

KEY ISSUES WITH ICER'S REPORT ON TREATMENT RESISTANT DEPRESSION



The Institute for Clinical and Economic Review (ICER) assessed esketamine for Treatment Resistant Depression (TRD), a devastating condition that inflicts significant health and financial burden on our nation. ICER's report failed to capture the immense societal and economic burdens associated with depression and falls short in several important ways.

Disregards Patient Preference

While other medicines for depression take 6 to 8 weeks of treatment before the patient begins to experience relief, esketamine's effect is immediate, the benefit of which is not fully reflected in ICER's model. ICER's disregard for patients' ability to immediately return to work and their families means their results fail to appropriately capture patient preferences.

Fails to Capture Cost Burden

ICER greatly underestimates the true economic burden of depression by using non-drug cost data from two decades ago, despite significant changes to treatment costs and options, and by entirely ignoring the cost of frequently-associated comorbidities, such as opioid addiction, which carries a heavy economic burden.

Based on Insufficient Evidence

ICER conducted this assessment prior to the availability of sufficient evidence on the relative effectiveness compared to existing standards of care. ICER's drive to conduct value assessments for payers prior to having reliable evidence results in studies that lack scientific rigor. However, this limitation does not prevent their uptake by policymakers and has huge implications for patients' access to care.

Relies on Incorrect Assumptions

The ICER model assumes that people suffering from treatment-susceptible depression have the same mortality rates as the general population, which runs counter to available evidence. Additionally, ICER chooses to utilize a definition for depression that is more ambiguous and less severe than the model for triggering the use of esketamine. This results in an underestimation of the true mortality associated with untreated depression.

ICER's assessment is outdated and based on incomplete data, and ignores outcomes that matter to patients.

"People living with TRD have been desperate for novel therapies that offer immediate symptom relief (...) it is imperative to expand treatment options that offer symptom relief, quicker relief, clinical remission, or relief from side effects of existing treatments."

– National Alliance on Mental Illness



VALUE OUR HEALTH