

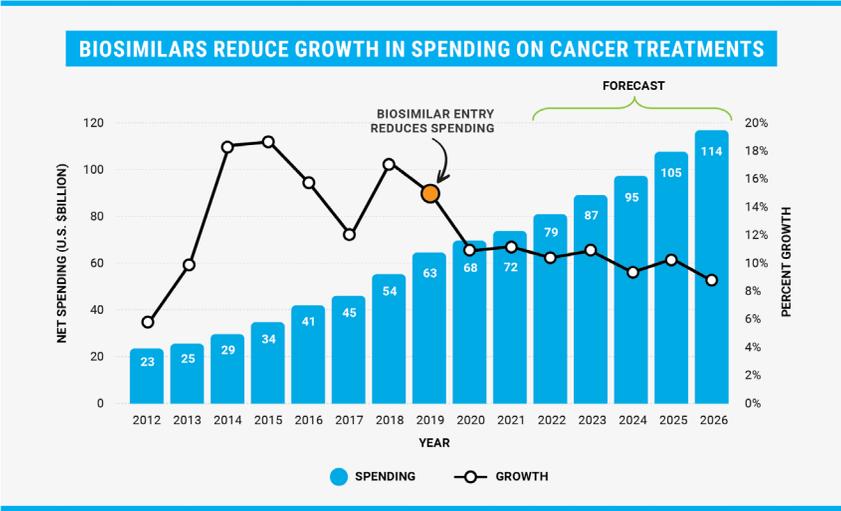


Patients With Cancer Saved \$17.9 Billion With Generic and Biosimilar Medicines

Generics and biosimilars saved patients with cancer \$17.9 billion in 2021, and savings for the past 10 years totaled \$111.4 billion. An estimated 1.8 million new cases of cancer are diagnosed in the United States each year, and more than 600,000 people die annually from the disease, according to the National Cancer Institute. Patients rely on biosimilar medications to treat breast, stomach and other types of cancers. Biosimilars can also be used to treat side effects of cancer treatments, such as low white blood cell counts, which increase the risk of infections.

Breakdown on savings for common types of cancer

Blood Cancer	\$3.1 Billion
Myeloma	\$204.4 Million
Breast cancer	\$7.8 Billion
Lung cancer	\$102.1 Million
Colorectal cancer	\$3.9 Billion



Biosimilars used in cancer treatment are a prime example of how increased competition reduces spending. Altogether, the use of new biosimilars in 2021 saved cancer patients more than \$3.5 billion. In fact, new biosimilars cut the growth rate in cancer spending by nearly half, and this is projected to continue to decline over the next four years.



Helen, 46, Springfield, FL
Non-Hodgkin lymphoma

“After just two treatments of the biosimilar, I started to feel like me again. I was able to go back to work and to my most important roles as a mother and wife. Taking a biosimilar is easy, I just go to the doctor’s, get a shot and leave. After everything I have been through it’s wonderful. I know my medication journey will be lifelong. It is nice to know that when I need a biosimilar again, it will be there for me.”

Overall U.S. savings generated by generics and biosimilars in 2021: **\$373 Billion**

Biosimilars have allowed for more than **150 million days** of patient therapy that would not have occurred without biosimilar competition



AAM 2022 U.S. Generic and Biosimilar Medicines Savings Report

Methodological Overview

This report estimates savings from generic drugs for the 10-year period between 2012 – 2022, as well as a single year estimate for 2021.

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

Comorbidity Estimates: We used published epidemiological data to determine the 3 most common comorbidities for each of the index conditions provided by AAM. We calculated the base savings for the primary condition in the same manner as described above, and then assigned a weighted savings to each of the 3 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.