

Large global range of prices for hepatitis C medicines raises concerns about affordability

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Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

The prices and affordability of recently developed and highly effective direct-acting antivirals for treating hepatitis C (HCV) vary greatly among countries worldwide, according to a study published this week in *PLOS Medicine*.

Suzanne Hill and colleagues from the World Health Organization undertook an [economic analysis](#) of [prices](#) for a 12-week course of treatment with sofosbuvir and ledipasvir/sofosbuvir in 30 countries - mostly European as well as Egypt and Mongolia, adjusting for average 2015 exchange rates and purchasing power parity (PPP). While the nominal price based on exchange rates was highest in the US (US\$72,765 for a 12-week course of ledipasvir/sofosbuvir), PPP-adjusted prices in Central and Eastern European countries were highest, costing up to 1.63 times as much in Poland (PPP\$118,754 for a 12 week course of ledipasvir/sofosbuvir). The researchers went on to calculate the cost of treating the entire HCV infected population in each of the countries studied. Using previous estimates of HCV burden by country, they calculated that it would range from 10.5% of the total pharmaceutical expenditure (TPE) to treat all HCV patients in the Netherlands with the new HCV medications, to 190.5% of the TPE to treat all patients in Poland.

The authors note that their analysis is limited by the accuracy of the estimates of the numbers of people infected and price information that was accessible, and that some actual prices may be lower than the publicly accessible numbers because of confidential discounts. They also note, however, that they only considered the cost of sofosbuvir and ledipasvir/sofosbuvir and did not consider extra costs of treatment such as screening and follow-up. The authors say their analysis illustrates the wide range of affordability worldwide and suggests a need for an updated pricing system: "In order for countries to increase investment and minimise the burden of hepatitis C, governments and industry stakeholders will need to jointly develop and implement fairer pricing frameworks that deliver lower and more affordable prices".

In an accompanying Perspective, Elliot Marseille and James G. Kahn discuss the pricing of these new HCV medications in relation to the high initial cost when HIV anti-retroviral therapy was introduced in the

1990s. Marseille and Kahn compare and contrast the situations, and suggest ways forward such as treating a proportion of cases initially, to spread the upfront cost of HCV treatment over several years while fighting for lower drug prices.

More information: Swathi Iyengar et al, Prices, Costs, and Affordability of New Medicines for Hepatitis C in 30 Countries: An Economic Analysis, *PLOS Medicine* (2016). [DOI: 10.1371/journal.pmed.1002032](https://doi.org/10.1371/journal.pmed.1002032)

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