# Budget impact analysis of cenobamate as novel adjunctive treatment for FOS in epilepsy patients inadequately controlled with ≥3 anti-seizure medications for the Belgian healthcare payer

K. Vonck<sup>1</sup>, O. Bodart<sup>2</sup>, S. Weckhuysen<sup>3</sup>, A. Tanghe<sup>4</sup>, B. Callebaut<sup>4</sup>, I. Fau<sup>5</sup>, B. Legros<sup>6</sup>

<sup>1</sup>UZ Gent, <sup>2</sup>CHU Liège, <sup>3</sup>UZ Antwerp, <sup>4</sup>Hict, <sup>5</sup>Angelini, <sup>6</sup>Hôpital Erasme

## **Context & objective**

### **PREVALENCE**



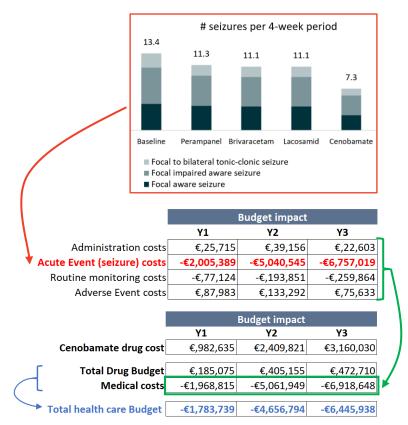
have FOS epilepsy in Belgium

Epilepsy is the most **common** neurological condition worldwide, with over half of the patients experiencing focal onset seizures (**FOS**)<sup>1,2</sup>. Cenobamate is a **novel therapy** approved for **adjunctive** treatment of FOS with/without secondary generalization in adult epilepsy patients inadequately controlled despite treatment with  $\geq 2$  anti-seizure medications (ASMs).

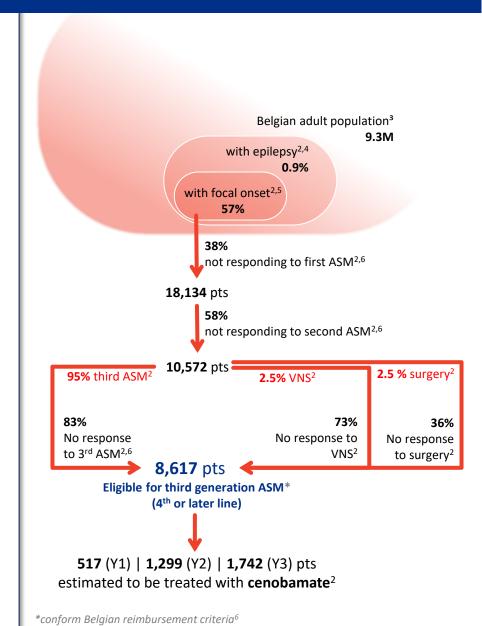
# Methodology

A prevalence-based budget impact model was developed with a 3-year time horizon. The model accounts for the eligible population, projected market shares, drug acquisition costs and medical costs [monitoring, treatment of seizures and adverse events (AEs)]. The size of the eligible patient population and Belgian clinical practice were estimated from literature and expert opinion<sup>2</sup>. Efficacy, AE rates, treatment schedules/dosing were obtained from publications or SmPCs. Costs were obtained from national databases, literature and expert opinion<sup>2</sup>.

### Results



- ✓ Although cenobamate adds € 6,552,486 on the drug budget for NIHDI, the reduction due to replacement of other ASMs over the 3Y period, yields a total additional impact on the **drug budget of €1,062,940**.
- ✓ The efficacy of cenobamate leads to significant higher response and seizure reduction, resulting in a 3Y saving of -€13,802,954 associated to the treatment of seizures: outpatient visits, ER visits and hospitalizations.
- ✓ Higher response of patients on cenobamate also results in lower costs for routine monitoring (-€530,839 in a 3Y period).
- ✓ The model takes into account an increase of costs due to treatment of AEs and administration of ASMs (€348,381).
- ✓ The overall medical costs decrease with -€13,949,412 over 3 years due
  to the treatment with cenobamate.
- ✓ Sensitivity analyses confirm the **robustness** of the model and associated results.



Savings generated at medical cost level completely offset the impact of cenobamate on the drug budget, resulting in overall healthcare budget saving of

resulting in overall **healthcare budget saving** of €12,886,471 for NIHDI over the first 3 year.

ASM: anti-seizure medications; FOS: focal onset seizures; NIHDI: National Institute for Health and Disability Insurance; pts: patients; VNS: vagual nerve stimulation

References: <sup>1</sup> Neligan et al, Chapter 1 - The incidence and prevalence of epilepsy, Online Accessed 2020 (<u>Link</u>) <sup>2</sup> Hict, Expert opinion report - Clinical practice of focal onset seizures in Belgium, Ghent 2021 <sup>3</sup> StatBel, Bevolkingsvooruitzichten (1992-2070), Online accessed 2021 (<u>Link</u>) <sup>4</sup> Sciensano, Gezondheid en kwaliteit van leven – Samenvatting van de resultaten gezondheidsenquete 2018, 2018 <sup>5</sup> Hauser et al, Incidence of epilepsy and unprovoked seizures in Rochester, Minnesota: 1935-1984, Epilepsia, vol 34(n4), 1993 <sup>6</sup> Schiller et al, Quantifying the response to anti-epileptic drugs – Effect of past treatment history, Neurology, vol 70, 2008. <sup>6</sup> Boon et al. Recommendations for the treatment of epilepsy in adult and pediatric patients in Belgium: 2020 update, Acta Neurologica Belgica, 121, 2021.

