



<b>Title</b>	<b>Intravenous Immunoglobulin for Chronic Inflammatory Demyelinating Polyneuropathy: Clinical- and Cost-Effectiveness Analyses</b>
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## Aim

To evaluate the comparative clinical effectiveness, cost effectiveness, and health services impact of intravenous immunoglobulin (IVIg) in treating chronic inflammatory demyelinating polyneuropathy (CIDP).

predicts treatment response; and to investigate new and old immunosuppressant therapies alone or in combination with IVIg to determine if a combination will be effective in treating CIDP.

## Conclusions and results

Compared to placebo, IVIg shows a statistically significant reduction in impairment and disability in patients with CIDP. The improvements are similar to those resulting from corticosteroid and plasma exchange therapy. Compared to active comparators, however, it is unclear whether IVIg has therapeutic advantages in managing CIDP. The cost per QALY of IVIg compared to corticosteroids in CIDP treatment (\$549 449) is higher than what might be viewed as cost effective.

## Recommendations

Not applicable.

## Methods

Clinical efficacy and effectiveness were reviewed using relevant clinical trials, meta-analyses, systematic reviews, or health technology assessments of IVIg for CIDP. Outcomes of interest were: change in disability or impairment; durability of this change; change in electrophysiologic outcomes; change in quality of life; and adverse events. Economic evaluation consisted of reviewing full economic assessments of IVIg for CIDP found by a systematic literature search and a primary economic analysis (cost utility) from a publicly funded healthcare system perspective using a Markov model focusing on adult patients with CIDP. Treatment comparators were IVIg and oral corticosteroids, and the time horizon was 5 years.

## Further research/reviews required

More research is needed: to answer questions related to dosing; to identify predictors of response to IVIg (clinical, patient-level predictors associated with infusion or the IVIg product); to determine if the disease course