

Cost-minimization comparison of infusion based FOLFIRI (5-fluorouracil and leucovorin) versus oral based XELIRI (capecitabine and irinotecan) In Metastatic Colorectal Cancer (mCRC)

R. Baran, E. McKenna, Y. Patt, N. Ghali; Roche Labs, Nutley, NJ; University of Maryland Medical Center, Baltimore, MD

Background

Capecitabine (Xeloda), an oral fluoropyrimidine, has been explored as an alternative to infusional 5-FU in irinotecan regimens, assuming capecitabine can clinically replace infusional 5-FU. This cost-minimization model compares the total cost of care for FOLFIRI versus XELIRI regimens in first line mCRC.

Methods

Clinical response endpoints (objective response rates, time to tumor progression) and patient populations reported for FOLFIRI (Tournigand C. JCO 2004) and XELIRI (Patt YZ. ASCO 2003) are similar in published clinical trials, justifying the cost-

minimization comparison method. Costs of drug acquisition and administration were projected over 24 weeks, corresponding to therapy in trials. Analysis included 2 week cycles of FOLFIRI and 3 week cycles of XELIRI. Costs of drugs, adverse events (AEs), reimbursement of services, and supplies were based on Dec 2003 Medicare fee schedules. Treatment costs for adverse events in each regimen were based on documented incidences and costs.

Results

Drug acquisition plus administration costs for FOLFIRI totaled \$38,301 versus \$37,687 for XELIRI. Cost of drug only for FOLFIRI was \$32,159 versus \$36,728 for XELIRI. FOLFIRI

incurred additional costs for pump maintenance, infusion, and line access. Treatment costs for AEs with FOLFIRI totaled \$1,580 versus \$502 with XELIRI. Drivers of AE costs were anemia and febrile neutropenia which were more frequent with FOLFIRI. Total cost of care associated with FOLFIRI was \$39,881 versus \$38,189 for XELIRI, a reduction of 4.24%.

Conclusions

XELIRI reduces costs versus FOLFIRI due to overall ease and safety of oral administration and less frequent and costly AEs. *Journal of Clinical Oncology, 2004 ASCO Annual Meeting Proceedings (Post-Meeting Edition). Vol 22, No 14S (July 15 Supplement), 2004: 3762*

FROM THE DESK OF DR. JOE



OIG Study Offers Opportunity for Physicians

by Dr. Joe DiBenedetto, Jr., M.D.
Medical Director, Oncology Associates

Effective January 1, 2005, oncologists in practice have noted a change in reimbursement for drugs. Under the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), Part B drugs are now being paid at an Average Selling Price (ASP) plus 6%. The first quarter 2005 payment rates are based upon third quarter 2004 data submitted to CMS from pharmaceutical manufacturers. CMS and Congress have stated they want to be sure that Medicare drug reimbursement is paid correctly and that

no Part B drug is under reimbursed.

The OIG Study

The Office of Inspector General (OIG) is charged with ensuring that physician providers can obtain drugs at 106% of the average sales price and is currently calling provider offices to insure this is the case. This OIG study will be completed in October 2005. Oncology Associates Members are strongly encouraged to participate in this study and to report prices paid correctly to the OIG. Physician

providers should definitely emphasize in the survey if any drug cannot be obtained at ASP plus 6.

Quality of Life Demonstration Project

Oncology Associates also urges all its members to participate in the Quality of Life Demonstration Project funded by Medicare to study symptoms of nausea and/or vomiting, fatigue and pain. This project has been funded and will continue through the entire 2005 calendar year. **OA**