



Safe, Effective Generic Drugs Help Cancer Patients

Total Savings in 2019: \$13.6 Billion

There are approximately 1.7 million new cases of cancer in the U.S. each year, and more than 609,000 cancer-related deaths annually. Patients rely on FDA-approved generic medications to treat cancer of the bladder, kidney, liver and pancreas, among others.

Now more than ever, it is essential to ensure continued access to the patients who rely on our medicines. Through the pandemic and beyond, generic medicines can offer much-needed health benefits and substantial cost savings. **In fact, generics saved patients with cancer \$87.8 billion over the past 10 years.**

Securing the Promise of Biosimilars

Just as generics offer savings over brand-name drugs, biosimilars—safe, effective alternative versions of biologic medicines—have great potential to improve the quality of life for America’s patients, while at the same time saving the health system billions of dollars.

Source: IQVIA 2019
Visit accessiblemeds.org for more information

In 2019, patients saved with generic medications for common types of cancer:



Blood Cancer:	\$1.8B
Myeloma:	\$196M
Breast Cancer:	\$7.5B
Lung Cancer:	\$19M
Colorectal Cancer:	\$2.8B

Generic drug savings in the U.S.

90%

Prescriptions filled in the U.S. are dispensed as generics

Yet generics account for only

20%

of all drug spending

\$96.1B

Medicare Savings
\$1,053 per enrollee

\$48.7B

Medicaid Savings
\$770 per enrollee



AAM 2010-2019 Patient Savings Report: Methodological Overview

This report estimates savings from generic drugs for the 10-year period between 2010 and 2019, as well as a single-year estimate for 2019.

Base Savings Estimates:

The base savings were calculated by IQVIA. We generated condition-level savings by assigning drugs to a list of common conditions and aggregating savings for all drugs that are used to treat these conditions. Product condition assignments were conducted by a Doctor of Pharmacy. Importantly, many products treat multiple conditions. For this analysis, we ensured that the most common use of the product was the condition into which it was assigned.

Comorbidity Estimates:

We used published epidemiological data to determine the three most common comorbidities for each of the index conditions. We calculated the base savings for the primary condition in the same manner as described above and assigned a weighted savings to each of the three selected comorbid conditions based on published prevalence data. Because the IQVIA data provided units rather than patients, we used units as a proxy for the number of patients treated and adjusted the units, and thus savings, in proportion to the published prevalence of each comorbid condition. Importantly, this methodology, due to the differences in units utilized by patients for specific conditions, could occasionally lead to estimates of comorbidity savings that exceed the total savings for that stand alone condition. In these cases, the savings were either capped, when the total numbers were relatively low relative to the main condition or, more commonly, the incidence rate for the comorbidity was applied again, to ensure a lower savings estimate. While this is a methodological choice and likely underestimates the savings from the comorbidity, it effectively assumes that the comorbidity requires more units per patient treated than the main condition.