

# Cost-effectiveness compared for metastatic melanoma treatments

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(HealthDay)—For patients with *BRAF* wild-type metastatic melanoma,

first-line pembrolizumab (PEM) every three weeks followed by second-line ipilimumab (IPI), or first-line nivolumab (NIVO) followed by IPI, are the most cost-effective strategies, according to a study published online Feb. 21 in the *Journal of Clinical Oncology*.

Christine G. Kohn, Pharm.D., from the University of Saint Joseph School of Pharmacy in Hartford, Conn., and colleagues compared the cost-effectiveness of different strategies for sequencing novel agents for advanced melanoma treatment. A Markov model was developed using a U.S.-payer perspective and lifetime horizon to estimate costs and quality-adjusted life-years (QALYs) for treatment sequences with first-line NIVO, IPI, NIVO + IPI, and PEM every two weeks, and PEM every three weeks.

The researchers found that, compared with dacarbazine followed by IPI then NIVO, or IPI followed by NIVO, PEM every three weeks followed by second-line IPI was more effective and less costly. NIVO followed by IPI produced an incremental cost-effectiveness ratio of \$90,871/QALY, and first-line NIVO +IPI followed by carboplatin plus paclitaxel chemotherapy resulted in an incremental cost-effectiveness ratio of \$198,867/QALY, compared with first-line dacarbazine treatment.

"For patients with treatment-naïve *BRAF* wild-type advanced melanoma, first-line PEM every three weeks followed by second-line IPI or first-line NIVO followed by second-line IPI are the most cost-effective, immune-based [treatment](#) strategies for metastatic [melanoma](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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