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BACKGROUND

- The United States Institute for Clinical and Economic Review’s (ICER) value assessment framework is designed to align with methods used by major global health technology assessment agencies.
- However, ICER’s method for rating evidence for each intervention’s comparative clinical effectiveness is unique.1

OBJECTIVE

- To understand how evidence ratings were assigned to interventions recently reviewed by ICER and (2) the types factors that may influence ICER’s ratings decision.

RESULTS

Overview of Reviewed Assessments in 2020 and 2021: Therapeutic Areas and Treatments Reviewed

- In total, 45 interventions were reviewed across 17 assessments published in 2020 and 2021 (n = 7, 2021 n = 10).
- Types of assessments:
  - Therapeutic areas: Chronic diseases: 82% (14/17); acute diseases: 18% (3/17); rare diseases: 47% (8/17)
  - Assessment update: 24% (4/17)
- Most ICER reports presented multiple clinical ratings for each assessed intervention, depending on the number of subpopulations and comparators evaluated (Figure 1).
- 8 assessments provided separate ratings for each intervention (6/17 for different subpopulations, 8/17 for different comparators).
- 68 total ratings for combinations of interventions, populations, and comparators.

Highlights of ICER’s Clinical Ratings

- Although many assessments resulted in either promising but inconclusive (B+ or C++) or insufficient (C+) or better (B+ or C++) ratings, more than one-third of cases were A or better (A = 24%, 16/68) or A+ or better (A+ = 13%, 9/68).

Potential Determinants of Ratings

- Figure 3 summarizes all ratings given to assessed interventions in all selected comparator/population combinations in 2020 and 2021.
- Ratings of B+ were usually associated with a sizeable improvement in clinical outcomes with longer-term safety evidence (or less impressive efficacy with longer-term safety evidence).

CONCLUSIONS

- Although a considerable portion of evidence ratings in recent ICER reports were B+ or better, stakeholder inputs rarely made a difference in ratings.
- Future research is warranted to better characterize and quantify the health benefit/magnitude and likelihood needed to achieve each rating.

REFERENCES


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