

More evidence evolocumab exceeds cost-effectiveness

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(HealthDay)—At its current price, the addition of evolocumab to

standard therapy in patients with atherosclerotic cardiovascular disease generally exceeds accepted cost-effectiveness thresholds, according to a study published online Aug. 23 in *JAMA Cardiology*.

Gregg C. Fonarow, M.D., from the Ronald Reagan University of California in Los Angeles, and colleagues examined the cost-effectiveness of evolocumab in [patients](#) with [atherosclerotic cardiovascular disease](#). A Markov cohort state-transition model was used, which included U.S. population-specific demographics, risk factors, background therapy, and event rates, as well as trial-based event risk reduction.

The researchers found that evolocumab was associated with increased cost and improved quality-adjusted life-year (QALY) in the base case, using U.S. clinical practice patients with atherosclerotic cardiovascular disease with [low-density lipoprotein cholesterol](#) levels of ≥ 70 mg/dL and an annual events rate of 6.4 per 100 patient-years: incremental cost \$105,398; incremental QALY, 0.39, with an incremental cost effectiveness ratio (ICER) of \$268,637 per QALY gained. ICERs varied from \$100,193 to \$488,642 per QALY in sensitivity and scenario analyses, with ICER of \$413,579 per QALY for trial patient characteristics and event rate of 4.2 per 100 patient-years. In most scenarios, evolocumab treatment exceeded \$150,000 per QALY.

"To achieve an ICER of \$150,000 per QALY, the annual net price would need to be substantially lower (\$9,669 for U.S. clinical practice and \$6,780 for trial participants), or a higher-risk population would need to be treated," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Amgen, which manufactures evolocumab and funded the study.

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