BACKGROUND

• Immune thrombocytopenia (ITP) is an autoimmune disorder characterized by the presence of anti-platelet antibodies and resulting platelet destruction.

• Patients who fail to respond to conventional therapies have a limited treatment option.

OBJECTIVES

• This study aims to estimate the cost-effectiveness of treating ITP with the thrombopoietin-mimetic EPAG versus standard care.

METHODS

• A cost-effectiveness model was developed from a Canadian payer perspective.

• The base-case model was parameterized to reflect the benefits and costs expected with each treatment arm over a lifetime horizon.

• Three health states were identified: primary treatment, secondary treatment (off treatment), and death.

RESULTS

• EPAG-treated patients had higher mean platelet counts and lower severe bleeding event rates compared to standard care.

• The incremental cost-effectiveness ratio (ICER) was $37,876 per QALY saved, indicating cost-effectiveness.

CONCLUSION

• EPAG is less costly and has less efficacy relative to standard care.

PROBABLISTIC SENSITIVITY ANALYSIS

• The probabilistic sensitivity analysis demonstrated that EPAG was cost-effective at 55.7% of all willingness-to-pay thresholds.

• EPAG was more effective and less costly than standard care.

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