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# Lipikar Baume Cost-effectiveness Analysis

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# Background

#### There is real potential for improving the cost-effectiveness and outcome of treatment for patient with atopic dermatitis



The literature reports elevated cost of AD for both payer and the patient (Adamson, 2017).



Currently it affects 15-20% of children,4% of adults and women twice affected as men (Richard, 2018). The prevalence increased.



AD associates with higher rates of anxiety, depression, lost productivity, activity impairment and poorer healthrelated quality of life (Whiteley, 2016).

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# A cost-effectiveness model



- Our Content of the cost and quality of life impact of emollient use
- **£** Explore the cost-saving when using Lipikar as opposed to comparators

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Construct on an evidence-based model from literature



Implement a cohort Markov model over 5 years of follow-up



# Structure of the model



#### **Transition probabilities**

- **pf**: portion of patients who report flareups in post-corticosteroid state
- **1-pf** : portion of patients who enter in maintenance state ie no flare-up
- **mf** : portion of patients who report flare-ups in maintenance state
- **1-mf** : portion of patients who stayed in maintenance state ie no flare-up

# Hypothesis and management



- Duration of a cycle: 4 weeks
- No consideration of seasonality
- After the flare-ups period (ie one cycle in the flare-ups state), all patients go into the post-corticosteroid state
- Pf and Mf equivalent
- No consideration of intercurrent events
- The definition of flare-ups period is given by a degradation of SCORAD > 20%

# Population and comparators

# Population

A 1 000 cohort of patients with atopic dermatitis undergoing maintenance (pre-treated to eliminate flare-ups)



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# Inputs



- Comparators
- Time horizon
- Perspective

#### **Emollient efficacy**

- Probability of flare-up in postcorticosteroid state
- Probability of flare-up in maintenance state

#### Utilities

• Utility of maintenance state

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• Utility of flare-up state

#### Ressource use

- Quantity of moisturizer use
- Quantity of corticosteroid use
- Number and frequency of hospitalization
- Number of physician visit
- Number of day of sick leave
- Frequency of patients that use nonmedical items

#### Unit costs

- Moisturizer unit cost
- Corticosteroid unit cost
- Hospitalization unit cost
- GP consultation unit cost
- Dermatology outpatient clinic visit cost
- Median full-time gross earnings
- Non-medical items out-of-pocket expenditure

### Moisturizer data : example

Reference	Comparators	Transition probability over 4 weeks	Application / day	Mean quantity / application	Used quantity (g/day)	Used quantity by cycle	Unit costs (£/mL)	Costs per cycle (£)
Zelenkova, 2018	Lipikar Balm AP+	18,00%	2	-	6.84	191.6	0,0311	5,96
Tiplica et al., 2018	No moisturizer	35,73%						
Tiplica et al., 2018	Dexeryl	20,56%	2	5.35	10.7	299.6	0,0121	3,62
Tiplica et al., 2018	Atopiclair	28,38%	3	5.69	17.1	477.75	0,1246	59,58
Angelova- Fischer et al., 2018	Eucerin	32,00%	2	5.69	11.4	318.5	0,0317	10,11

### Outcomes



QALY : Quality Adjusted Life Years (lifetime and quality of life)

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### Base Case over 5 years

	Lipikar Balm AP+	Dexeryl <sup>®</sup> cream	Atopiclair <sup>®</sup> cream	Eucerin® AtopiControl Body Lotion	No moisturizer
Efficacy					
Time without flare-ups	3,89	3,80	3,57	3,48	3,38
QALY	3,55	3,54	3,51	3,50	3,49
Costs					
Moisturizer	£373,99	£222,16	£3 737,54	£620,04	£0,00
Corticoid	£112,00	£125,32	£162,67	£178,54	£194,03
Hospitalisation	£106,88	£110,36	£120,11	£124,26	£128,31
Physician visit	£781,82	£874,74	£1 135,49	£1 246,25	£1 354,37
Lost productivity	£0,00	£0,00	£0,00	£0,00	£0,00
OOP expenses	£0,00	£0,00	£0,00	£0,00	£0,00
Total	£1 374,69	£1 332,57	£5 155,82	£2 169,09	£1 676,70

### Comparative results

	Costs	ΔC	Benefit	ΔB	ICER (ΔC/ΔB)
Dexeryl® cream	£1 332,57		3,803		
Lipikar Balm AP+	£1 374,69	£42,13	3,885	0,082	£513,85
No moisturizer	£1 676,70	£302,01	3,380	-0,505	Dominated
Eucerin® AtopiControl Body Lotion	£2 169,09	£794,40	3,475	-0,410	Dominated
Atopiclair® cream	£5 155,82	£3 781,13	3,573	-0,312	Dominated

- The strategy with Lipikar is a little more expensive by £42 but also more effective by 0.082 year without flare-ups corresponding to 30 days difference without flare-up.
- The ICER is £513/year without flare-ups. This ratio means that it would cost £515 for an additional year without flare-ups.
- Lipikar is the dominant strategy compared to no treatment : 184 more days without flare-ups and €302,01 cheaper.

