COST-UTILITY ANALYSIS OF SOFOSBUVIR FOR TREATMENT OF GENOTYPE 1 HEPATITIS C VIRUS INFECTION IN POLAND

OBJECTIVES: To perform a cost-utility analysis of sofosbuvir for genotype 1 chronic hepatitis C virus (HCV) infection in Poland. METHODS: A Markov model was used to simulate the treatment of HCV geno-type 1 patients. The model was developed using the Markov model generator (MMG) software and was validated against published data for genotype 1 HCV infection in Poland and other countries. RESULTS: The model predicted that sofosbuvir would be cost-effective at a willingness-to-pay (WTP) threshold of PLN 100,000 per QALY gained, with an incremental QALY gain of 0.015. Fidaxomicin was associated with higher costs and was dominant compared to vancomycin, resulting in cost savings of PLN 905 and PLN 11,810, respectively. CONCLUSIONS: Fidaxomicin was considered to be cost-effective for treatment of genotype-1 HCV patients in Poland.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

ADHERENCE RATES FOR PEGINTERFERON + RIBAVIRIN COMPARED WITH SOFOSBUVIR IN PATIENTS TREATED FOR CHRONIC HEPATITIS C

OBJECTIVES: To estimate the utility scores for diabetes patients aged 50 years and over in the United States. METHODS: A large US commercial and Medicaid health insurance claims database was used to identify diabetes patients treated with or without metformin. The impact of metformin on adherence was measured using claim data for patients at 4 weeks and at 24 weeks. Regression analyses adjusted for age, sex, comorbidities, and diabetes type. RESULTS: Adherence was significantly higher for patients treated with metformin compared to those without. CONCLUSIONS: Metformin improves adherence to diabetes medications. Further studies are needed to confirm these findings.

QUALITY OF LIFE OF DIABETIC PATIENTS TREATED WITH GLUCOSE-CONTROLLED MEDICATIONS

OBJECTIVES: To evaluate the quality of life of diabetic patients treated with glucose-controlled medications. METHODS: A large US commercial and Medicaid health insurance claims database was used to identify diabetic patients treated with or without metformin. The quality of life was measured using the EQ-5D-3L questionnaire. RESULTS: Patients treated with metformin had a higher quality of life compared to those without. CONCLUSIONS: Metformin improves the quality of life of diabetic patients.

ECONOMIC VALUE STUDIES IN GASTROENTEROLOGY IN BRAZIL: A SYSTEMATIC REVIEW

OBJECTIVES: To systematically review the economic value studies carried out in Brazil, published between January 1990 and December 2013, assessing the technologies studied, the study types, and the temporal evolution and quality. METHODS: We systematically searched MEDLINE (PubMed), EMBASE, Lilacs, Scielo, NHI EID, HTA Database (CRD), BVS ECOS, Scopus, Web of Science, and SISREBRATS. We selected partial and full economic evaluations in gastroenterology where at least one of the authors was affiliated to a Brazilian institution. Two authors performed study selection and data extraction.RESULTS: Forty studies were included. The first study on economic evaluations was published in the 80s, but the frequency in the last 4 years. Seventeen economic evaluations were incomplete (42.5%) and 23 complete (57.5%). In the 23 complete reviews, 11 (47.8%) studies were cost-utility analyses, 7 (30.4%) were cost-effectiveness analyses, 4 (17.4%) cost- effectiveness analyses, and 2 (8.7%) cost-effectiveness analyses. The impact of metformin on adherence was measured using claim data for patients at 4 weeks and at 24 weeks. Regression analyses adjusted for age, sex, comorbidities, and diabetes type. RESULTS: Adherence was significantly higher for patients treated with metformin compared to those without. CONCLUSIONS: Metformin improves the quality of life of diabetic patients.