

April 3, 2017

Steven D. Pearson, MD, MSc, FRCP  
President  
Institute for Clinical and Economic Review  
Two Liberty Square, Ninth Floor  
Boston, MA 02109

***RE: ICER's Proposed Updates to the Value Assessment Framework***

Dear Dr. Pearson:

The Academy of Managed Care Pharmacy (AMCP) thanks the Institute of Clinical and Economic Review (ICER) for the opportunity to provide comments in response to proposed updates to the ICER value assessment framework released on February 1, 2017. AMCP previously provided detailed comments during the national call for suggestions on how to improve the ICER value assessment framework released on July 14, 2016.<sup>1</sup> AMCP applauds ICER for seeking public feedback on how the value assessment framework can be improved, for incorporating many of the suggestions made by stakeholders, and for seeking additional stakeholder feedback on proposed updates prior to finalization.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

AMCP supports the use of value frameworks as a resource for determining the value of pharmaceuticals and other health technologies when the frameworks are based on sound methods using good scientific evidence and economic models. However, for value frameworks to be meaningful they must be used in conjunction with other tools and resources, such as formulary review by pharmacists, physicians, nurses, and other health care professionals who make population health decisions. AMCP believes that value frameworks should adhere to the following principles:<sup>2</sup>

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<sup>1</sup> AMCP Comments Re ICER National Call for Proposed Improvements to its Value Assessment Framework. Available at: <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=21410>. Accessed April 3, 2017.

<sup>2</sup> AMCP Where We Stand on Value Frameworks. Available at: <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=22039>. Accessed April 3, 2017.

- Developers should consider key stakeholder perspectives from across the healthcare continuum, including patients, providers, payers and other health care decision makers, and pharmaceutical manufacturers.
- Analytic methodology, and economic models used in the development of a value framework should be validated and made publicly available.
- Value frameworks should incorporate scientifically valid evidence from a variety of sources, including real-world evidence and patient-reported outcomes, as part of the evaluation of a medication or other health technology, a process fully described in the AMCP Format, v. 4.0.
- Value frameworks should provide interpretable outputs that allow health care decisions makers and health care providers to conduct assessments of medications and health technologies in order to make value-based policy and treatment decisions for patients.
- Value frameworks intended for patient audiences should provide sufficient information in formats that can be understood by patients.
- The identities, credentials, qualifications and/or conflicts of interest of those involved in the development or approval of value frameworks should be publicly available.
- Value frameworks should be updated with the most current product evaluation techniques and should continue to provide accessible information to stakeholders.

ICER’s value assessment framework is one of the many tools utilized by managed care pharmacists and other health care providers in their comprehensive and holistic approach to evaluating the totality of evidence in determining whether medications and other health services are appropriate for the patient populations they serve. While AMCP believes the proposed updates are a step in the right direction to align with the principles outlined above, AMCP believes there are additional areas that should be re-examined, specifically transparency of the economic models and evidence inclusion, to further enhance the utility and relevance of the value assessment framework.

### **The Economic Models Used in the ICER Value Assessment Framework Should be Made Available to Managed Care Pharmacists and Other Health Care Providers**

While AMCP appreciates that the general components considered in the ICER value assessment framework are transparent, the economic models used to evaluate treatments are currently not made publicly available. AMCP supports economic models that when appropriately used, should be transparent, disclosed, reproducible, accurate, and valid. Furthermore, AMCP believes economic models should be made available to managed care pharmacists and other health care providers to download, audit, and test the model by modifying the assumptions of the model based on their perspectives and their covered populations.<sup>3</sup> Specifically, the availability of the economic models would, at minimum, allow for the following:

- Realistic adoption rates that accurately reflect the anticipated uptake of a medication based upon utilization management programs and/or the relevance to the population served;
- Consideration of an appropriate quality-adjusted life year (QALY) threshold after consultation with available literature or an organization’s bioethics committee;
- Adjustment of the cost of a medication to more accurately represent the actual acquisition cost;

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<sup>3</sup> AMCP Partnership Forum: FDAMA Section 114—Improving the Exchange of Health Care Economic Data. *Journal of Managed Care & Specialty Pharmacy* 2016 22:7, 826-831

- Flexibility to extrapolate the data for a short-term (one year) versus long-term (five years) forecast to better understand the immediate budget impact versus overall value of the medication;
- Adaptability for rare diseases or precision medications; and
- Validation that the economic model is applicable to the relevant patient population.

In addition, AMCP urges ICER to consider a process by which stakeholders could be given an opportunity to test and validate the economic models when in draft format and provide feedback on how they can be improved prior to finalization. With this approach, the economic models are more likely to reflect current real-world conditions.

In supporting the need for transparent economic models, AMCP also recognizes that it is important to ensure that individuals who have access to the models have the appropriate training and qualifications to properly evaluate and modify the model. Therefore, AMCP recommends that ICER consider a free licensing process that would allow ICER to evaluate the qualifications of the requestor prior to releasing the economic model, similar to the approach used by the National Institute for Health and Care Excellence (NICE). Many managed care pharmacists have considerable expertise in pharmacoeconomics and therefore, AMCP recommends that ICER work with AMCP and other stakeholders to develop the list of criteria to use in selecting eligible recipients of the economic models and the creation of a process to minimize barriers to access.

### **The ICER Value Assessment Framework Should Incorporate Real-World Evidence and Patient Reported Outcomes**

AMCP commends ICER for reviewing and incorporating a diverse catalog of studies in its value assessment framework. However, AMCP urges ICER to develop a process for incorporating real-world evidence (RWE) and patient reported outcomes (PROs) into the catalog of evidence that informs the economic models for its value assessment framework. Furthermore, AMCP urges ICER to include managed care pharmacists as a key stakeholder during this process because many are pharmacoeconomic experts and have been collecting, analyzing, and using RWE in their practice settings for many years. In addition, pharmacists are easily accessible to patients and collect PRO data through the provision of pharmacy services such as academic and non-academic outcomes research, payer clinical programs and disease management, medication therapy management, and patient counseling. Finally, AMCP urges ICER to develop a mechanism for continually updating the framework based upon the availability of new data.

### **Voting Panels for ICER Value Frameworks Should Include Broad Stakeholder Representation with Pharmacoeconomic and Clinical Expertise**

AMCP urges ICER to ensure voting panels include managed care pharmacy representation, clinical experts in the specific disease state being evaluated, other health care providers, and the patient perspective. Finally, AMCP urges ICER to develop a transparent process and minimal qualifications to ensure that voting panel members have an appropriate knowledge of what pharmacoeconomic information is, understand the concept of overall value versus cost, and can evaluate the economic models for credibility.

As the professional organization representing pharmacists, physicians, nurses and other professionals who manage medications for large patient populations, AMCP will work with ICER and other value framework developers to examine methodologies and economic models that provide health care providers and patients

with information to inform treatment options. AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with ICER. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-683-8416 or [scantrell@amcp.org](mailto:scantrell@amcp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Cantrell". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Susan A. Cantrell, RPh, CAE  
Chief Executive Officer