

Cost-Effectiveness Analysis of Novoseven® Treatment for Postpartum Hemorrhage in Türkiye

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OBJECTIVES: This study aims to assess the economical and clinical benefits of NovoSeven®(recombinant factor VIIa(rFVIIa)) treatment compared to surgical intervention for postpartum hemorrhage.

METHODS: A cost-consequences analysis and net present value analysis were conducted to evaluate NovoSeven® in comparison to alternative treatments. The analysis was performed from the Social Security Institution(SGK) perspective, considering both direct and indirect costs. Epidemiological studies, clinical literature, guidelines, and expert opinions were used to calculate the direct medical costs. The direct costs of the study(surgical interventions,intensive care,complications,medicines,laboratory tests,etc.)were calculated according to SGK price. It is calculated on the human capital lost due to fertility loss and mortality due to total abdominal hysterectomy for indirect costs.

RESULTS: In the rFVIIa treatment group, the average total per-patient cost was determined to be TRY416,555-EURO17,137(TRY57,622-EURO2,371 for direct cost, and TRY358,932-EURO14,767 for indirect cost), while the total cohort cost was estimated as TRY243,777,212-EURO100,292,50 (TRY33,721,868-EURO1,387,353 for direct cost, and TRY210,055,344-EURO8,641,897 for indirect cost). In the surgical intervention group, the average total per-patient cost was TRY771,480-EURO31,740 (TRY22,622-EURO930,69 for direct cost, and TRY748,858-EURO30,809 for indirect cost), with a total cohort cost of TRY451,487,337-EURO18.574.662 (TRY13,239,028-EURO544,668 for direct cost, and TRY438,248,309-EURO 18,029,995 for indirect cost). Comparing rFVIIa treatment to surgical intervention, the incremental cost per patient was -TRY354,925(-EURO 14,602) and the incremental cost per cohort was -TRY207,710,125(-EURO 8,545,412).

CONCLUSIONS: Since the situations that may arise when bleeding cannot be effectively controlled, indirect costs due to mortality and fertility loss and direct costs in the treatment of PPH should be evaluated in a consolidated manner. Considering the complexity of PPH treatment, the ability to

reduce mortality and preserve fertility of rFVIIa in the postpartum hemorrhage makes rFVIIa a valuable option in PPH treatment algorithm. Therefore, including NovoSeven® in the reimbursement list of the SGK can provide benefits in terms of reduced mortality and fertility loss for patients with postpartum hemorrhage.

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