



What Do Next-Gen Hepatitis C Treatments Really Cost?

A new study examines the clinical and economic impact of new direct-acting antivirals.

November 2, 2018 By [Casey Halter](#)

Four years after the next-generation hepatitis C virus (HCV) cures hit U.S. markets, researchers say new direct-acting antivirals (DAAs) are saving lives-and money. A new study examining the clinical and economic impact of DAAs details the real costs of medication, MD Mag reports.

Conducted at the University of Florida's College of Pharmacy, the study found that new hepatitis C treatments were associated with a decreased risk of hepatocellular carcinoma (HCC, the most common form of liver cancer) and decompensated cirrhosis (severe liver scarring and damage) among Americans. What's more, the treatments were also associated with an overall reduction in health care costs.

Investigators conducted a retrospective cohort analysis of more than 26,000 people from the Truven Health MarketScan Database who were newly diagnosed with hepatitis C between 2012 and 2016. All-oral DAAs were provided to 30 percent of these patients. Their course and health outcomes were compared with the 70 percent of people who did not receive any treatment.

They discovered that the majority of HCC-related events occurred in patients who received no treatment and that non-cirrhotic patients treated with new medications had a 57 percent lower risk of HCC compared with the untreated group. The reductions in medical costs for cirrhotic patients receiving treatment compared with untreated patients were estimated to be \$1,863 in liver-related medical costs and \$18,601 in all-cause costs. For non-cirrhotic patients, treatment with DAAs was linked to an increase in liver-related costs of about \$747. Researchers say this may be due to the fact that these patients had a higher rate of outpatient visits than those in the treated group. However, the difference between all-cause costs between the two groups was not statistically significant.

"We do realize that the high upfront costs of the medications can create a short-term negative impact on payers' budgets," said study researcher Haesuk Park, PhD. "But by knowing the long-term costs and cost savings, payers should now be able to address this cost barrier instead of just looking at drug costs in a simple budgetary manner."

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