

# Payer Perspectives on the Use of ICER Evidence Reports Over the Past 24 Months

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## Background & Objective

- The Institute for Clinical and Economic Review (ICER) conducts 8-12 value assessments annually.
- These assessments use ICER's Value Assessment Framework (VAF) methodology, which was updated in 2017 and 2020.
- There is limited evidence regarding the utility and extent to which ICER evidence reports inform key payer decisions.
- We assessed payer perspectives on the usefulness and extent to which ICER evidence reports informed payer coverage and formulary decisions over the past 24 months.

## Methods

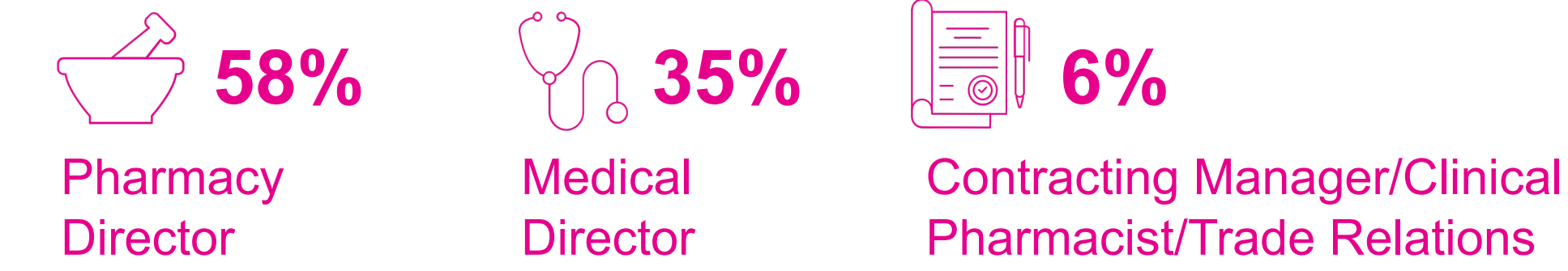
- Double-blinded, web-based survey was fielded through Cencora's Managed Care Network (MCN) in July 2023.
  - MCN is a proprietary research panel of over 160 healthcare executives, medical and pharmacy directors, and other experienced individuals in managed care.
  - Participation in this survey was voluntary, and participants who completed the survey received a modest honorarium.
- Survey questions assessed payer perceptions of the usefulness and extent to which ICER evidence reports informed payer decisions over the past 24 months.

## Results

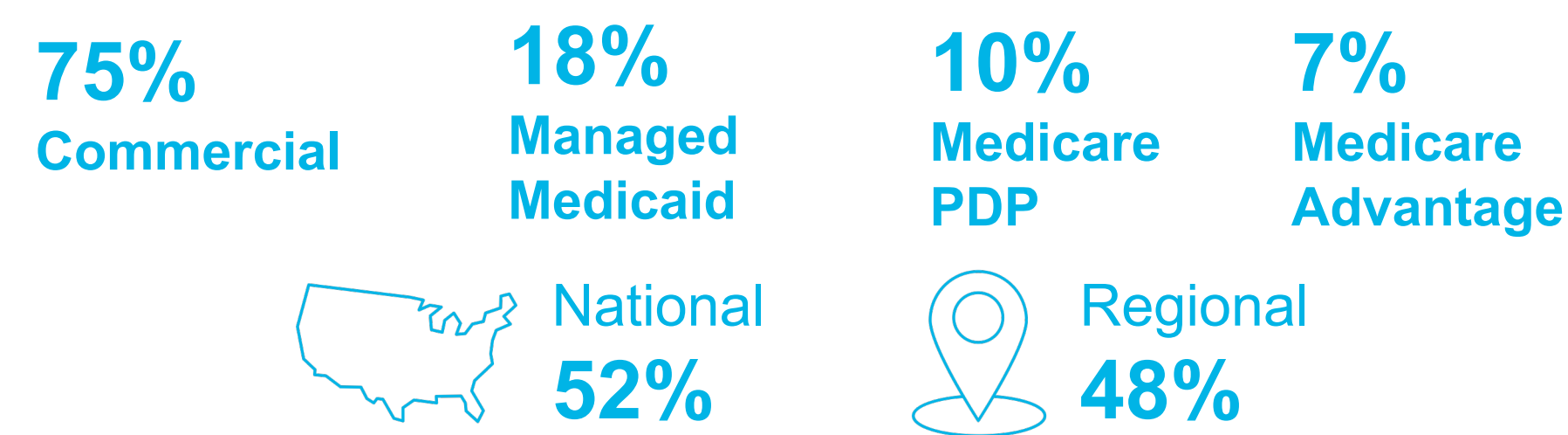
### Advisor demographics (N=48)



