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

ICER's Model	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.

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