



A diverse collection of news briefs from the global HEOR community.

1 Faced With Rising Anger on Drug Prices, Cigna Plans to Reduce Insulin Costs to \$25 a Month for Many Patients (STAT)

Matthew Herper reports that in response to growing public pressure over insulin prices, Cigna and its drug benefit arm, Express Scripts, are introducing a plan to reduce the monthly cost of \$40, on average, to \$25 for many patients. But the new, lower price will not be available to every patient with Cigna health insurance or Express Scripts drug benefits. The announcement comes at a time when one-quarter of patients with diabetes in a study admitted to cutting back on their insulin use to reduce costs, and pharmacy benefit managers such as Express Scripts are facing congressional scrutiny.

<https://www.statnews.com/2019/04/03/cigna-reduce-insulin-cost/>

2 NICE Recommends Interim Funding for Lilly's Breast Cancer Drug (Pharmaphorum)

A final draft guidance from NICE has recommended interim NHS funding for Eli Lilly & Co.'s Verzenio (abemaciclib) with fulvestrant for certain breast cancer patients who previously failed on endocrine treatment. The drug will be available immediately and be reimbursed by the Cancer Drugs Fund until confirmatory cost-effectiveness data are available, NHS officials say. About 4800 women could be eligible.

<https://pharmaphorum.com/news/nice-recommends-interim-funding-for-lillys-breast-cancer-drug/>

3 ICER Issues Final Report on Spinraza and Zolgensma, Provides Policy Recommendations Related to Pricing and Coverage of Treatments for Spinal Muscular Atrophy (ICER)

In April, ICER released its final evidence report and report-at-a-glance assessing the comparative clinical effectiveness and value of Biogen's Spinraza (nusinersen) and Zolgensma (onasemnogene abeparvovec) from Novartis/AveXis (onasemnogene abeparvovec) for the treatment of spinal muscular atrophy (SMA). Although Spinraza and Zolgensma dramatically improve the lives of children with SMA, the current price of Spinraza "far exceeds common thresholds for cost-effectiveness," said David Rind, MD, ICER's chief medical officer. He added that while Zolgensma's price is not yet known, "There has been public discussion of prices above commonly accepted cost-effectiveness thresholds as well," and "the ripple effect of pricing decisions like these threatens the overall affordability and sustainability of the US health system." Spinraza was approved in

2016 for treating SMA in both children and adults. Zolgensma is a gene therapy that has been studied in infants with Type I SMA, and an FDA decision is expected in the first half of 2019.

<https://icer-review.org/announcements/icer-issues-final-report-on-sma/>

4 Reimagining Health-Flourishing (JAMA)

The April 1 issue of JAMA featured an article from Tyler J. VanderWeele, PhD, Eileen McNeely, PhD, NP1, and Howard K. Koh, MD, MPH, that discussed how standard clinical measures of health fall short of defining what patients care about more broadly—being happy and general well-being. The writers propose viewing health through the lens of "the flourishing index," which they believe has potential applications for clinical care as well as for population health. "Measurement of flourishing makes possible weighing the effects of different treatment decisions not only on physical and mental health, but in the full context of what matters in a person's life. While this makes treatment decisions more complex, it lies at the heart of patient-centered care," the writers explained.

https://jamanetwork.com/journals/jama/fullarticle/2730087?guestAccessKey=6f62a941-6bd6-4f3e-822a-8aa307e19a37&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=040119

5 Apixaban Linked to Best Outcomes in Older Patients With AFib, Heart Failure (Cardiovascular Business)

A study of Medicare patients published March 25, 2019 in PLOS One found that compared to warfarin, all direct oral anticoagulants (DOACs) were associated with fewer cardiovascular events, including heart attacks and strokes. But apixaban appeared to offer the best balance of protecting against these events while minimizing bleeding risk. The researchers used Medicare and pharmacy claims data to study thousands of patients with nonvalvular AFib (NVAf) and heart failure who filled a prescription for warfarin or a DOAC from January 2012 through September 2015. After matching 10,570 patients taking warfarin against the same number taking apixaban, researchers found those prescribed the DOAC had 36% lower odds of stroke/systemic embolism, 34% lower odds of major bleeding, and 27% lower odds of major adverse cardiovascular events (MACE).

<https://www.cardiovascularbusiness.com/topics/electrophysiology-arrhythmia/apixaban-doac-choice-patients-afib-heart-failure>

6 Why Are New Medicinal Products Denied Reimbursement in France? (Valid Insights)

The experts at Valid Insights look at the reasons for negative reimbursement decisions in 2017 from France's Transparency Committee. "The high proportion of products considered ineligible for reimbursement in France – after having been deemed effective and safe by the EMA – suggest early product development must be conducted with not only regulators but also payers in mind," these experts say.

