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Poster Abstract – P93

Cost-efficacy of European AIDS Clinical Society-recommended initial antiretroviral regimens for treatment of HIV infection in Portugal

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Purpose of the study

Guidelines are based on clinical trial data as well as expert opinion and do not reflect economic considerations. Cost-efficacy analysis of recommended regimens allows for a ranking which takes into account both clinical and economic considerations. The aim of the present analysis was thus complement the information provided by the EACS (v6) guidelines regarding recommended initial treatment for HIV-1 infection.

Methods

The methodology used was that described in Blasco et al. 2011 [1], but applied to Portugal in terms of (i) resource prices, (ii) resource utilization upon ART initiation, regimen switch and treatment of adverse events, and (iii) subsequent regimen selection according to the initial regimen and the reason for switch. Regarding costs, the payer (National Healthcare Service) perspective was considered taking into account only differential direct costs. The time horizon was 48 weeks.

Summary of results

In this analysis, efficacy ranged from 66% with ABC/3TC+LPV/r to 86% for TDF/FTC+RAL. TDF/FTC+NVP was the least expensive regimen both in terms of the 48 weeks' cost of the initial regimen and in terms of the total 48 weeks' costs (i.e., including sequential therapy and other direct medical costs) (7,592€). Nonetheless, once cost and efficacy are considered simultaneously, TDF/FTC+NVP ranks third (11,419€), ABC/3TC+EFV ranks second (11,073€) and TDF/FTC+EFV (also available, in a single tablet regimen) ranks first (10,888€) indicating that this is the regimen yielding the lowest cost per suppressed patient. Among regimens containing boosted protease inhibitors, TDF/FTC+DRV/r was the regimen with the lowest cost/efficacy ratio (13,020€) and TDF/FTC+ATV/r had the highest ratio (15,102€).

Conclusions

Viral suppression is a relevant efficacy outcome not only due to individual benefits but also from a public health perspective. In this analysis, TDF/FTC+EFV was the initial ART regimen with the lowest cost per suppressed patient at 48 weeks.

Reference

1. Blasco AJ, Arribas JR, Clotet B, Domingo P, González-García J, López-Bernaldo JC, et al. Análisis de costes y de coste/eficacia de las pautas preferentes de GESIDA para el tratamiento antirretroviral inicial [Costs and cost effectiveness analysis of preferred GESIDA regimens for initial antiretroviral therapy; article in Spanish]. Enferm Infecc Microbiol Clin. 2011;29:721–30.

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