Transparent pricing for most efficient decision-making and clear communication of cost to stakeholders
- Ensure fair access by applying a broad definition and utilizing innovative tools

Tools and Frameworks

- Consider meaningful clinical outcomes in trials, incorporate ICD-10 codes
- Increase subpopulation specificity and integrate health equity
- Incorporate patient level data to understand how the results may impact specific plan population
- Have flexibility in tools and frameworks to allow modeling of potential tradeoffs in various scenarios

Health care industry

- Expand the availability and use of HTA via both public and private competition and better methods for non-drug evaluations
- Employ a PDUFA like mechanism developed with feedback from all relevant stakeholders to fund HTA activities
- Consider legislative initiatives for standards on future needs and improve transparency of current pricing structures
- Reward value and consider other direct and indirect incentives that might be useful



What's Next?

Next Steps



AMCP PARTNERSHIP FORUM
Health Technology Assessment and Value Assessment Frameworks to Inform Coverage Reimbursement

EXECUTIVE SUMMARY

In the transition from paying for volume to paying for value in health care, health technology assessment (HTA) and value assessment frameworks can serve as resources for determining the value of pharmaceuticals and other health interventions.

To advance these principles and improve value assessments and their application to formulary decision-making to best optimize patient care, AMCP held a multistakeholder Partnership Forum in Arlington, Virginia, on Aug. 30 and 31, 2022. Forum participants were asked to: 1) outline principles for how value should be rewarded in a system of constrained resources, 2) explore the evolution of value frameworks to guide coverage and reimbursement decisions, and 3) identify education and managed care tools to aid the application of value assessment findings.

THEMES THAT EMERGED FROM THE PARTICIPANT DISCUSSION INCLUDED THAT:

Definitions of value vary by stakeholder perspective.

- Value should be informed by a core set of elements based on clinical outcomes, patient-reported outcomes, safety, and high-quality real-world data.
- Value assessment methods need to be transparent and reproducible.
- Increased data collection and evidence enable more informed decisions regarding treatment value among various subpopulations of patients.
- The value of a given product may change over time as new information becomes available; value assessment results are dynamic and should be updated.

continued on next page

WATCH FOR FOLLOW-UP

This Partnership Forum provided a valuable opportunity to gain expert insights on how to drive value assessment forward. AMCP's next steps will be to:

- Publish a proceedings document** describing the findings and recommendations from the forum in an upcoming issue of AMCP's *Journal of Managed Care + Specialty Pharmacy (JMCP)* and disseminate it widely to decision makers around the country.
- Host a forthcoming webinar** to report these findings and recommendations.
- Continue to engage stakeholders** on this topic and share lessons on Nov. 9, 2022, AMCP Summit: Perspectives on Value-Based Arrangements & Assessments.

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Population-based utilization and costs associated with systemic breast radiation for first-line treatment of chronic myelogenous leukemia among older patients.
D. Evans, J. Braxton, M. Barakat, et al.

Actual health care resource utilization and cost among type 2 diabetes patients with newly diagnosed chronic kidney disease within a large U.S. academic urban health system.
S. Traylor, S. Panchanathan, A. Kelly, et al.

A regional analysis of patient and provider rates on rheumatoid management: PCaP initiatives as an insurance alignment model.
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Assessing the association between medication adherence, in-hospital medication adherence, and disease state control, health care utilization, and costs in a retrospective database analysis of chronic medications.
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Incidence and prevalence of systemic sclerosis and systemic sclerosis with interstitial lung disease in the United States.
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Pharmacist-provided care in statewide physician organizations: findings from the Michigan Pharmacist Transforming Care and Quality Collaborative.
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Incremental clinical and economic impact of noninvasive positive airway pressure real-world data in a bridge impact model.
S. Panchanathan, M. Chinnappa, J. Lee, S. Traylor, et al.

Cost of epilepsy-related health care expenditures in the United States.
S. Kulkarni, S. Kelly, M. Panchanathan, et al.

Prescribing rates and characteristics of recipients of biosimilars containing neupogen before and after market entry of biosimilar filgrastim.
A. Hays, M. Panchanathan, M. Chinnappa, M. Song, et al.

The use of real-world evidence in FDA's ongoing private and clinical evidence assessments.
S. Lee, S. Panchanathan, M. Song, et al.

Barriers, enablers, and effect of using pharmacogenetics data to support clinical genotyping.
S. Kelly, S. Panchanathan, M. Song, et al.

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5-year world evidence used in PCP, Pharmacists, and Therapeutic Class Review?
S. Panchanathan, M. Chinnappa, M. Song, et al.

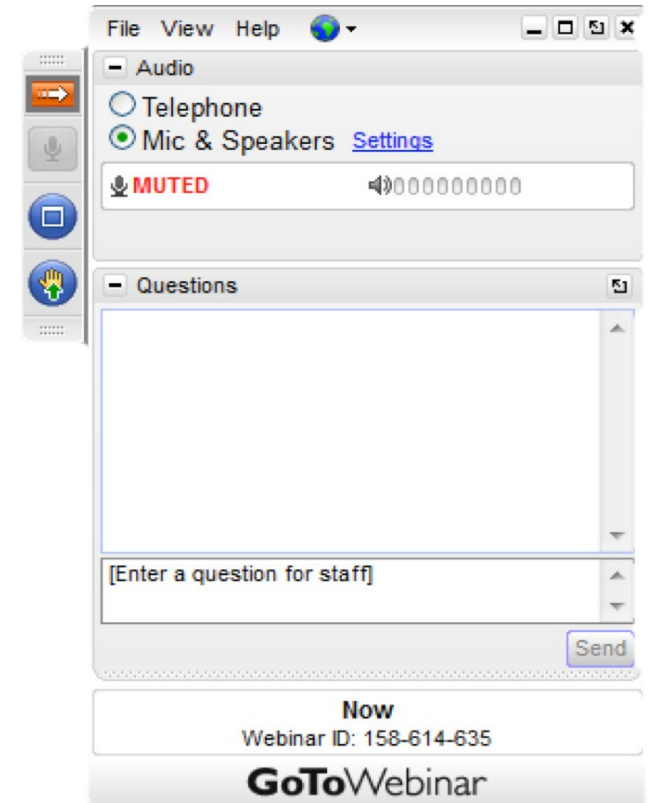
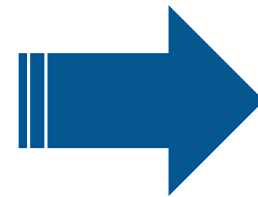
Real-world evidence enhances decision-making.
M. Panchanathan

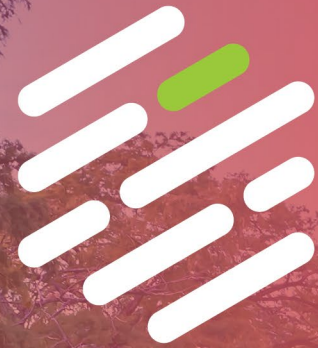
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JMCP's mission is to advance science, expertise, and evidence-based decision-making to improve patient health through access to high-quality, cost-effective medications and other therapies.

Key forum takeaways

- Definitions of value vary by stakeholder perspective.
- High-value products should be rewarded.
- Value assessments are just one part of payer coverage and reimbursement decisions.
- New inputs to value assessment frameworks need time for uptake.
- Stakeholder education is a key opportunity.





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