comes of repeated treatment with tegaserod compared to usual care in a hypothetical cohort of 1000 female patients ages 18–65 years. Probability and utility estimates were obtained from clinical trials; costs were derived from published fee schedules and other sources. Using a societal perspective over a 60-week time horizon, treatment of tegaserod was compared to usual care based on costs, quality-adjusted life-years (QALYs), and incremental cost-utility ratio (ICUR). One-way sensitivity analyses were conducted to assess the effect of varying baseline estimates within plausible ranges on ICUR, and a probabilistic sensitivity analysis in which parameters were varied simultaneously over predefined probability distributions was conducted. RESULTS: Although the cost of tegaserod treatment was higher than that of usual care ($1,070,761 vs. $1,737,000), the outcomes of tegaserod treatment were also better than those of usual care ($344 QALYs vs. 806 QALYs). The resulting incremental cost-utility ratio was $32,113/QALY. The probability that tegaserod remains cost-effective within the generally accepted $50,000 per utility ratio was 77% for tegaserod. One-way sensitivity analyses demonstrate that the results are most sensitive to the costs of tegaserod and the utilities associated with treated and untreated IBS. In probabilistic sensitivity analyses, the costs of tegaserod accounted for 77% of variation in the ICUR. CONCLUSIONS: For treatment of IBS-C in females, tegaserod is cost-effective compared to usual care.

A COST UTILITY ANALYSIS OF PEGUINTERFERON ALFA 2B (12KD) (PEG2B) VERSUS PEGUINTERFERON ALFA 2A (40KD) (PEG2A) FOR THE TREATMENT OF CHRONIC HEPATITIS C (CHC) IN BRAZIL
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OBJECTIVES: The Brazilian government has published guidance for the use of pegulated interferons for the treatment of CHC in adults. However, there is no differentiation between the drugs either concerning efficacy or cost effectiveness. We used a previously published Brazilian Markov model to compare these two drugs in terms of cost utility. METHODS: The Brazilian Markov model describes the clinical history of CHC in which cohorts of hepatitis C virus (HCV) patients receive peginterferon alfa 2b or peginterferon alfa 2a for either 48 or 24 weeks according to genotype and liver histology and were followed for their life expected time. The reference patient was a 30-year-old male with CHC without cirrhosis. The SVRs to PEG2b and PEG2a were 48% and 46% for HCV genotype 1 and 88% and 76% for non-1, respectively. Quality of life for each health state was based on literature. Costs for each health state was based on three Delphi panels, one with hepatologists, one with intensivists and another with oncologists. Costs in 2005 reais and benefits were discounted at 3%. RESULTS: In HCV genotype 1 PEG2b increases life expectancy (LY) by 0.07 years and quality adjusted life expectancy (QALY) by 0.13 years compared to PEG2a. In these patients PEG2b is less costly than PEG2a (R$3.763.33 difference). In HCV non-genotype 1 patients PEG2b increases LY by 0.44 and QALY by 0.76. Also, in HCV non-genotype 1 patients PEG2b was less costly than PEG2a (R$6.371.04 difference). CONCLUSIONS: Peginterferon alfa 2b is dominant, in pharmacoeconomics terms, in comparison to PEG2a for the treatment of HCV adult patients, in Brazil.

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COST-UTILITY OF A MODALITY OF “C” VIRUS HEPATITIS TREATMENT IN PATIENTS THAT DO NOT RESPOND TO INTERFERON PLUS RIBAVIRIN IN MEXICO
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OBJECTIVE: To determine cost-utility of the treatment alternatives of C virus hepatitis (CVH) in the Mexican Institute of Social Security (IMSS): a) Peginterferon, b) Peginterferon plus Ribavirin, c) Peginterferon plus Ribavirin plus Thymosin in those patients that did not respond to interferon plus Ribavirin, and d) and finally, not using any drug. METHODS: A cost-utility analysis was performed using a decision tree and a Markov model to simulate a cohort of 30-year-old male patients with CVH without chronic complications. The follow-up was till their death. The cost information was gotten from a Mexican expert panel and effectiveness data were taken from a clinical trial in Mexican population. The perspective used was institutional and a 3% discount rate was applied for costs and effectiveness. Costs were reported in 2005 US dollars. The sensitivity analysis performed included one-way, two-way, threshold and probabilistic. Acceptability curves and health net benefits were estimated. RESULTS: The most costly and least effective option was not using any drug, with $4716 per QALY. The alternative with less cost per QALY was the one that included Thymosin ($2246) followed by Peginterferon plus Ribavirin ($2492) and Peginterferon alone ($3229). CONCLUSIONS: The alternatives of not using any drug and the one based on Peginterferon were dominated. Triple therapy (Peginterferon plus Ribavirin plus Thymosin) was the most expensive and effective. Therefore the decision about using triple therapy and Peginterferon plus Ribavirin will depend on willingness to pay.

GI DISORDERS—Health Care Use & Policy Studies

PRIORITY AUTHORIZATION AND THE APPROPRIATE PRESCRIBING OF TEGASEROD: A LOOK AT A MANAGED CARE POPULATION
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OBJECTIVE: To assess the effect of prior authorization (PA) on the appropriate gastrointestinal (GI) prescribing of tegaserod in a managed care population. METHODS: Retrospective analysis was conducted of pharmacy and medical claims data of tegaserod users from four geographically diverse managed care health plans. Members who were continuously enrolled and initiated on tegaserod therapy between August 1, 2002 and December 31, 2003 were included in the study. The first prescription fill date for tegaserod during this period was considered the index prescription date. Index diagnosis visit was defined as the closest physician visit with a GI-related diagnosis either before or after the index prescription date. Diagnostic characteristics were evaluated during a 2-year period (1 year before and 1 year after the index prescription date). Appropriate GI prescribing of tegaserod, defined as a claim for IBS or at least one of its symptoms—abdominal pain, bloating, or constipation—was assessed for plans with and without PA. RESULTS: In total, 2638 tegaserod users had an index diagnosis visit for a GI-related disorder; 93.5% were female, and the mean age was 48.6 (SD = 13.7) years. During the 24-month observation period, 93.6% of the patients were appropriately prescribed tegaserod. Specifically, they were diagnosed with IBS (56.4%), constipation (21.2%), abdominal pain (15.8%), or bloating (1.3%). There were no dif-