Cancer Patients Save with Safe, Effective Generic Drugs

Total Saved: $11.4 Billion

Generics saved patients with cancer $11.4 billion in 2018, and savings for the past 10 years total $76.8 billion. An estimated 1.7 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 FDA-approved generic medications to treat many types of cancer, including bladder, kidney, liver and pancreatic.

The Promise of Biosimilars

Just as generics offer savings over brand-name drugs, biosimilars—safe, effective alternative versions of biologic medicines—promise 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

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2018 patient savings with generic
medications for common types
of cancer:
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Breast Cancer              $6.8B

Colorectal Cancer          $2.5B

Blood Cancer               $1.5B

Myeloma                  $183.6M

Lung Cancer                $7.4M

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Generic drug savings in the U.S.

90%
PRESCRIPTIONS FILLED IN THE U.S. ARE DISPENSED AS GENERICS

YET GENERICS ACCOUNT FOR ONLY

22%
OF ALL DRUG SPENDING

$90.3B
MEDICARE SAVINGS
$2,254 PER ENROLLEE

$46.8B
MEDICAID SAVINGS
$817 PER ENROLLEE

AAM 2019 Patient Savings Report: Methodological Overview

This report estimates savings from generic drugs for the 10-year period from 2009-2018, as well as a single year estimate for 2018.

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 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 then 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 commorbidity requires more units per patient treated than the main condition.