BACKGROUND

HCV is a very challenging issue in many countries, including Italy, where it has been heavily evaluated for the first time in the National Healthcare Plan (2008-2009). In Italy, only the patients are recognized as international levels, some pertaining to central and regional institutions, some being small independent working groups. The Technology Assessment Unit (QUAT), set up at the Policlinico Gemelli – Catholic University in Rome, was the first HTA group and can be considered a pioneer in Italy.

OBJECTIVES

The objective of this workshop was to facilitate a consensus on the incremental cost-effectiveness ratio (ICER) and the cost-effectiveness acceptability curve (CEAC) of two antiviral agents, boceprevir and telaprevir, and the relative cost-effectiveness of the two drugs in the treatment of untreated patients with genotype 1 chronic hepatitis C (CHC). We considered in this analysis the perspective of the Italian National Health System (the payer).ICER and CEAC were calculated for three different segments of the Italian population: younger (<50 years), middle-aged (50–70 years), and older (>70 years). We also compared the ICER and CEAC for the two drugs in the two different segments of the Italian population.

METHODS

We used a Markov model to construct a decision-making tree that included the following states: healthy, compensated liver cirrhosis, hepatocellular carcinoma, and death. The model was used to estimate the effectiveness of antiviral treatment for each agent and to calculate the ICER and CEAC for the two drugs in the two different segments of the Italian population.

RESULTS

The ICER for boceprevir and telaprevir in each segment of the Italian population was calculated and compared. The ICER for boceprevir was higher than the ICER for telaprevir, indicating that telaprevir is more cost-effective than boceprevir. The ICER for the two drugs was similar in the younger and middle-aged segments of the Italian population, but it was higher in the older segment.

CONCLUSIONS

The ICER and CEAC for the two antiviral agents were calculated and compared for each segment of the Italian population. The ICER for telaprevir was lower than the ICER for boceprevir, indicating that telaprevir is more cost-effective than boceprevir. The ICER for the two drugs was similar in the younger and middle-aged segments of the Italian population, but it was higher in the older segment.