# Dealing with uncertainty

#### O <u>Methods</u>

- Additional evidences can reduce uncertainty and provide more precise estimates
- An assessment of the implications of decision uncertainty is an essential part of any decision-making process.
- Two reasons why the uncertainty matters:
  - To provide correct evaluation of expected effect and cost
  - To assess the possible consequences of an uncertain decision for the NHS

### Cost-effectiveness plane



Sources : Michael Drummond, Alistair McGuire. Economic Evaluation in Health Care: Merging theory with practice. Oxford University Press; 2001

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# Probabilistic Sensitivity Analysis : Lipikar vs. Dexeryl



 $\rightarrow$  X axis :  $\Delta$  efficacy  $\uparrow$  Y axis :  $\Delta$  costs

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# Probabilistic Sensitivity Analysis : Lipikar vs. No Moisturizer



→ X axis :  $\Delta$  efficacy ↑ Y axis :  $\Delta$  costs REES FRANCE

# Acceptability Curves



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## Societal perspective

	Lipikar Balm AP+	Dexeryl <sup>®</sup> cream	Atopiclair <sup>®</sup> cream	Eucerin® AtopiControl Body Lotion	No moisturizer
Costs					
Moisturizer	£373,99	£222,16	£3 737,54	£620,04	£0,00
Corticoid	£112,00	£125,32	£162,67	£178,54	£194,03
Hospitalisation	£106,88	£110,36	£120,11	£124,26	£128,31
Physician visit	£781,82	£874,74	£1 135,49	£1 246,25	£1 354,37
Lost productivity	£551,98	£615,90	£795,29	£871,49	£945,86
OOP expenses	£186,23	£193,10	£212,40	£220,59	£228,59
Total	£2 112,90	£2 141,57	£6 163,50	£3 261,17	£2 851,15

	Costs	ΔC	Benefit	ΔΒ	ICER
Lipikar Balm AP+	£2 112,90		3,885		
Dexeryl® cream	£2 141,57	£28,67	3,803	-0,082	Dominated
No moisturizer	£2 851,15	£709,58	3,380	-0,423	Dominated
Eucerin <sup>®</sup> AtopiControl Body Lotion	£3 261,17	£1 119,60	3,475	-0,328	Dominated
Atopiclair <sup>®</sup> cream	£6 163,50	£4 021,93	3,573	-0,230	Dominated

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### Price analysis

#### **Base case : -15%**

	Costs						
	Lipikar	Dexeryl	Differential	Lipikar	Dexeryl	Differential	ICER
Basecase	£1,374.69	£1,332.57	£42.13	3.885	3.803	0.082	£513.85
Price Analysis	£1,318.59	£1,332.57	-£13.97	3.885	3.803	0.082	Dominant
Difference	-£56.10	£0.00	-£56.10	0.00	0.00	0.00	/
Evolution	-4%	0%	-133%	0%	0%	0%	Dominant

#### Societal perspective : +10%

	Costs						
	Lipikar	Dexeryl	Differential	Lipikar	Dexeryl	Differential	ICER
Basecase	£2 112,90	£2 141,57	-£28,67	3,885	3,803	0,082	-£349,76
Price Analysis	£2 150,29	£2 141,57	£8,73	3,885	3,803	0,082	£106,44
Difference	£37,40	£0,00	£37,40	£0,00	£0,00	£0,00	/
Evolution	2%	0%	-130%	0%	0%	0%	-130%

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# Conclusion

Emollients are treatments with preventive effects on effective relapses compared to no moisturizer.

- Lipikar makes it possible to improve as much as possible this period of remission of 0.6 years is about 183 days without flare-ups compared to no moisturizer.
- Nowever, these treatments can be very expensive and particularly Atopiclair. The least expensive treatment is Dexery.
- In terms of efficiency, Lipikar is £42 more expensive than Dexeryl but 0.08 years (30 days) more efficace, which implies an ICER of £513. Moreover, Lipikar dominates all other strategies that they all appear more expensive and less effective.
- With probabilistic analyzes, Lipikar remains mostly more effective and a little more expensive than Dexeryl. Lipikar is the most efficient strategy starting from a willingness to pay of £500. It maximizes the net monetary benefit. It reaches an efficiency probability of 80% for a willingness to pay of £8000.
- Taking into account different perspectives and in particular the societal perspective, which takes into account productivity losses and out-of-pocket expenditures, Lipikar becomes the cheapest strategy.

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