### Primary role of advisors



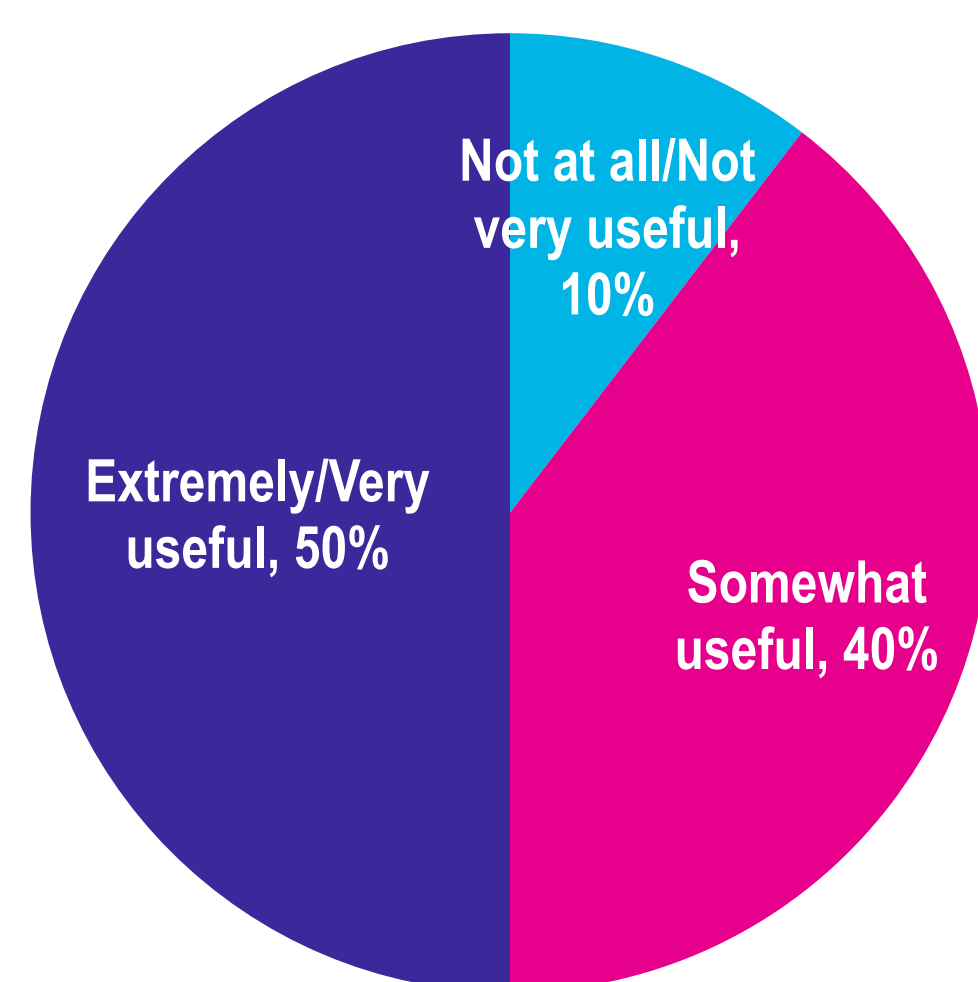
### Enrollment<sup>a</sup>



Key: IDN – integrated delivery network; PBM – pharmacy benefit manager; PDP – prescription drug plan.  
<sup>a</sup> Health plan enrollment estimate excludes duplicate health plans and PBMs.

