

# Utility of the ISPOR Presentations Database to Support the Centers for Medicare and Medicaid Services (CMS) Drug Price Negotiation (DPN): An Apixaban and Rivaroxaban Case Study

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## Key Takeaway

This study underscores the potential of the ISPOR Presentations Database to provide supplementary evidence for CMS DPN, while also highlighting the necessity for clarifying CMS criteria regarding special populations, health equity, and unique drug considerations.

## Introduction

- In August 2023, the Centers for Medicare & Medicaid Services (CMS) announced the first 10 drugs covered by Medicare Part D Drug Price Negotiation (DPN).<sup>1</sup>
- During the CMS' public call for evidence to be used for DPN, various sources of data were considered, including the ISPOR Presentations Database.<sup>2</sup>

## Objective

- To review ISPOR Presentations Database (IPD) to assess the feasibility of extracting clinical, humanistic, and economic data for CMS public call for evidence on Medicare DPN.

## Methodology



IPD (searchable archive of more than 60,000 citable research abstracts of podium and poster presentations from ISPOR conferences)

Top two cardiovascular medications selected for CMS DPN in 2023\*

apixaban

rivaroxaban

- Abstracts were published in ISPOR's flagship journal, Value in Health, and session presentations from ISPOR's conferences were also included.
- Apixaban and rivaroxaban were searched exclusively as keywords.
- Outcomes of interest were study methods, QALY reporting, population, and CMS-specified considerations.
- Non-English abstracts were excluded.
- Two independent reviewers conducted extraction and cross-verification.

\*As apixaban and rivaroxaban are within the same therapeutic class, overlapping abstracts containing both drugs may have been present in both searches of the IPD. However, all statistics are based on the mutually exclusive set of abstracts that included the given drug.

## Results



	apixaban N = 127	rivaroxaban N = 171	
	80%	74%	Assessed comparative effectiveness
	44%	42%	Most captured: cost-effectiveness analyses
	44%	45%	Reported QALYs
	24%	23%	US perspective
	12%	7%	IPD entries specified Medicare or elderly
	43%	43%	Poster or presentation attached

- CMS' interests such as unmet needs, special populations, risks/harms, and unique scenarios related to benefit, safety, patient experience, and health equity were inadequately captured, partly due to ambiguity in CMS criteria

## Conclusions

ISPOR Presentations Database provides grey literature that can add HEOR evidence to CMS' decision-making process. Its contents may have reduced publication bias compared to published papers. Further clarification of CMS' definition of special populations, health equity, and unique considerations related to drug efficacy and safety is needed.

Limitations such as potential duplications and preliminary, non-peer-reviewed posters should be considered when leveraging this database.