Estudio de impacto presupuestal de Daclatasvir asociado a Asunaprevir para el tratamiento de la Hepatitis C desde la perspectiva del sistema de salud público chileno

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Abstract

Objectives To assess the impact on the 2015 national health budget of incorporating Daclatasvir/Asunaprevir (DCV / ASV) for the treatment of Hepatitis C genotype 1b (HC1b) in Chile. Methods A Chilean HC1b patients cohort was modelled using local prevalence and incidence data. Two scenarios were built and compared, one were all patients receive Peginterferon/Ribavirin (PR) and another were all patients are treated with DCV/ASV. The analysis was conducted from the perspective of public health system of Chile assuming 100% reimbursement and a time horizon of 5 years. Costs associated with drug treatment, adverse events, other relevant resources and costs associated with disease complications were used. Results At a total DCV/ASV treatment price of USD $55,039, an additional of USD $65,6MM are required during the first year (prevalent cases) equivalent to 0.71% of the 2015 national health budget. From year 2 (incident cases), an additional of USD $12,3MM are needed (0.13% of the 2015 health budget). A price reduction of 33% (USD $36,693), requires an additional of USD $38,2MM the first year and USD $7,16MM from the second year (0.11% and 0.6% of the health budget). If the treatment price is reduced further (USD $18,347), an additional USD $10,9MM are required for the first year and USD $2,03MM from the second year (0.3% and 0.057% of the 2015 heath budget). Conclusion The impact on the health budget ranges between 0.3% and 0.71% the first year and decreases to less than 0.15% from the second year considering the price assessed price range..