since using pegylated or Convencional Interferon combined with Ribavirin. Incremental cost–effectiveness ratios obtained in the model show peginterferon alpha 2b higher compared to peginterferon alpha 2a. Average costs per patient treated were: $8,422.16 for peginterferon alpha 2b. Average cost–effectiveness ratios were extracted from published sources. Both costs and outcomes were discounted annually at 5%.

OBJECTIVES: Hepatitis C virus treatment is based on the use of Pegylated or Convencional Interferon combined with Ribavirin according to HCV genotype in Brazil. During this treatment usually it is observed adverse events that may need additional medications. The main goal of this study was to evaluate the impact of the costs of the additional drugs used by chronic HCV patients during the treatment with Pegylated or Convencional Interferons combined with Ribavirin. METHODS: It was used a retrospective cohort of HCV patients receiving medication from the Ministry Division of followed at the Clinical Health Care Intervention Unit from the HC-FMUSP. Using the SÍGHT (Sistema de Informação de Gestão Hospitalar)—PRODEPS (Tecnologia da Informação), 117 patients were identified as receiving treatment for chronic HCV during the period of June 2005 and August 2007. Costs were determined using the Sistema de Administração de Materiais (SAM) from the HC-FMUSP and were compared to Câmera de Regulação do Mercado de Medicamentos, ABC-Farma and DATASUS. Comercial US$ = R$ 32.1. RESULTS: The total cost of convencional interferon 3 million UI was US$21,736.76, peginterferon 2a 180 mcg US$168,739.74 and peginterferon 2b 80 mcg US$223,325.09. The concomitant medications were US$33,806.66 the price from the SAM, while the value from the CMED would be US$57,572.16. The total cost of medications used by these patients was US$433,608.26, and 7.71% was due to concomitant medications.

CONCLUSIONS: There is a great difference among the source of prices to evaluate cost of treatment and concomitant medications should be considered in evaluation of chronic hepatitis C patients.

**PG3**

**COST-EFFECTIVENESS OF PEG-INFN ALPHA 2A OR 2B PLUS RIBAVIRIN IN THE TREATMENT OF CHRONIC HEPATITIS C IN MEXICO**

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OBJECTIVES: To compare the cost-effectiveness of peginterferon alpha 2a or alpha 2b, plus ribavirin, in the treatment of Hepatitis C virus chronic infection, from an institutional perspective, in the Mexican setting. METHODS: Using a decision tree, a Hepatitis C virus chronic infection 1-year treatment was modeled. The effectiveness of each treatment against genotypes 1, 2, or 3 was obtained using a previously published meta-analysis. The effectiveness measure was the percentage of patients who obtained a sustained viral response. Epidemiological data were included for genotype population distributions in Mexico. The utilized health care resources were derived from the Hepatitis C National Consensus and records from a reference hospital, whereas costs were obtained from purchasing records from a public institution. Costs were estimated using prices of 2008 and are expressed in US dollars (exchange rate of 11.14 pesos/1 US$).

RESULTS: The cost for drugs accounted for over 80% of total treatment cost. Average costs per patient treated were: $8,422.16 for peginterferon alpha 2b + ribavirin vs. $9452.59 for peginterferon alpha 2a + ribavirin. Effectiveness achieved in obtaining a cure was sustained viral response for peginterferon alpha 2b + ribavirin vs. 19% higher compared to peginterferon alpha 2a + ribavirin. Average cost-effectiveness ratios corresponding to cost per patient with sustained viral response were $14,921.42 for peginterferon alpha 2b + ribavirin; and $21,221.53 for peginterferon alpha 2a + ribavirin. Incremental cost-effectiveness ratios obtained in the model are: peginterferon alpha 2b + ribavirin treatment was the most cost-effective or dominant strategy, since using peginterferon alpha 2b + ribavirin has a cost of $685,28 pesos for an additional patient to present sustained viral response. CONCLUSIONS: Ribavirin plus peginterferon alpha 2b combination was the most cost-effective treatment, in the Mexican context, according to the proposed decision tree model.