Prostate cancer is expected to account for approximately one-quarter of all new diagnoses of cancer in American men in 2015.1 This conformational prostate cancer is expected to cost $22 billion by the year 2023, or $11 trillion by 2050.2

For the hypothetical plan population, 80% of male members were assumed to be < 65 years old and 20% of members to be ≥ 65 years old.3

Dosing and duration of therapy, inclusion of pre- and concomitant medication, and monitoring requirements were obtained from the prescribing information for the respective product.4

Grade 4: Life-threatening consequences; urgent intervention indicated.

Oral drugs were assumed to not incur any administration costs.

National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) Grade 3 and 4 AEs

In the chemotherapy-naïve population, enzalutamide results in $510,641 of additional total cost, $4,426 PPPY, $10,589 PMPM, and $52,944 PA.5

This budget impact analysis suggests that the adoption of enzalutamide in chemotherapy-naïve patients will have a modest budget impact to the 1-million member health plan of $510,641, with approximately one-third of the cost being drug acquisition costs. These moderate costs provide offsets to drug acquisition costs. Enzalutamide has moderate AEs and concomitant medication costs and does not require additional monitoring. These moderate costs provide offsets to drug acquisition costs.

Adverse event costs

When treatment cost estimates are averaged on a monthly basis and different input options require different iterations, market share were adjusted to reflect the percentage of treatment months that included the event. Costs were then multiplied by the number of treatment months to normalize the market share weight when using monthly cost components.

Drug cost $5,654,290 $6,186,461 $532,171

Inclusion of monitoring requirements was determined based on the prescribing information for the respective therapeutic.

Inclusion of Grade 1 or 2 AEs or variation in risks of serious AEs may impact the conclusions of the study. The present model included only Grade 3 and 4 AEs that were assumed to require hospitalization, with AE incidence rates based on prescribing information or pivotal trial data. Inclusion of Grade 1 or 2 AEs or inclusion of AE incidence rates may impact the conclusions of the present model.

The budget impact estimates are for a hypothetical 1-million member health plan and may not generalize to other plans with different patient populations or cost structures, for example.

The present model may overestimate the budget impact of enzalutamide as the model does not include assumptions about patient adherence, especially among targets attracting the enzalutamide use, sequencing or combination of therapies may impact model results.6

Model assumptions were conducted for all model parameters to test the sensitivity of the model results to variation in the model parameters by varying individual parameters over a range of values based on the current literature, without chemotherapy-naive indicated for the chemotherapy-naive populations

The present model does not account for any sequencing of treatments or combination therapy that may go on to receive additional treatments and may also develop high-cost disease-related complications, such as skeletal-related events.

The budget impact estimates are for a hypothetical 1-million member health plan and may not generalize to other plans with different patient populations or cost structures, for example.

This study was funded by Astellas Pharma, Inc., and Medivation, Inc., the co-developers of enzalutamide. Editorial assistance and preparation of this manuscript were provided by Xcenda, Palm Harbor, FL; and the author of this poster.

The model inputs are based on a variety of assumptions, including the size of the target population, treatment costs, risk of AEs, and respective markets.

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The model results were sensitive to the drug cost per month for each comparator, chemotherapy-naive indication, and enzalutamide chemotherapy-naive market (panel B in chemotherapy-naive patients). The sensitivity analysis resulted in a maximum expected budget impact of $817,460 (PMPM) when the chemotherapy-naive cost was changed by 10%.

Payer population

National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) Grade 3 and 4 AEs

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