

ICER's 1/9/2020 Final Evidence Report on

JAK INHIBITORS FOR RHEUMATOID ARTHRITIS

ICER's Findings In Brief

On January 9, 2020, ICER released its [Final Evidence Report](#) on the use of JAK Inhibitors for Rheumatoid Arthritis.

ICER determined that when compared to background therapy alone, JAK Inhibitor oral semaglutide is deemed to be low long-term value for money at currently estimated net pricing. ICER issued an "Affordability Alert" for JAK inhibitor oral semaglutide, stating that only approximately 7-14% of eligible US patients could be treated in a given year before crossing ICER's arbitrary budget impact threshold.

ICER's findings may encourage inappropriate formulary decisions for JAK inhibitors.

The Patient Voice

ICER's modeling ignores completely the interest of patients and their quality of life in their response to JAK inhibitors in rheumatoid arthritis. Rather it utilizes a mathematically flawed measure of therapy response, the EQ-5D-3L. This measure is one of many that could be used, with each giving different results. The fatal flaw is that the EQ-5D cannot generate coherent measures of response to therapy. It is a metric that represents the interest of the wider U.S. community, not patients targeted for JAK inhibitors.

The EQ-5D measure of therapy responses represents the interest of physicians in its choice of symptoms and response levels. It does not represent the concerns of patients. The focus must be on the needs of the patient. Are these being met? Changes in functional clinical status may have little impact.

Therapies must be assessed, not from just the perspective of a physician, but the extent to which the needs of patients are fulfilled – which is much broader in scope than what a physician might wish to measure.

Other Issues with ICER's Report

Scientific Credibility: The ICER claims are imaginary. They can never be evaluated and were never intended to be possible to evaluate. The ICER evidence report builds its recommendations on an imaginary reference case simulation model that attempts to provide a "realistic" simulation of future therapy responses built on a series of non-verifiable assumptions. While the ICER model is a standard

in health technology assessment, it is intended for a hypothetical future to yield “approximate information” (or disinformation) on therapy choice, pricing and access.

The ICER model is just one of any number of assumption-driven lifetime models that could be constructed, none of which would have any scientific credibility. The ICER claims can never be verified and they were never intended to be able to be verified. We are asked to take these imaginary claims at face value.

Quality Adjusted Life Years (QALYs): The ICER claims for pricing and affordability rest on the mistaken notion of the imaginary construction of quality adjusted life years (QALY). This is a fatally flawed measure. The QALY lacks a coherent mathematical basis and is entirely inappropriate for this purpose. All lifetime cost-per-QALY claims have to be rejected. Threshold value claims are nonsensical.

The Bottom Line:

Although ICER ignores – or fails to identify – the appropriate measures for patient quality of life, they exist. **If a health system is interested in ensuring the quality of life of patients is addressed, ICER’s claims must be rejected.** Rather than relying on “approximate future and speculative information,” formulary committees must seek new evidence and discover new facts in the contribution of JAK inhibitors.

If ICER wants to make a positive contribution, then it needs to point out how these existing measures for patient quality of life may be applied to create new evidence. Otherwise, ICER has nothing to contribute but imaginary and unverifiable musings that may actually encourage inappropriate formulary decisions for JAK inhibitors.

Reference: Langley PC. More Unnecessary Imaginary Worlds - Part 1: The Institute for Clinical and Economic Review’s Evidence Report on Janus Kinase (JAK) Inhibitors in Rheumatoid Arthritis. Innov Pharm. 2020;11(1):No. 2
<https://pubs.lib.umn.edu/index.php/innovations/article/view/2402>