



# Biologic Therapies for Treatment of Asthma Associated with Type 2 Inflammation: Effectiveness, Value, and Value-based Price Benchmarks

## Questions for Deliberation and Voting: November 29, 2018 Public Meeting

*These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.*

### Clinical Evidence

**For patients  $\geq 12$  years with uncontrolled, moderate to severe asthma, and eosinophilic phenotype:**

1. Is the evidence adequate to demonstrate that the net health benefit of **dupilumab** is superior to that provided by standard of care (ICS plus at least one additional controller medication)?

Yes

No

**For patients  $\geq 12$  years with uncontrolled, severe asthma, and eosinophilic phenotype:**

2. Is the evidence adequate to distinguish the net health benefit *among* **mepolizumab**, **reslizumab**, and **benralizumab**?

Yes

No

**If NO...**

3. Is the evidence adequate to distinguish the net health benefit *between* **dupilumab** and these three treatments?

Yes

No

4. Is the evidence adequate to distinguish the net health benefit *between omalizumab* and these three treatments?

Yes

No

## Potential Other Benefits and Disadvantages

5. In the treatment of patients  $\geq 12$  years with moderate to severe asthma, does dupilumab offer one or more of the following potential other benefits or disadvantages compared to best usual care without biologic treatment? (select all that apply)

- a. Dupilumab offers reduced complexity that will significantly improve patient outcomes.
- b. Dupilumab will reduce important health disparities across racial, ethnic, gender, socioeconomic, or regional categories.
- c. Dupilumab will significantly reduce caregiver or broader family burden.
- d. Dupilumab offers a novel mechanism of action or approach that will allow successful treatment of many patients for whom other available treatments have failed.
- e. Dupilumab will have a significant impact on improving patients' ability to return to work and/or their overall productivity.
- f. There are other important benefits or disadvantages that should have an important role in judgments of the value of this intervention: \_\_\_\_\_

## Contextual Considerations

6. Are any of the following contextual considerations important in assessing the long-term value for money of dupilumab versus best usual care without biologics? (select all that apply)

- a. This intervention is intended for the care of individuals with a condition of particularly high severity in terms of impact on length of life and/or quality of life.
- b. This intervention is intended for the care of individuals with a condition that represents a particularly high lifetime burden of illness.
- c. This intervention is the first to offer any improvement for patients with this condition.
- d. There is significant uncertainty about the long-term risk of serious side effects of this intervention.
- e. There is significant uncertainty about the magnitude or durability of the long-term benefits of this intervention.
- f. There are additional contextual considerations that should have an important role in judgments of the value of this intervention: \_\_\_\_\_.

7. Are there important and distinctive other benefits or disadvantages, or unique contextual considerations that apply to any of the other biologic treatments for their labeled population?

Verbal discussion; no voting.

### **Long-term Value for Money**

As described in ICER's recent update to its [value assessment framework](#), questions on "long-term value for money" are subject to a value vote only when incremental cost-effectiveness ratios for the interventions of interest are between \$50,000 and \$175,000 per QALY in the primary "base case" analysis. As shown in the Evidence Report, the estimates for all five biologics exceed the higher end of the range and thus all interventions are deemed "low value" without a vote of the panel.