- When assessing the usefulness of ICER reports to inform coverage and formulary decisions, 50% of payers indicated these reports were very/extremely useful (Figure 1).

Figure 1. Payer perceptions of usefulness of ICER Evidence Reports

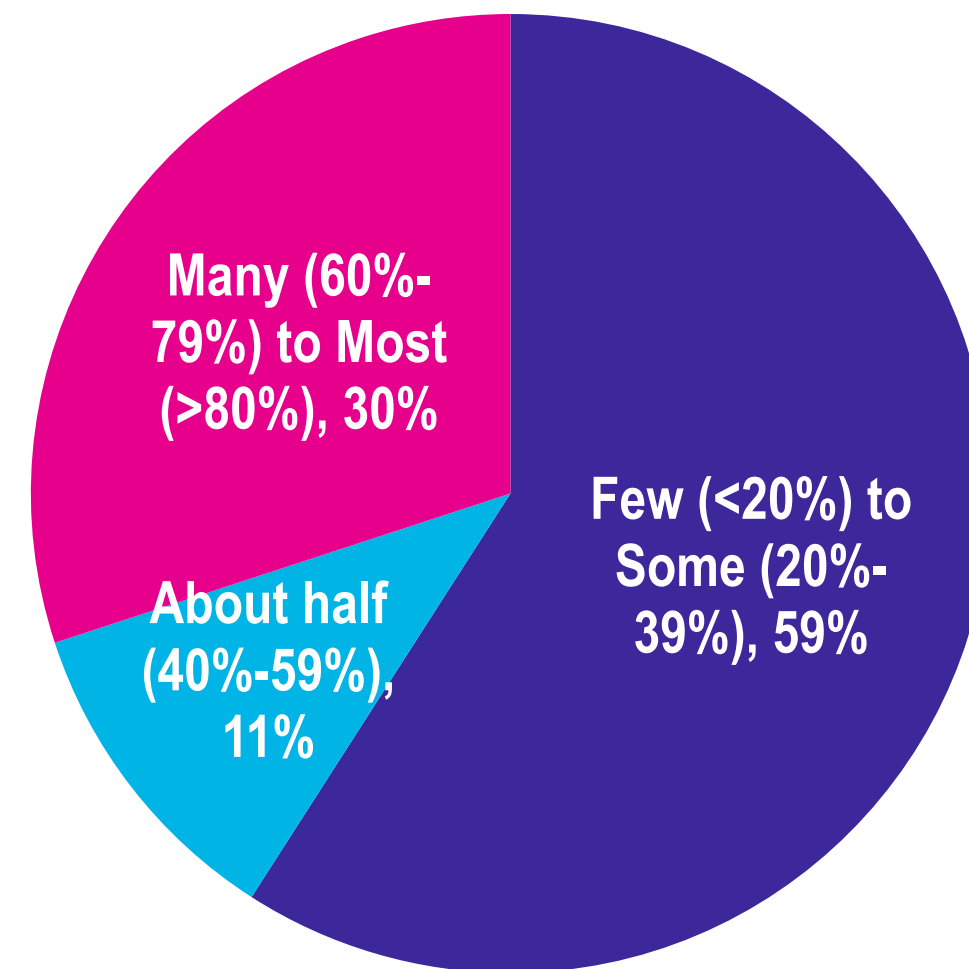


Q: How useful are the ICER Evidence Reports for informing coverage and formulary decisions within your organization? (N=48)

