OBJECTIVES: To examine the cost-effectiveness of oral triptan medications in Korea, and inform policymakers which triptan has the best/least value for money. METHODS: We conducted literature reviews to identify economic and clinical values of triptan therapy. The clinical value of triptans was estimated based on randomized controlled trials (RCT), systematic reviews, and meta-analyses. We refer to previously published economic evaluation studies of triptan medications for selection of outcome measures and design of the simulation model. We built a decision tree model to explore cost-effectiveness of single attack in migraine patients. Outcome measures were 2-hour pain free, sustained freedom from pain, and sustained freedom from pain without side effects, based on previous studies and clinical practice guidelines. Cost of treating migraine was estimated by using Korea's national health insurance claims database. Societal perspective was taken. One-way sensitivity analyses, as well as probabilistic sensitivity analyses, were conducted. RESULTS: Naratriptan, Sumatriptan, and Zolmitriptan are listed in the Korean National Health Insurance Drug List as of 2007. The efficacy of Naratriptan is inferior to Sumatriptan and Zolmitriptan in terms of 2-hour pain free, sustained freedom from pain, and sustained freedom from pain without adverse events. Cost-effectiveness analyses suggest that Naratriptan and Zolmitriptan are dominated by Sumatriptan in terms of the three observed outcome measures. Sensitivity analyses suggest that our results were robust under different assumptions. CONCLUSIONS: Naratriptan and Zolmitriptan are dominated by Sumatriptan in terms of 2-hour pain free, sustained freedom from pain, sustained freedom from pain without side effects. Our results should be interpreted with caution, since Naratriptan and Zolmitriptan may have other values which could not be measured in our study.

SYSTEMIC DISORDERS/CONDITIONS - Patient-Reported Outcomes Studies

ACCESS TO CARE AND HEALTH OUTCOMES AMONG THE SEVERE HEMOPHILIA A POPULATION IN CHINA TODAY

OBJECTIVES: Access to care in China is at a critical stage and efforts to improve care require a better understanding of current treatment standards, clinical outcomes, and patient health-related quality of life (HRQOL) in China relative to other countries. METHODS: Severe hemophilia patients and their caregivers in China (Beijing and Shanghai), Russia, Argentina, and the United States completed a cross-sectional survey and 2-month chart review and focus group discussion. Then 2-round web-based delphi survey was conducted. RESULTS: Nineteen percent of Chinese patients are able to receive FVIII to treat bleeds all of the time, while it is 53%, 86% and 91% for Argentina, Russia and the United States (chi-square < 0.0001). Chinese hemophilia children scored an average of 38.4 on the physical summary component of the SF-12 (33.0%). The two-drug combination (O + E) was the most common (37.8%) treatment strategy. The three-drug combination (E + D + O) was the second most common strategy (33.0%). The four-drug combination (O + E + D + NSAIDs) was the second most common strategy (33.0%). The two-drug combination (O + E) and single drug (E) accounted for 14.8% and 3.4% respectively. Considering the type of NeP, the most prevalent treatment strategy in pure NeP and mixed NeP was the three-drug combination (44%) and the four-drug combination (36.2%) respectively. CONCLUSIONS: NeP treatment strategies using more than two drugs from different therapeutic areas were commonly used in the pain specialist setting. This is due to pain symptoms in NeP being complex and frequently associated with other comorbidities.