Conclusion

Pharmacoeconomic analysis in phase III clinical trials should be considered to better inform licensure and reimbursement decisions for pharmaceutical therapies. Because economic analyses alongside phase III clinical trials may have limitations in generalizability, validation after the drug has been introduced (phase IV) should complement the clinical trial economic information. To be successfully implemented, physicians, payers, pharmaceutical companies, politicians, and government must first understand the importance of economic analysis and methods of economic analysis, and then must put it into practice. Although there are valid criticisms of clinical economics, no ideal method of rationing medical care exists. Despite the limitations of economic analysis, these methods are valuable tools for improving resource allocation in the health sector. Increasing interest has helped these methods evolve to improve the information available to decision-makers.

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