Hep C Treatment Is Sometimes Cost-Effective for Genotypes 2 and 3

April 8, 2015

Treating people with genotypes 2 and 3 of hepatitis C virus (HCV) is cost effective in some circumstances, including among those with cirrhosis and among treatment-experienced individuals, Medscape reports. Publishing their findings in the Annals of Internal Medicine, researchers based their analysis on evidence-based simulation modeling that took into account various randomized trials, observational cohorts, and national health care spending surveys.

The researchers considered individuals with genotype 2 or 3 of hep C, those who were treatment naive or treatment experienced, and who did or did not have cirrhosis. Then they compared using three treatment options: Sovaldi (sofosbuvir)–based treatment, interferon and ribavirin, or no treatment.

They expressed their findings in terms of the extra cost to gain one quality-adjusted life-year (QALY) from Sovaldi–based treatment, when compared with interferon-based treatment. One QALY is one year in perfect health. However, if a year is compromised by less-than-perfect health, it is worth between zero and one QALYs, in proportion to the severity of the ill health. In the United States, an intervention is generally considered cost effective if the cost of one QALY is less than $100,000.

The analysis suggested that the cost to gain one QALY is less than $100,000 among people with either genotype who have cirrhosis, regardless of whether they had been treated previously, as well as among treatment-experienced people without cirrhosis. The cost per QALY was greater than $200,000 among treatment-naive people without cirrhosis.

For treatment-naive, non-cirrhotic people, the cost per QALY would drop below $100,000 if the price of Sovaldi were slashed by about 40 percent for treating people with genotype 2 and by 60 percent for treating those with genotype 3.

This analysis did not take into account the benefits of eradicating HCV.

The study authors state that the preferred option is for insurers to secure price cuts for hep C treatment. Otherwise, they do support offering interferon treatment to those without cirrhosis who

have not been treated before, and reserving Sovaldi treatment for those with cirrhosis and those who have failed a previous interferon-based cure attempt or who cannot tolerate interferon.

To read the study abstract, click here.

To read the Medscape article, click here. (Free registration is required.)

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/article/cost-effective-27061-614308635