The Institute for Clinical and Economic Review recently evaluated treatments for tardive dyskinesia, a movement disorder related to the long-term use of antipsychotic medications to treat serious mental illness. Men and women with TD experience uncontrollable movements of their face, limbs or torso – along with intense social stigma.

ICER’s report says the treatments are not cost effective. But it leaves several key questions unanswered.

**What ICER’s Analysis of Tardive Dyskinesia Treatments Doesn’t Explain**

**Could treatment for TD improve patients’ adherence to their antipsychotic medicines?**

*The benefits could be substantial. But ICER opts to analyze TD drugs without adherence data in its base model.*

**Can QALYs really gauge quality-of-life improvements for TD patients?**

*Research suggests that QALY methodology puts mental health patients at a disadvantage.*

**Are cost-effectiveness models flawed at assessing value for small patient populations?**

*It’s simple math: the smaller the patient population, the higher the treatment cost per patient.*

**Does TD patients’ severe psychopathology increase treatments’ value?**

*ICER does not quantify how managing TD might also reduce costs associated with psychological symptoms.*

**Is there an association between TD and increased mortality?**

*ICER ignores two studies suggesting that the issue may warrant further discussion.*

**How will ICER’s analysis impact patients’ access to treatment?**