

Remdesivir appears to save costs in COVID-19 patients on low-flow oxygen therapy in Turkey

A Gilead Sciences-funded study has found that remdesivir may be a cost-saving treatment for patients hospitalised with COVID-19 needing low-flow oxygen therapy (LFOT) in Turkey.

The researchers constructed a model to compare the cost effectiveness of adding remdesivir to the current standard of care (SOC) versus SOC alone using data from 78 hospitalised COVID-19 patients with oxygen saturation of <94% who received LFOT in a tertiary healthcare facility. Utility values were derived from published literature. Healthcare costs were calculated from a national payer's perspective and included direct medical costs only (COVID-19 ward and ICU costs). The time horizon was a COVID-19 episode, and the model used a cost-effectiveness threshold of 3 times the gross domestic product (GDP) of Turkey (\$US25 797 per quality-adjusted life-year [QALY] disutility).

Remdesivir was associated with a 3-day shorter length of hospital stay (LOS) than SOC alone. The lower ventilator requirement in the remdesivir arm decreased the QALY disutility value. In patients transferred to intensive care unit (ICU) receiving remdesivir, the mean LOS was 17.3 days, and the mean cost of stay was \$155.3 per day, whereas patients admitted to ICU at baseline had a mean LOS of 13.1 days and a mean cost of stay of \$207.9 per day. The mean cost per episode was \$3461.1 per patient in remdesivir-treated patients versus \$3538.9 in SOC recipients. Incremental QALYs were at 0.174 for remdesivir + SOC versus SOC, and remdesivir was cost saving compared with SOC alone.

Oksuz E, et al. Cost-Effectiveness Analysis of Remdesivir Treatment in COVID-19 Patients Requiring Low-Flow Oxygen Therapy: Payer Perspective in Turkey. *Advances in Therapy* : 11 Aug 2021. Available from: URL: <https://doi.org/10.1007/s12325-021-01874-9> 803590247