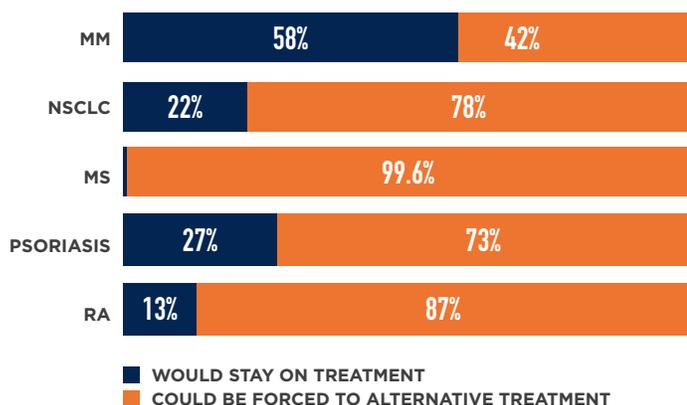


# APPLYING ICER ASSESSMENTS IN MEDICAID COULD LIMIT PATIENTS' ACCESS TO MEDICINES

If Medicaid were to use one-size-fits-all cost-effectiveness analyses like those developed by the Institute for Clinical and Economic Review (ICER), access to an estimated 42 to 99 percent of prescriptions to treat serious, complex conditions like cancer and multiple sclerosis could be in jeopardy for the most vulnerable Americans.

## PERCENTAGE OF PRESCRIPTIONS FOR EACH CONDITION THAT MAY NOT BE COVERED UNDER AN ICER-BASED FORMULARY IN MEDICAID



## A STUDY BY XCENDA COMPARED ICER'S ASSESSMENTS OF MEDICINES TO USE OF PRESCRIPTIONS IN MEDICAID FOR FIVE DISEASES:

- Multiple myeloma (MM)
- Multiple sclerosis (MS)
- Non-small cell lung cancer (NSCLC)
- Psoriasis
- Rheumatoid arthritis (RA)

The data show that applying an ICER-like standard in Medicaid would limit access to **more than 820,000 prescriptions for medicines.**

## THE STUDY CONCLUDED

Reliance on cost-effectiveness analyses like ICER's could prevent patients and doctors from making health care decisions that they feel are best for each individual patient. This could ultimately harm patient access to important treatments if cost-effectiveness determinations are used to drive coverage and reimbursement. Even if safeguards such as an exceptions and appeals processes could mitigate these effects, these types of processes have been shown to add burden to health care providers and patients, resulting in delayed access to treatments.

VISIT [WWW.PHRMA.ORG/VALUE-COLLABORATIVE](http://WWW.PHRMA.ORG/VALUE-COLLABORATIVE) FOR MORE INFORMATION.



### Methodology and Limitations:

Patient-level detail (e.g., number of beneficiaries, diagnoses, patients using more than one prescription) was not provided; therefore, utilization was assessed per product and not per product and indication over one calendar year (2017). Differences in how medicines may be covered in different Medicaid plans and what access restrictions may exist were not accounted for.