Treating Opioid Use Disorder Along With Hep C Is Cost Effective in Those With HIV

Researchers used mathematical modeling to analyze the benefits of treating with buprenorphine/naloxone on-site.

May 22, 2019 By Benjamin Ryan

Providing on-site treatment for opioid use disorder (OUD) with buprenorphine/naloxone (BUP/NX; Suboxne) along with direct-acting antiviral (DAA) treatment for hepatitis C virus (HCV) is cost effective among those who have HCV/HIV coinfection.

Publishing their findings in the International Journal of Drug Policy, researchers used mathematical modeling informed by national databases, clinical trials and cohort studies to compare treating OUD with BUP/NX either on-site (called integrated care) or providing an off-site referral for OUD treatment (called status quo) among people with HIV and HCV who are receiving DAA treatment for the latter virus.

The model presumed that all individuals were receiving standard care for HIV.

Compared with the status quo treatment model, the integrated care model was associated with various improvements in the lifetime rate per 1,000 people of all hep C reinfections (from 642 to 589 reinfections), diagnosed reinfections (from 251 to 232 cases), cases of cirrhosis (from 381 to 377 cases) and liver-related deaths (from 100 to 97 deaths). The integrated care model led to 11 fewer non-liver-attributable deaths per 1,000 people after one year and 28 fewer such deaths per 1,000 people after five years.

Providing the on-site OUD treatment also improved life expectancy from 55.8 to 56.1 years old and added an average of 0.24 additional quality-adjusted life-years, a composite measure of improved quality of life and increased life expectancy.

Integrated care led to $377,500 in total lifetime costs per person compared with $364,400 with the status quo.

Each additional quality-adjusted life-year therefore cost $57,100, well within the $100,000 threshold for an intervention to generally be considered cost effective in the United States.

To read the study abstract, click here.

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