<https://www.validinsight.com/why-are-new-medicinal-products-denied-reimbursement-in-france/>

HEOR NEWS

7 Medication Overload: America's Other Drug Problem

(Lown Institute)

The Lown Institute, a nonpartisan think tank, in April released a report that concludes there is “an epidemic of too much medication” among US elderly, as more than 4 in 10 older adults take 5 or more prescription medications a day, an increase of 300% over the past 2 decades. “Over the past few decades, medication use in the United States, especially for older people, has gone far beyond necessary polypharmacy, to the point where millions are overloaded with too many prescriptions and are experiencing significant harm as a result,” researchers said.

<https://lowninstitute.org/wp-content/uploads/2019/04/medication-overload-lown-web.pdf>

8 Parent Preferences for Health Outcomes Associated With Autism Spectrum Disorders

(Journal of Pharmaco-Economics)

Published March 21, findings from this study, conducted by Tara Lavelle of Tufts' Center for the Evaluation of Value and Risk in Health and others, suggest that autism spectrum disorder (ASD) has a significant impact on the average health utility values of children, but not of parents. However, this impact is influenced by the severity of children's core social communication and repetitive behavior symptoms. Researchers found having a child with the highest severity ASD was significantly associated with a 0.14 reduction in parent health utility (95% CI 0.01–0.26) versus the comparison group. “Although not community values, the valuations derived from these data may be useful in future CEAs of ASD interventions that demonstrate the value of interventions for ASD. As ASD interventions are aimed at symptom reduction, the utility values from this study stratified by severity level may be particularly important,” these researchers say.

<https://link.springer.com/article/10.1007%2Fs40273-019-00783-8#Sec19>

9 ICER Appoints Dr Pamela Bradt as Chief Scientific Officer

(ICER)

Pamela Bradt, MD, MPH, has been made chief scientific officer of ICER. Dr Bradt served as chief medical officer for a biopharmaceutical company focused on rare diseases. “Having worked with health technology assessment organizations around the world, I have long admired ICER's commitment to a transparent process and public forum through which all stakeholders can contribute to our understanding of a new treatment's value,” said Dr Bradt. “I look forward to joining this impressive team of researchers, following where the evidence leads, and contributing to ICER's mission of helping all Americans achieve sustainable access to high-value care.”

https://icer-review.org/announcements/icer_appoints_pam_bradt_cso/

10 The Relationships Between Democratic Experience, Adult Health, and Cause-Specific Mortality in 170 Countries Between 1980 and 2016: An Observational Analysis

(The Lancet)

This March 13 article in The Lancet by Thomas J Bollyky, JD; Tara Templin, MS; Matthew Cohen, BS; Diana Schoder, BA; Joseph L Dieleman, PhD; and Simon Wigley, PhD looks at the association between democracy and cause-specific mortality and explores the pathways connecting democratic rule to health gains. The writers evaluated a panel of data spanning 170 countries over 26 years and found out, among other things, that increases in a country's democratic experiences were correlated with declines in mortality from cardiovascular disease and increases in government health spending.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30235-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30235-1/fulltext)

11 People Cost Even More Than Drugs: The Imperative for Productivity

(Health Affairs Blog)

Robert Kocher in the Health Affairs Blog looks at McKinsey's “The productivity imperative for healthcare delivery in the United States” and argues that healthcare costs are higher in the United States compared with other wealthy countries not because of drug prices, but the cost of highly paid people to deliver care. “Specifically, healthcare jobs are being added faster than expected based upon growth in clinical demand, and most of the new healthcare jobs are in non-valued-added job categories,” Kocher says. “Fortunately, there are many things that can be done to improve labor productivity by improving clinical operations and reducing administrative complexity.”

<https://www.healthaffairs.org/doi/10.1377/hblog20190328.816788/full/>

12 Medicare for All Might Require Student Debt Relief to Work

(Pacific Standard)

Although denigrated for being too expensive, some advocates have begun to point out that Medicare for All might yield savings of between \$2 trillion to \$5 trillion over 10 years. While some of the savings would come from curtailing the profits of health insurance and pharmaceutical companies, savings might also come from doctor pay. A relief program to get young doctors out from underneath medical school debt could prove essential in getting various physicians' groups on board with Medicare for All by taking the sting out of pay cuts.

<https://psmag.com/economics/medicare-for-all-might-require-student-debt-relief-to-work>