## Results (cont.)

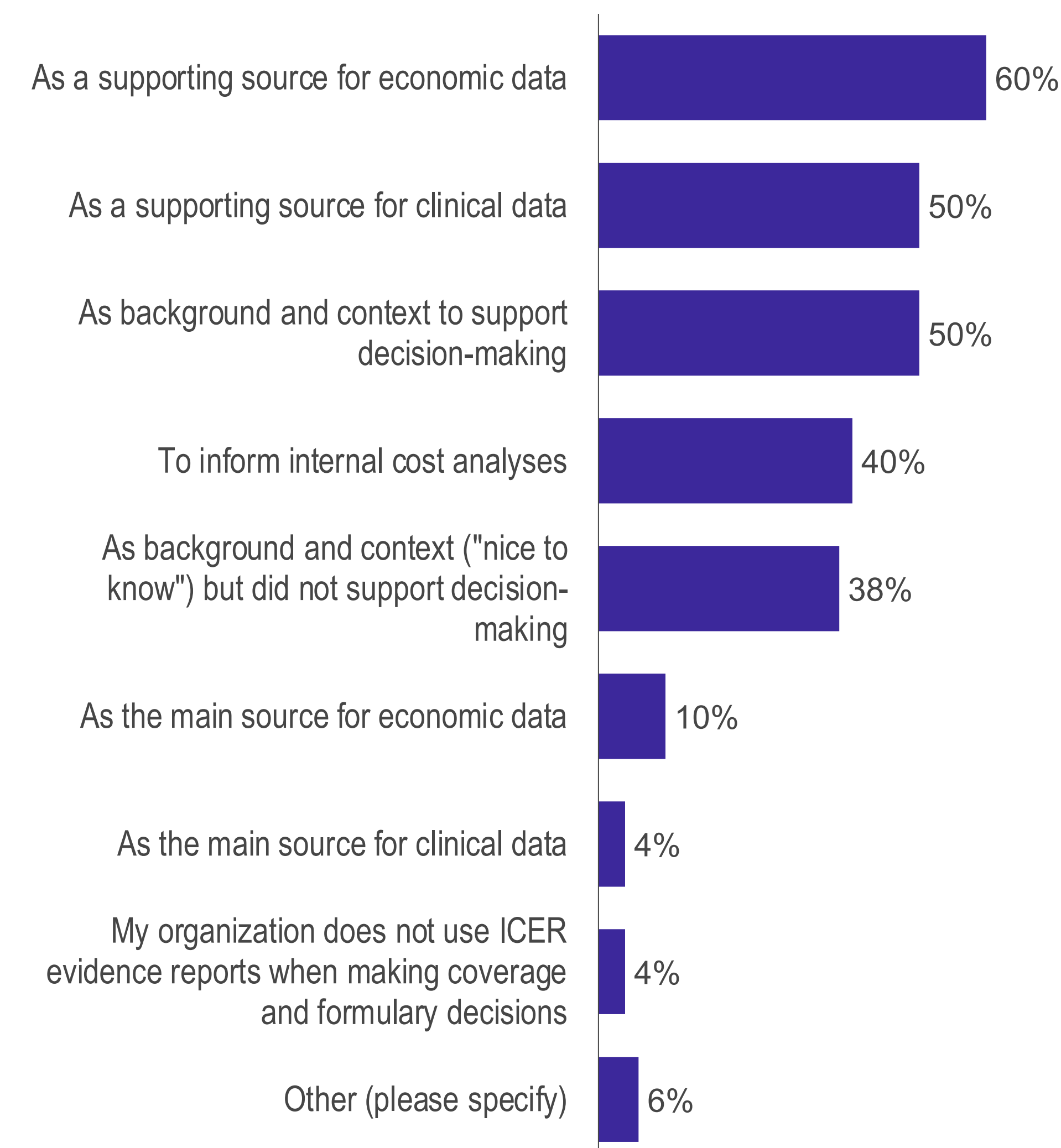
- However, when payers were asked how many of their organization's coverage and formulary decisions had been informed by ICER reports, 59% of payers said some/few were, 11% said about half were, and 30% said most/many were (Figure 2).
- Most payers used ICER reports as a supporting source of economic information (60%) and clinical information (50%), with very few using them as the main source of economic information (10%) or clinical information (4%). Half of payers reported using ICER reports as background and context to support decision-making (Figure 3).

