

Outcomes-based pricing doesn't cut costs of PCSK9 inhibitors

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(HealthDay)—Outcomes-based pricing does not reduce the costs of

proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors, according to a research letter published online April 3 in the *Annals of Internal Medicine*.

Dhruv S. Kazi, M.D., from the University of California in San Francisco, and colleagues examined the effect of outcomes-based pricing on the cost-effectiveness of PCSK9 inhibitors among 8.9 million U.S. adults aged 40 to 84 years with [atherosclerotic cardiovascular disease](#). Three scenarios were modeled, in which the manufacturer would refund one year of [drug](#) cost, all [drug costs](#) before the event, or drug costs plus inpatient costs for [myocardial infarction](#) (MI) or stroke.

The researchers found that, compared to ezetimibe added to a statin, the incremental cost-effectiveness ratio (ICER) for a PCSK9 inhibitor added to a statin was \$324,000 per quality-adjusted life year (QALY) without the refund. The ICER was improved only marginally with each of three pricing schemes; all ICERs remained considerably higher than \$100,000 per QALY. The largest refund was seen in the scenario in which the manufacturer would refund drug costs plus inpatient [costs](#) for MI or stroke; in this case, the ICER for a PCSK9 inhibitor added to a statin improved by 3.1 percent.

"Although outcomes-based pricing may have a role in other settings, our analysis of its application to PCSK9 inhibitors—effective preventive medications with a high price tag—shows the potential limitation of this approach for high-cost preventive therapies," the authors write.

One author is an employee of the Institute for Clinical and Economic Review, whose annual summit is partially supported by funding from pharmacies and pharmaceutical companies.

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