BACKGROUND
- Alzheimer’s disease-modifying therapies (ADMTs) are a novel class of disease-modifying therapies (DMTs) for Alzheimer’s disease (AD), have demonstrated efficacy in clinical studies.1,2
- With limited follow-up data from clinical studies, uncertainty exists around optimal treatment (Tx) duration with DMTs.
- In June 2021, US FDA granted accelerated approval for the first amyloid-targeting mAb, aducanumab, for the Tx of AD.3
- An economic analysis of aducanumab reported an incremental cost-effectiveness ratio (ICER) of $1.33 million per quality-adjusted life-years (QALYs) gained vs. supportive care based on:
  - Lifetime incremental costs of $204,000.
  - Lifetime incremental gain of 0.154 QALYs.
- Lilly’s Phase 2 TRIALSBLAZER-ALZ study of donanemab was the first study on AD DMT, to meet its pre-specified primary endpoint and demonstrate statistically significant slowing of cognitive and functional decline when used for a limited duration of time.4
- Given the anticipated approval of additional DMTs for AD, we assessed the cost-effectiveness of hypothetical DMTs with different efficacy profiles and durations of benefit.

OBJECTIVE
To estimate the potential cost-effectiveness of hypothetical DMTs administered for different Tx durations in patients with early symptomatic AD:
- Continuous Tx duration
- Fixed Tx duration
- Limited but variable Tx duration

ICER = Incremental Cost-Effectiveness Ratio; QALY = Quality-Adjusted Life Year; Tx = Treatment.