Figure 2. Magnitude of payer decisions informed by ICER Evidence Reports in the last 24 months



Q: In the past 24 months, how many of your organization's coverage and formulary decisions have been informed by ICER Evidence Reports? (N=46)

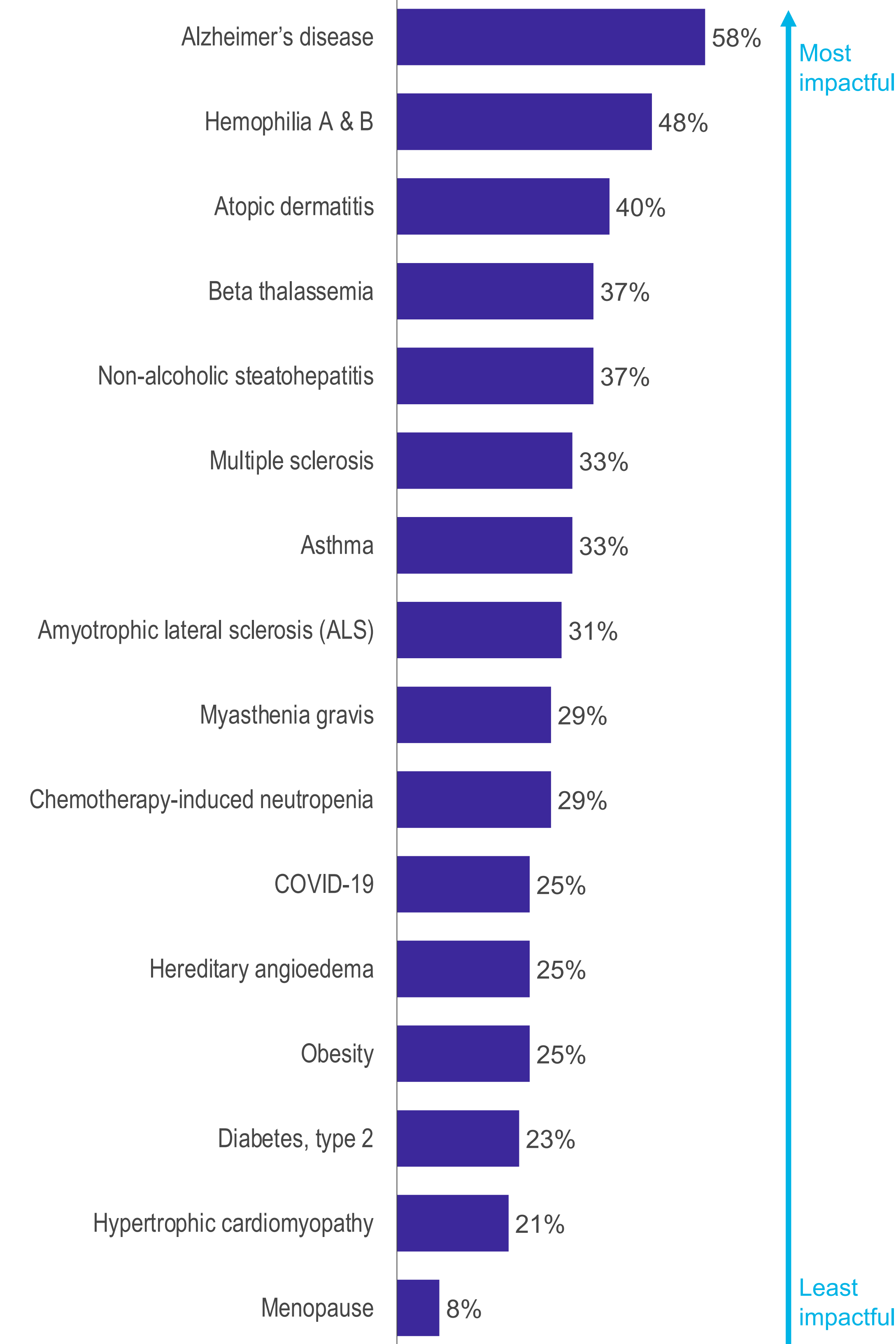
Figure 3. Payer use of ICER Evidence Reports to inform coverage and formulary decisions



