

KEY ISSUES WITH ICER'S REPORT ON PEANUT ALLERGY



The Institute for Clinical and Economic Review (ICER) assessed two drugs for Peanut Allergy, Viaskin Peanut and AR101. Caring for children with food allergies in the U.S. costs families nearly \$25 billion annually, and stakeholders should explore how treatments limit the emotional and financial burden of peanut allergy. Instead, ICER's oversimplified model could limit access to life-altering treatments.

Excludes Condition-Specific Data

Despite the availability of validated quality of life metrics specific to patients with peanut allergy, ICER chose not to incorporate these metrics and instead used discriminatory quality-adjusted life years (QALYs) in its assessment. This is an overt example of ICER ignoring condition specific metrics in favor of the QALY.

Fails to Capture Complexity of Condition

ICER chose to use a patient-reported outcome tool that is known to be insensitive to allergies, the EQ-5D, solely because it can easily be cross-walked into a QALY. The decision to use this tool is both illogical and deliberately discriminatory to those suffering from disabilities and serious health conditions.

Based on Limited Data

Most of the benefits accrued from peanut allergy interventions will be seen in improved quality of life. However, ongoing studies measuring health-related quality of life in these interventions have not been published yet. Rather than waiting for quality of life data that would allow for a much more complete, and potentially more accurate, analysis, ICER is choosing speed for payers over accuracy for patients. By conducting the assessment without the necessary data, payers may rely on incomplete information, making decisions that limit patients' access to needed care.

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– Allergy and Asthma Network

"(W)hen real world healthcare data is available, real world healthcare data should be used to estimate the potential patient population and treatment effectiveness."

– Asthma and Allergy Foundation of America



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