ECONOMIC EVALUATION OF OMAZILUMB in PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA FROM THE PUBLIC PAYER PERSPECTIVE IN BRAZIL

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OBJECTIVES: To assess the cost-effectiveness of adding omalizumab to standard therapy (ST) alone in patients with uncontrolled severe allergic asthma from Brazilian public health care system perspective. METHODS: A Markov model comparing lifetime ST with omalizumab add-on therapy was developed based on efficacy data from INOVATE (Phase III trial, N=419, 28 weeks). Outcomes are expressed as clinically significant exacerbation (CSE) and clinically significant severe exacerbations (CSSSE) avoided. A CSE is defined as INOVATE worsening of asthma requiring treatment with systemic corticosteroids and a CSSSE is defined as FEV1 < 60% of personal best. The model was sensitive to changes in therapy and outcomes. RESULTS: Base case analysis showed that more CSE and CSSSE were avoided than with ST. The cost per CSE avoided was $6,395; per CSSSE avoided $33,826. The model was sensitive to changes in transition probabilities. The death states are separated into deaths from all causes and asthma-related deaths due to severe exacerbations. The one-way-sensitivity analysis (OBSA) was performed. The difference in cost between ST and omalizumab add-on therapy was cost-effective $(5,891 per CSE avoided; 33,826/33,591 per CSSSE avoided).

CONCLUSIONS: Omalizumab add-on therapy is cost-effective compared to ST. The model was sensitive to changes in transition probabilities. The death states are separated into deaths from all causes and asthma-related deaths due to severe exacerbations. The one-way-sensitivity analysis (OBSA) was performed. The difference in cost between ST and omalizumab add-on therapy was cost-effective $(5,891 per CSE avoided; 33,826/33,591 per CSSSE avoided).