Q: How does your organization use ICER Evidence Reports to inform coverage and formulary decisions? (N=48)  
 Note: Other includes: "Utilization management support," "Negotiating with manufacturers," and "Assess fair value of a drug."

- When asked about specific ICER reports published in the past 24 months, on average, the majority of payers (70%) generally said they were not a driving factor in coverage or formulary decisions (Figure 4).
- However, when payers reported a specific ICER report was a driving factor, they more often reported restricting coverage rather than broadening access (Figure 5).
- Trends were mixed across reports; for example, 46% of payers indicated that the Alzheimer's report was a driving factor in restricting coverage of an assessed product while 21% indicated it was a driving factor in expanding coverage (Figure 5).

Figure 4. Impact of ICER Evidence Report on payer coverage or formulary decisions  
 Response: Information in this report was a driving factor in making a coverage or formulary decision



Q: In the past 24 months, has an ICER Evidence Report been the driving factor in making a coverage or formulary decision? "Driving factor" implies your organization would have made a different coverage or formulary decision if the information in the ICER Evidence Report had not been available. (N=48)

## Limitations

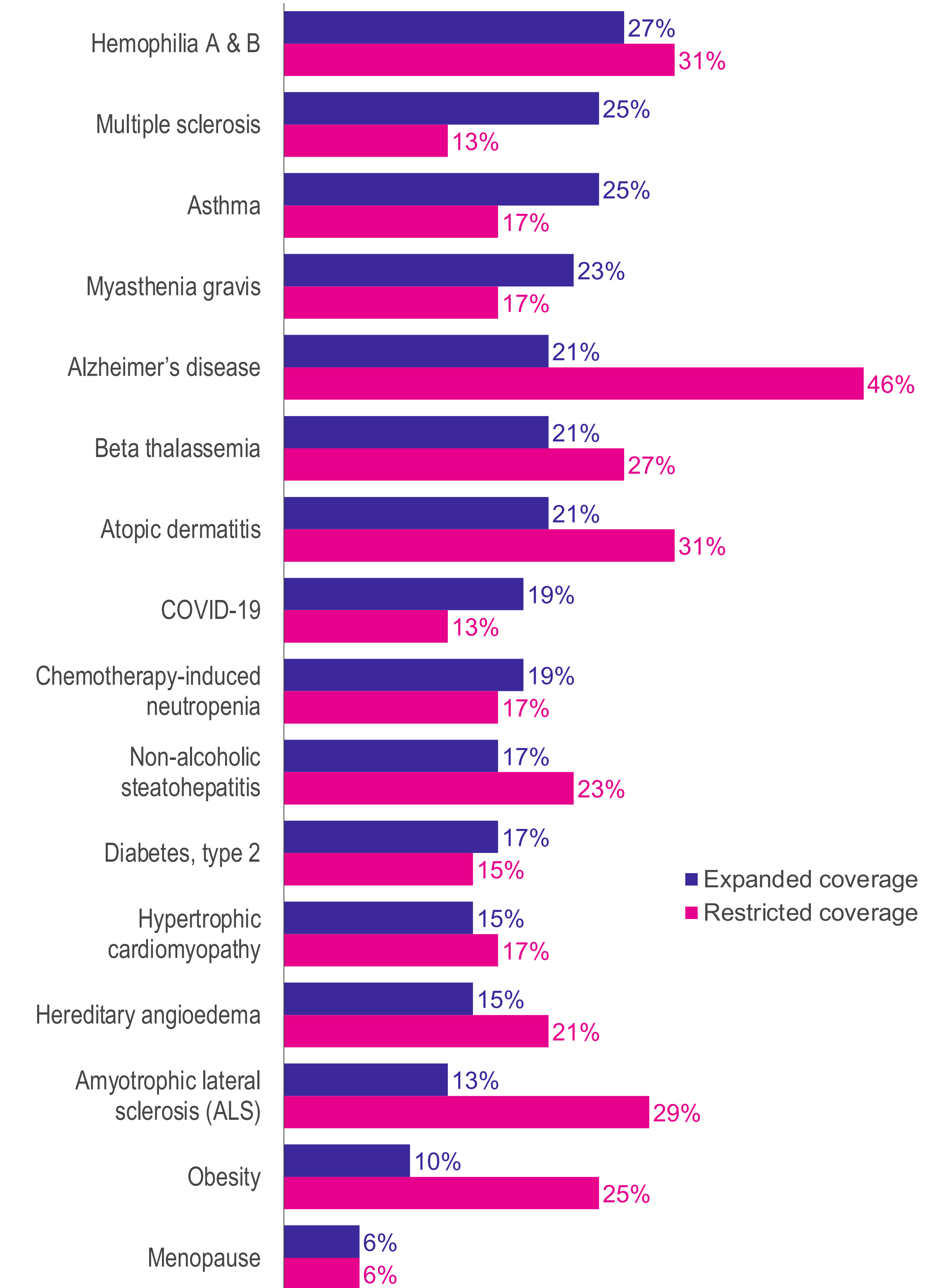
- This research reflects the perspectives of managed care professionals identified from Cencora's MCN research panel; other user types (eg, healthcare providers, patients, manufacturers) were not represented in this subset.
- Since respondents voluntarily completed the MCN survey, voluntary response bias may exist, and survey results may overrepresent respondents with a stronger interest in value assessment bodies.
- Responses in this survey reflect the perspectives of a select group of payers in the United States and were derived from a relatively small sample size; due to the sample size, results may not be generalizable to all payer organizations.
