Cost Effectiveness of Individualized Dosing for a Hypothetical New Drug in Atopic Dermatitis: A Pharmacometric-Pharmacoeconomic **Simulation Study**

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Introduction

- Cost effectiveness (CE) of dose individualization strategies (DIS) is rarely considered in early drug development decision making.
- The intersection of pharmacometrics (PM) and pharmacoeconomics (PE) should lead to a more comprehensive understanding of the probability of success for new therapeutics.
- We studied the CE of a DIS, along with key target product profile (TPP) characteristics for a hypothetical new drug, Drug X (DX), in atopic dermatitis (AD) relative to a reference treatment, dupilumab (DU).

Methods

- Literature metadata for DU were digitized and assembled for analysis.
- The PM model described longitudinal eczema area and severity index (EASI) score as a fractional decrease from baseline, and included placebo response, topical corticosteroids (TCS) and drug effects.
- A DIS was emulated as a reduction in interindividual variability (IIV) of DX efficacy response and as a reduction in therapy discontinuation rate (TDR) relative to DU.
- The PE model (from a published PE analysis of dupilumab in AD) was a Markov model with three health states: non-responder, EASI response, and death, linked to state-specific quality-adjusted life years (QALYs).
- Simulation scenarios included variations of DX properties relative to DU (increased Emax, reduced IIV, and decreased TDR).
- Replicate simulations were implemented in an interactive tool developed on the Metworx platform using R and Shiny.
- A cost utility analysis (CUA) was applied to each scenario and summarized as the difference in (DX - DU) QALYs and probability of CE versus willingness to pay (WTP).

Results

Table 1. CUA: Probability of CE for DX and DU at a WTP threshold of \$100,000.

Scenario	Drug X	Dupilumab	CU Ratio (Drug X / Dupilumab)	QALYs (Drug X - Dupilu
1. Drug X = Dupilumab	15%	15%	1.00	0 (-0.3, 0.5)
2. Increase Emax	17%	15%	1.13	0.2 (-0.2, 0.7
3. Decrease IIV	15%	15%	1.00	0 (-0.3, 0.5)
4. Decrease TDR	30%	15%	2.00	0.9 (0.2, 1.8
5. Increase Emax; Decrease IIV, TDR	32%	15%	2.13	1.2 (0.4, 2.2
6. Increase Emax; Decrease IIV	17%	15%	1.13	0.2 (-0.2, 0.7
7. Increase Emax; Decrease IIV, Price	32%	15%	2.13	0.2 (-0.2, 0.7

• Improved TDR (Scenarios 4 and 5), or reduction in Price (Scenario 7), resulted in meaningful increase in CE of DX relative to DU.

Conclusions

- In AD, DIS focused on reducing side effects and decreasing TDR may lead to improved CE for new therapeutics relative to DU.
- TPP characteristics improving efficacy do not necessarily translate to increased QALYs or improved probability of CE.
- PM-PE modeling based approaches may be useful in generating insights about CE for early drug development decision making.
- Further evaluation and assessment of sensitivity to assumptions is necessary for specific modalities and DIS methods.



Individualized dosing may improve the cost effectiveness of new therapeutics in atopic dermatitis.





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Supporting Content

PM (left) and PE (right) Models



Table 2. Simulation Scenarios

	Drug X Model Parameters Relative to Dupilumab					
Scenario	Emax	IIV	TDR	Price		
1	1	1	1	1		
2	5	1	1	1		
3	1	0.5	1	1		
4	1	1	0.5	1		
5	5	0.5	0.5	1		
6	5	0.5	1	1		
7	5	0.5	1	0.9		

Typical Efficacy Response (left) and CUA (right) by Scenario

