

Epinephrine personal autoinjectors cost-effective at \$24

November 19 2018



(HealthDay)—In a simulation of children with peanut allergy,

epinephrine personal autoinjectors are cost-effective at \$24, according to a study published online Nov. 16 in *JAMA Network Open*.

Marcus Shaker, M.D., from the Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, and Matthew Greenhawt, M.D., from the University of Colorado School of Medicine in Aurora, assessed cost ceilings for value-based epinephrine prices in peanut allergy. They compared a cohort of children with a peanut allergy who had been prescribed epinephrine autoinjectors to children with a peanut allergy not receiving personal epinephrine prescriptions.

A total of 100,000 simulated infants with [peanut allergy](#) entered each strategy; two-thirds of the group received annual personal epinephrine prescriptions and used these devices appropriately. The researchers found that the cost of anaphylaxis preparedness and treatment was \$25,478 in those with personal epinephrine devices versus \$654 in those without personal epinephrine. The average food allergy fatality was 0.00056 and 0.00148 per patient prescribed self-injectable epinephrine and not prescribed self-injectable epinephrine, respectively. Based on a 10-fold fatality risk difference, the value-based price for personal epinephrine was \$24. The autoinjector incremental cost-effectiveness ratio was \$2,742,697 per quality-adjusted life-year at a market cost of \$715 per twin pack. The value-based price ceiling for a personal autoinjector was \$264 if a hypothetical fatality risk protection from personal [epinephrine](#) was modeled at 100-fold.

"Current [autoinjector prices](#) are not cost-effective in preventing an outcome of fatality from food [allergy](#)," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: [Abstract/Full Text](#)

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Citation: Epinephrine personal autoinjectors cost-effective at \$24 (2018, November 19) retrieved 9 April 2024 from <https://medicalxpress.com/news/2018-11-epinephrine-personal-autoinjectors-cost-effective.html>

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