



Title Intravenous Immunoglobulin for Treatment of Idiopathic Thrombocytopenic Purpura: Economic and Health Service Impact Analyses

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Aim

To investigate the cost effectiveness and health service impact of intravenous immunoglobulin (IVIg) in treating idiopathic thrombocytopenic purpura (ITP) in Canada.

Further research/reviews required

Canadian patient-level, health resource utilization and utility data are needed from randomized controlled trials that compare IVIg with alternative therapies.

Conclusions and results

Two primary economic evaluations indicate that the cost effectiveness of IVIg is more favorable in the childhood ITP population than in the chronic ITP adult population. Using foreign prevalence and incidence data to derive Canadian estimates, there are 6090 chronic adult ITP cases and 268 acute childhood ITP cases. Annual per-patient maintenance costs are \$26 931 for chronic adult ITP versus \$1598 for acute childhood ITP.

Recommendations

Not applicable.

Methods

A comprehensive search identified published economic evaluations comparing IVIg to alternative therapies for ITP. Two primary economic evaluations were conducted, based on published economic evaluations and input from clinical experts. One model compared treatments for acute ITP (IVIg, anti-D, prednisone, methylprednisolone, observation) and the other compared treatments (IVIg, prednisone) for chronic adult ITP. A published CADTH systematic review of IVIg in treating ITP was used to identify relevant clinical studies. Additional literature searches identified the information needed to estimate the population and budget impacts of IVIg. Current and potential future budgetary impacts of IVIg in treating ITP were estimated. Finally, we reviewed and summarized discussions from selected clinical and economic papers related to ethical, psychosocial, legal, and implementation issues.