Clinical and cost-effectiveness of interferon-based therapies for chronic hepatitis C virus infection


Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The objectives were to assess the clinical and cost-effectiveness of IFN-based combination drug therapies in adults experiencing CHC, who have not been treated previously with PegIFN or IFN-based therapies. The comparators for the clinical outcomes analysis were IFN alone, IFN+RBV, and PegIFN+RBV. The comparators for the cost-effectiveness analysis were no antiviral therapy (AVT), IFN+RBV, and PegIFN+RBV.

Authors' conclusions
Implications for Decision Making
Antiviral therapies may improve health but are not cost saving. Compared to no therapy and after discounting future costs and effects, PegIFN+RBV was associated with 0.70 QALYs gained and 11,800 Canadian dollars of additional lifetime costs per patient. IFN+RBV was associated with 0.51 QALYs gained and 11,500 Canadian dollars of additional lifetime costs per patient.

Treating mild CHC can be less effective and consumes additional resources. Compared to no therapy and after discounting future costs and effects, PegIFN+RBV was associated with 0.30 QALYs gained and 14,900 Canadian dollars of additional lifetime costs per patient.

Genotype, age, and disease progression rate affect the efficiency of treatment. The additional health system costs to obtain a QALY increase as the disease progression rate decreases and as the age of initiating therapy increases. Treating genotypes 2 and 3 infections costs less per QALY than treating patients with other genotypes.

Important factors that affect optimal treatment decisions are still unknown. There are knowledge gaps about CHC, factors affecting a patient's prognosis, and the effect of treatment on disease progression across patient subgroups.

Project page URL

Indexing Status
Subject indexing assigned by CRD

MeSH
Hepatitis C /drug therapy; Interferons /therapeutic use

Language Published
English