

# Why ICER's Model Doesn't Work for Rheumatoid Arthritis Treatments

The Institute for Clinical and Economic Review has issued a draft report concluding that targeted immune modulators, such as biologic treatments, for rheumatoid arthritis are too expensive. The conclusion could embolden health plans to limit patient access.

**But does ICER's model accurately reflect the experiences of the 1.5 million Americans with rheumatoid arthritis?**

## ICER's Model **VS** Patients' Reality



Rheumatoid arthritis patients are a homogeneous group.



Rheumatoid arthritis affects patients of different ages, races and socioeconomic situations.



Treatment on a given medicine continues for a "lifetime" span of 20-25 years.



Much shorter treatment timeframes are the norm.

- Patients first work with their doctors to find the right medicine.
- Adverse effects or lack of response may later require switching.
- Remission may lead to tapering off of a given medication.



Statistical measures (such as Quality of Life Years and Health Assessment Questionnaire data) reflect patient experiences.

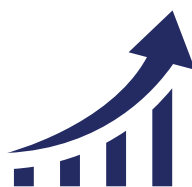


Patients' personal, multifaceted experiences with rheumatoid arthritis often defy statistical measures.

- Pain and other subjective measures of well-being make QALY a poor measure for evaluating arthritis treatments.
- Health Assessment Questionnaires as a single tool preclude the use of other assessment measures, such as x-rays or other imaging technologies.



Cost-effectiveness threshold for "net health care cost growth" is U.S. GDP + 1%.



High-cost, high-value treatments are part of growing overall healthcare costs, which have risen 1.5 percentage points faster than GDP over the past 10 years.

Artificially low expectations encourage unrealistic cost comparisons.