

# Price of alirocumab would have to be cut to be cost-effective

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analysis revealed that to be cost-effective relative to [ezetimibe](#), the price of alirocumab would have to decrease from its original cost of \$14,560 to \$1,974 annually.

"Because of our experience, we encourage other members of the academic community to become involved in evaluating the cost-effectiveness of new therapies in a timely manner," the authors write. "We believe that this involvement may positively influence the pricing and adoption of interventions that are useful to patients, just as important clinical trials have the potential to influence [clinical practice](#)."

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(HealthDay)—For patients with a recent acute coronary syndrome receiving a statin, the price of alirocumab would have to be reduced to be cost-effective, according to a study published online Jan. 1 in the *Annals of Internal Medicine*.

Dhruv S. Kazi, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues examined the cost-effectiveness of alirocumab in patients with a recent acute coronary syndrome. Participants were U.S. adults with a recent first myocardial infarction and a baseline low-density lipoprotein cholesterol level of 1.81 mmol/L or greater who received either alirocumab or ezetimibe added to [statin](#) therapy.

The researchers found that the addition of ezetimibe compared with a statin alone cost \$81,000 per quality-adjusted life-year (QALY). The cost of alirocumab was \$308,000 per QALY compared with a statin alone. Replacing ezetimibe with alirocumab cost \$997,000 compared with the combination of statin plus ezetimibe. A sensitivity

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