





Collaboration for New Treatments of Acute Stroke

# Cost-effectiveness of tenecteplase versus alteplase for acute ischemic stroke

#### Chi Phuong Nguyen<sup>1,2,3</sup>, Maarten M H Lahr<sup>2</sup>, Durk-Jouke van der Zee<sup>1,2</sup>, Henk van Voorst<sup>4,5</sup>, Yvo B.W.E.M. Roos<sup>6</sup>, Maarten Uyttenboogaart<sup>7,8</sup>, Erik Buskens<sup>1,2</sup>, on behalf of the CONTRAST consortium

<sup>1</sup> Department of Operations, Faculty of Economics and Business, University of Groningen, the Netherlands; <sup>2</sup> Health Technology Assessment, Department of Epidemiology, University Medical Center Groningen, the Netherlands; <sup>3</sup> Department of Pharmaceutical Administration and Economics, Hanoi University of Pharmacy, Vietnam; <sup>4</sup> Department of Radiology and Nuclear Medicine, Amsterdam University Medical Center, the Netherlands; <sup>5</sup>Department of Biomedical Engineering and Physics, Amsterdam University Medical Center, the Netherlands; <sup>6</sup> Department of Neurology, Amsterdam University Medical Centers, location University of Amsterdam, the Netherlands; <sup>7</sup> Department of Neurology, University Medical Center Groningen, the Netherlands; <sup>8</sup> Department of Radiology, Medical Imaging Center, University Medical Center Groningen, the Netherlands;

## Results

### Introduction

> Intravenous alteplase is widely used as a treatment for acute Table 1 Cost-effectiveness results in base case and scenarios

- ischemic stroke (AIS).
- Recently, tenecteplase has been shown to result in higher recanalization rates, improved functional outcome and a similar safety profile in AIS patients with large vessel occlusion (LVO) compared to alteplase.
- This study aims to evaluate the cost-effectiveness of 0.25mg/kg tenecteplase versus 0.9mg/kg alteplase for thrombolysis in LVO.

## Methods

Figure 1 A. Decision tree model; B. Markov model



Treatment	Cost (€)	Increment	QALY	Increment	ICER
		cost (€)		QALY	(€/QALY)
Base case: AIS patients with LVO					
Alteplase	115,818	-	3.88	-	-
Tenecteplase	120,904	5,086	4.50	0.62	8,151
Scenario 1: AIS patients with LVO > 80 years					
Alteplase	74,642	-	1.26	-	-
Tenecteplase	77,472	2,830	1.74	0.48	5,864
Scenario 2: AIS patients					
Alteplase	107,990	_	4.03	-	-
Tenecteplase	107,981	-9	4.08	0.05	dominant
Scenario 3: real-world data for AIS patients					
Alteplase	102,907	-	4.16	-	-
Tenecteplase	102,980	73	4.27	0.11	699

Figure 2 One-way sensitivity results

% mRS6 in alteplase group

EVT: endovascular thrombectomy; M: Markov model; mRS: modified Rankin score

- A 10-year Markov decision-analytic model was constructed to assess total costs, total quality-adjusted life year (QALY), and an incremental cost-effectiveness ratio (ICER) of tenecteplase and alteplase in LVO.
- ➤ We applied two willingness-to-pay thresholds of €50,000/QALY and €80,000/QALY.
- We used clinical data from large randomized controlled trials and real-world data.
- The robustness of our results was checked by using one-way sensitivity analysis, probabilistic sensitivity analysis and scenario analysis.



% mRS4 in alteplase group % mRS0-1 in tenecteplase group % mRS0-1 in alteplase group % mRS6 in tenecteplase group % mRS4 in tenecteplase group % mRS2-3 in tenecteplase group cost of mRS2-3 at 1 year % EVT in alteplase group % mRS2-3 in alteplase group

2,000 4,000 6,000 8,000 10,000 12,000 14,000 16,000 ICER (€/QALY)

#### Figure 3 Cost-effectiveness acceptability curve in base case



## Conclusions

- Tenecteplase was cost-effective compared to alteplase in base case and all scenarios.
- Tenecteplase could be considered as a replacement for alteplase in LVO patients to reduce stroke burden.

#### p.nguyen@umcg.nl

