

昂拉地韦与奥司他韦治疗成人甲型流感的成本-效果分析^Δ

张咏赞^{1*},高胜男²,王宪英¹,刘国强¹(1.河北医科大学第三医院药学部,石家庄 050051;2.河北省药物与卫生技术综合评估学会,石家庄 050051)

中图分类号 R956 文献标志码 A 文章编号 1001-0408(2026)12-1579-05

DOI 10.6039/j.issn.1001-0408.2026.12.10



摘要 目的 从中国卫生体系角度出发,评估昂拉地韦对比奥司他韦治疗成人甲型流感的经济性。方法 基于一项Ⅲ期临床试验(NCT04683406)数据构建决策树模型,模拟昂拉地韦与奥司他韦治疗成人甲型流感的效果和成本,模型循环周期为5 d,模拟时限为29 d。药品价格分别为药智网公布的挂网中位价格和国家医保谈判价格,患者特征、流感效用值来自上述Ⅲ期临床试验,医疗成本和并发症效用值来自已发表的文献。效果指标为质量调整生命年(QALY),计算昂拉地韦相较于奥司他韦的增量成本-效果比(ICER),以我国2025年人均可支配收入(43 377元)作为意愿支付阈值(WTP)阈值评价结果的经济性,并通过单因素敏感性分析和概率敏感性分析检验结果的稳健性。**结果** 与奥司他韦方案相比,昂拉地韦方案可多获得0.000 67 QALY,并节约直接医疗成本12.41元,为绝对优势方案。单因素敏感性分析结果显示,奥司他韦治疗第15天效用值、奥司他韦组流感肺炎发生率和两种药物的成本对结果影响较大。概率敏感性分析结果显示,在本研究设定的WTP阈值下,昂拉地韦具有经济性优势的概率为70.6%。**结论** 以2025年我国人均可支配收入为WTP阈值时,与奥司他韦相比,昂拉地韦能改善甲型流感成人患者的健康结局并节约成本,更具经济性优势。

关键词 昂拉地韦;奥司他韦;甲型流感;成本-效果分析;决策树模型

Cost-effectiveness analysis of onradivir and oseltamivir for the treatment of influenza A in adults

ZHANG Yongzan¹, GAO Shengnan², WANG Xianying¹, LIU Guoqiang¹ (1. Dept. of Pharmacy, Hebei Medical University Third Hospital, Shijiazhuang 050051, China; 2. Hebei Society for Integrated Drug and Health Technology Assessment, Shijiazhuang 050051, China)

ABSTRACT **OBJECTIVE** To evaluate the cost-effectiveness of onradivir versus oseltamivir in the treatment of influenza A in adults from the perspective of the Chinese healthcare system. **METHODS** Based on data from a phase III clinical trial (NCT04683406), a decision tree model was constructed to simulate the efficacy and cost of using onradivir versus oseltamivir in treating adult patients with influenza A, with a cycle length of 5 days and a simulation period of 29 days. The two drug prices correspond to the median listing prices published by Yaozhi Network and the national negotiated prices. Patient characteristics and influenza utility values were derived from the phase III clinical trial of onradivir, and medical costs and complication utility values were sourced from published literature. Quality-adjusted life year(QALY) was used as an effect indicator, and the incremental cost-effectiveness ratio(ICER) of onradivir versus oseltamivir was calculated, using China's per capita disposable income in 2025 (43 377 yuan) as the willingness-to-pay (WTP) threshold to evaluate the cost-effectiveness of the results. One-way and probabilistic analyses were performed to verify the robustness of the results. **RESULTS** Compared with the oseltamivir regimen, the onradivir regimen yielded an incremental 0.000 67 QALY with direct medical cost savings of 12.41 yuan, thus being a dominant strategy. One-way sensitivity analysis showed that the utility values on day 15 of oseltamivir treatment, the incidence of influenza pneumonia in the oseltamivir group and the costs of the two drugs significantly affected the results. Probabilistic sensitivity analysis indicated that at the pre-specified WTP threshold, onradivir had a 70.6% probability of being cost-effective. **CONCLUSIONS** At a WTP threshold set at the 2025 per capita disposable income of China, compared with oseltamivir, onradivir can improve the health outcomes of adult patients with influenza A and reduce costs, demonstrating greater cost-effectiveness.

^Δ基金项目 河北省自然科学基金项目(No.H2021206407);河北省医学科学研究课题(No.20241798)

*第一作者 主管药师。研究方向:临床药学、药物经济学。
E-mail:38900619@hebm.edu.cn

KEYWORDS onradivir; oseltamivir; influenza A; cost-effectiveness analysis; decision tree model