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Another Imaginary World: The ICER Claims for the Long-Term Cost-Effectiveness and Pricing of Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors in Tardive Dyskinesia

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ICER, VMAT2 inhibitors, value assessments, pseudoscience, limited evidence, credible claims, Imaginary Worlds

abstract

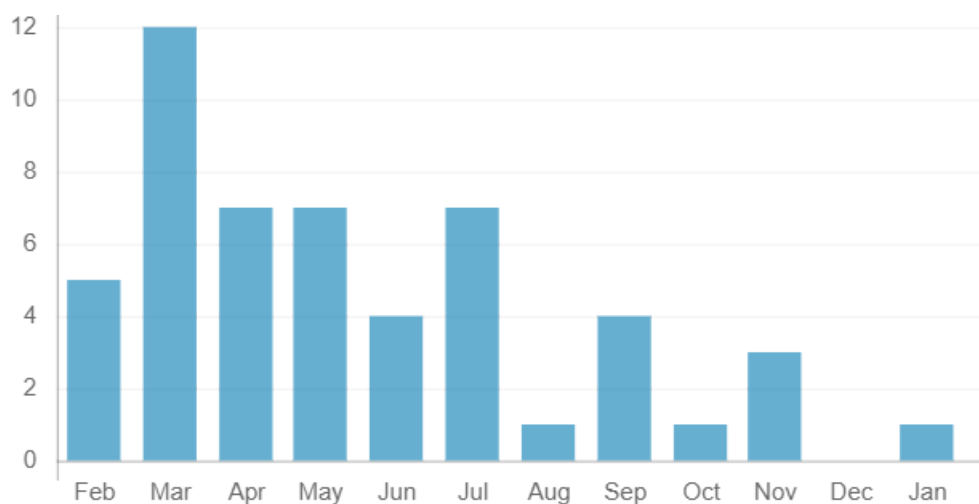
The recently released value assessment of vesicular monoamine transporter 2 (VMAT2) inhibitors in tardive dyskinesia by the Institute for Clinical and Economic Review (ICER) relies upon a long-term modeling exercise to support recommendations for what the ICER sees as the appropriate pricing for these products if prices are to be judged 'cost-effective'. In this case, the recommendations are for a substantive price reduction of some 90% over WAC. Needless to say, this recommendation is unlikely to be welcomed with open arms by the respective manufacturers of valbenazine and deutetrabenazine. Unfortunately, as has been argued in a number of commentaries published over the past 18 months in INNOVATIONS in Pharmacy, the ICER endorsed health technology assessment methodology that underpins this exercise in building a modeled imaginary world to justify product pricing recommendations is fatally flawed: it does not meet the standards of normal science. Rather

than addressing the issue of claims validation for VMAT2 products, the question of generating modeled evaluable claims, among others, for clinical, quality of life and resource utilization outcomes, the analysis focuses on claims that are neither credible nor evaluable and, of course, non-replicable. A more positive and useful approach would be for ICER to focus on a framework where claims could be assessed in the short term to provide feedback to health system decision makers, physicians and patients. Instead, we are asked to believe that we can model 20 or 30 years into the future to establish non-evaluable claims for pricing and, ultimately, access.

Conflict of Interest: None

Type: Commentary

downloads



metrics

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