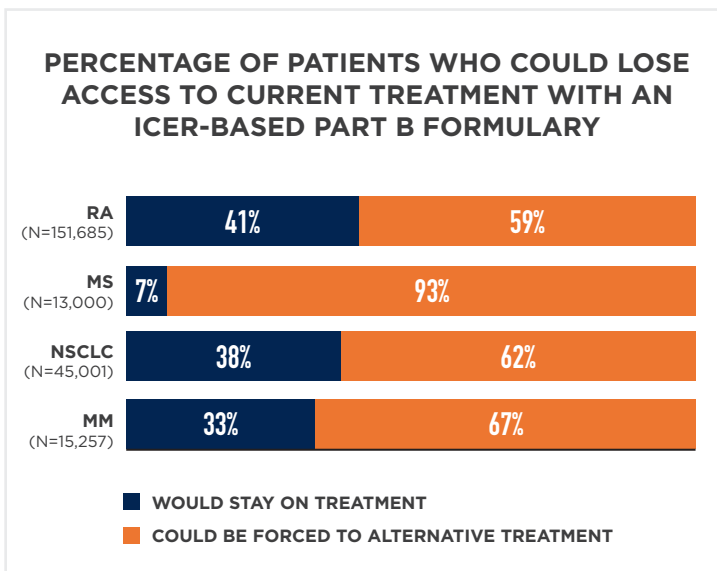


APPLYING AN ICER FRAMEWORK IN MEDICARE PART B WOULD LIMIT ACCESS TO LIFE-SAVING MEDICINES

If Medicare were to utilize one-size-fits-all value assessments like the Institute for Clinical and Economic Review's (ICER) framework as the basis for coverage, 62 to 93 percent of patients with serious, complex conditions would face access barriers to life-saving medicines.



A STUDY BY XCENDA COMPARED ICER'S ASSESSMENTS REGARDING WHAT TREATMENTS ARE OF "HIGHEST VALUE" TO UTILIZATION OF MEDICARE PART B MEDICINES FOR FOUR DISEASES:

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

The data show that of the over 200,000 Medicare Part B beneficiaries with one or more of these diseases, **nearly 140,000 might lose access to the treatments** their physicians determined were best for them if an ICER-like standard were imposed.

THE STUDY CONCLUDED

1. Cost-effectiveness standards like ICER's **could prevent patients and doctors** from making health care decisions.
2. Cost-effectiveness standards like ICER's could ultimately **harm patient access to necessary treatments**.
3. 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.

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