RESULTS: (7.5 mg/kg) were administered until progression. Non-small cell lung cancer with either BCG or PC induction therapy. The model assumes patients move between states according to transition probabilities derived from the data. Costs and utilities were estimated from published literature. Sensitivity analyses were performed for all base calculations.

CONCLUSIONS: Based on the willingness to pay threshold of $150,000/QALY, treating treatment refractory mCRC patient with anti-EGFR agents is not cost effective. However, since the clinical literature lacks comprehensive head to head clinical trial amongst all anti-EGFR agents, further research is necessary.

ECONOMIC MODELING FOR TREATMENT FAILURE PATIENTS USING MULTIPLE ROUNDS OF THERAPY AS COMPARATOR: CASE IN POINT LYMHPHOMA DRUG CANDIDATE

OBJECTIVES: Treatment failure patients in various disease areas are often treated by multiple rounds of therapy. However new treatment options are emerging that have the potential to replace that treatment with single-agent or single round of combination therapies. METHODS: Intervention was chosen as an emerging T-cell lymphoma drug candidate. Comparators are generics and their prices were obtained from Medispan’s PriceRx. Interventions were varied from 1–5. Sensitivity analyses were performed for all base calculations. RESULTS: Model results show that a new agent that can replace multiple rounds of treatment is relatively more cost effective that another agent that replaces relatively fewer rounds of treatments. Our base case incremental cost effectiveness with one chemo regimen as comparator was $262,908. However if there are 2,3,4 or 5 sequential rounds, the ICER values change to $223,078, $183,249, $143,420, and $103,591, respectively. For newer agents that are indicated for treatment refractory mCRC patient with anti-EGFR agents is not cost effective. However, since the clinical literature lacks comprehensive head to head clinical trial amongst all anti-EGFR agents, further research is necessary.

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