- Lastly, the respondent sample had greater representation from payers in health plans compared to pharmacy benefit managers and integrated delivery networks, which could affect generalizability of results across all payer types.

## Conclusions

- The majority of payers (90%) report finding ICER Evidence Reports useful to an extent to inform their coverage and formulary decisions. However, over the last 24 months, 70% reported leveraging these reports for less than 60% of their organization's coverage and formulary decisions.
- ICER reports were deemed as supportive rather than main sources of information for informing payer coverage and formulary decisions over the past 24 months.
- Although ICER reports were not often a driving factor in coverage or formulary decisions, they were associated with both expansion and restriction of payer coverage policies.
- These results reveal a disconnect between the value payers assign to ICER reports and their actual use in coverage and formulary decisions. Further research is needed to explore the underlying reasons for payers' perception of ICER as a secondary source of information and what types of information would be more useful to support payer decision-making.

Figure 5. Payer coverage decision revisions based on ICER assessments

Response: Information in this report was a driving factor in supporting broad access to an assessed product (favorable tiering, lower cost-sharing, etc) OR Information in this report was a driving factor in restricting coverage of an assessed product (prior authorization, prescriber restrictions, etc).



Q: In the past 24 months, has an ICER Evidence Report been the driving factor in making a coverage or formulary decision? "Driving factor" implies your organization would have made a different coverage or formulary decision if the information in the ICER Evidence Report had not been available. (N=48)

