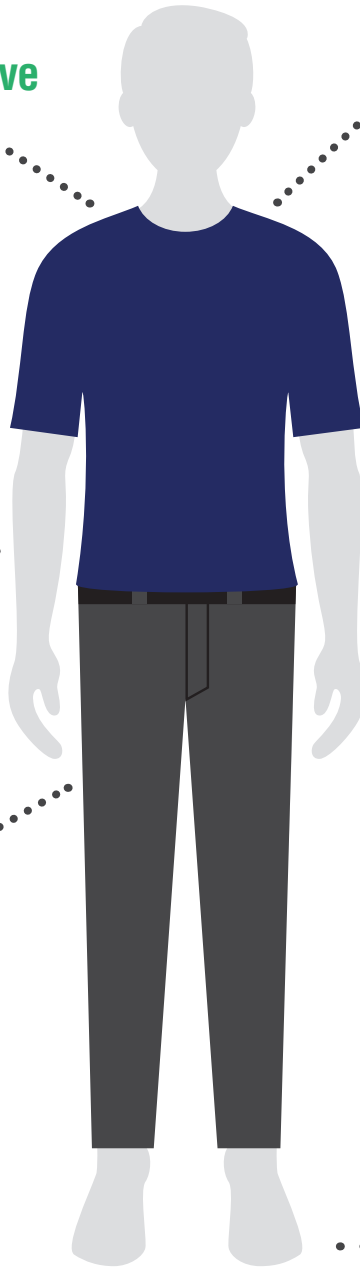


What ICER's Analysis of Tardive Dyskinesia Treatments Doesn't Explain

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.



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.



Does TD patients' severe psychopathology increase treatments' value?

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



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

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



Is there an association between TD and increased mortality?

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



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.

How will ICER's analysis impact patients' access to treatment?