NATIONAL FORUM
FOR HEART DISEASE & STROKE PREVENTION
1150 Connecticut Ave. NW, Ste. 300, Washington, DC 20036

April 14, 2017

Mr. Matt Seidner
Program Manager
Institute for Clinical and Economic Review
Two Liberty Square, 9th Floor
Boston, MA 02109

Dear Mr. Seidner,

Thank you for talking with the National Forum (NF) about ICER's New Evidence Update to your 2015 review of the effectiveness and value of PCSK9 inhibitors. NF understands your intent is to recalculate the ICER value-based price benchmark based on new evidence from the FOURIER trial, and obtain new insights from clinicians and patients on the importance of the new evidence.

CDC established the National Forum in 2002 to convene public, private and nonprofit organizations to share expertise, insights and best practices, and spark collaborations to prevent heart disease and stroke. NF is an independent 501(c)(3). NF convenes a Value & Access Steering Committee comprised of patients, providers, payers, public health and pharmaceutical and biotechnology companies. This crosscutting group has set a consensus goal: *To enhance health and well-being by supporting people's access to evidence-based care that is appropriate for them*.

As a convener of patient, provider, payer, public health and pharma/biotech groups, and as an organization that supports evidence-based policy and practice, NF is pleased to assist ICER in obtaining information from key stakeholders and to provide input ourselves for the New Evidence Update. We believe these efforts support the consensus goal above. NF appreciates your willingness to schedule a call in the next two weeks to hear from additional organizations who represent patients.

NF congratulates ICER on your contributions to the discourse about the value of therapies for multiple diseases and the influence you have developed, particularly with payers. We, too, believe that a value-based approach to health care delivery and payment will serve the goals of improving quality and cost-effectiveness.

NF believes all organizations that influence public and private policies affecting health care delivery and payments, ourselves included, have moral and ethical obligations to exercise that

influence responsibly. This includes taking a rigorous, evidence-based approach to value assessment. While NF understands the need for a manageable scope to new evidence updates, we believe there is a professional obligation to incorporate data that is timely, relevant and material to the prospective findings.

Against that backdrop, NF makes the following recommendations in the spirit of supporting ICER's desire to provide scientifically sound findings and guidance to decision-makers. While some of these recommendations go beyond the stated scope of the PCSK9 inhibitor New Evidence Update, NF believes they will help ICER strengthen its findings and resolve weaknesses in the original PCSK9 inhibitor report.

<u>Review new evidence that is material to key assumptions in the determination of value</u>

- The SPIRE-2 trial which adds evidence that PCSK9 inhibitors can lower cardiovascular event rates, and that the benefit is greater when the starting LDL-C levels are higher. This is consistent with the preliminary data from the ODYSSEY LONG TERM and OSLER trials where the baseline LDL-C was higher (about 120 mg/dl) than in FOURIER (92 mg/dl). The baseline LDL-C in SPIRE II was 134 mg/dl.
- The attached JACC paper by Robinson, et al, which covers a quantitative approach to clinician-patient decision making. This number needed to treat approach may help identify the patients most likely to benefit from adding a nonstatin therapy for ASCVD risk reduction. It is important to consider the absolute risk of the patient, along with the baseline LDL-C levels, when estimating the potential for benefit.
- FH Foundation's Find FH database includes health care encounter data from 144 million unique individuals in the U.S. who are under physician care for primary or secondary prevention of CVD. This includes the New Evidence Update's target population, persons with ASCVD, and could help better estimate the size of the overall population for whom PCSK9 inhibitors are appropriate.
- The SPIRE and Find FH data and Robinson, et al, quantitative approaches may help ICER more accurately estimate size of the population for whom PCSK9 inhibitors are appropriate.
- WomenHeart's 2017 AccessNow! patient survey and focus groups yield data on the ease/difficulty with which people are able to get prescribed medications, including PCSK9 inhibitors.
- The National Lipid Association's 2017 provider survey, which adds evidence on prescriptions written, filled and denied for ASCVD patients.

Obtain additional expert clinical input

Talk with Jennifer G. Robinson, MD, MPH, who can provide scientific input in addition to insight on the use of PCSK9 inhibitors in clinical practice. For example, she can help interpret the effect size in recent PCSK9 trials, e.g., FOURIER and SPIRE II,as well as the earlier ODYSSEY LONG TERM and OSLER trials. In addition to being an internationally-recognized expert in lipidology and co-chair of the 2013 AHA/ACC cholesterol treatment guideline, and a member of the 2013 ACC/AHA risk assessment guideline, Dr. Robinson chairs the NF's multisector Value & Access Steering Committee.

Update projections used in modeling with real-world data

- Use a more realistic estimate of PCSK9 inhibitor cost than average wholesale price. This would resolve a weakness in the 2015 report. It is widely known that the "nobody pays list price" adage applies to prescription medications, therefore, using AWP inflates the estimated spend. We note that Dr. Pearson has acknowledged that discounting reduces actual costs.[i]
- It has been widely reported that actual sales of the PSCK9 inhibitors have been dramatically lower than predicted in ICER's 2015 report, in terms of both volume and dollars. This suggests that the projected volume, in addition to pricing, should be updated. Both status quo assumptions cause unrealistically high aggregate cost estimates (and headlines).

Use current methodology to update the 2015 review

It is the National Forum's understanding that ICER no longer estimates utilization rates in its reviews. This would remove from the framework a weakness that occurs when actual utilization rates significantly differ from projected rates, as is the case with PCSK9 inhibitors. NF urges ICER to use its new framework, without utilization rate estimates, to recalculate the projected spend on PCSK9 inhibitors.

NF recognizes that results from the Odyssey outcomes trial will not be available until the 1st quarter of 2018, and that these results will cover a longer period of PCSK9 inhibitor treatment. Does ICER plan to conduct another update at that time? Recognizing that more and different findings/recommendations lead to confusion among decision makers, we wonder if a single update that includes both FOURIER and Odyssey data would be more beneficial in terms of improving care and outcomes.

As an organization that adheres to scientific principles of evidence and decision making, the National Forum applauds ICER for filling an important gap in information available to policy- and decision-makers. In keeping with the drive for continuous quality improvement in clinical care and population health, NF respectfully urges ICER to consider the above

recommendations, believing they will strengthen the review update of PCSK9 inhibitors which the FOURIER trial shows reduce adverse CV events.

Please let us know if we may be of further assistance in connecting you with organizations and/or experts, and gathering input from the full spectrum of cardiovascular health stakeholders.

Sincerely,

John M. Clymer
Executive Director

Attachment: JACC article

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[i] Silverman, Ed, "Express Scripts will cover those pricey new cholesterol medications," Stat Pharmalot, October 6, 2015, accessed April 13, 2017 at http://pharmalot.com/express-scripts-will-cover-those-pricey-new-cholesterol-drugs/