OBJECTIVES: Recent re-pricing of the ritonovir (RTV) has been criticized as making the antiretroviral drug unaffordable. These criticisms generally considered only cost and not cost-effectiveness. Our study re-evaluates a previous cost-effectiveness analysis of RTV while considering re-pricing. METHODS: A previous cost-effectiveness analysis of HIV salvage regimens suggested that therapy including RTV is cost-effective ($37,889 per responding patient), although slightly less cost-effective than a similar regimen using nelfinavir (NFV) ($31,476) (Becker R, Shakur I, “Cost-effectiveness of salvage therapy with delavirdine in NNRTI-naive patients failing indinavir,” (abs.) Int. Conf. On AIDS, Barcelona, Spain 2002.). Our present study applied 2003 drug prices for the two regimens (RTV + saquinivir [SQV] + ade- fovir [ADV] and NFV + SQV + ADV) with and without delavirdine (DLV) to determine the total drug cost with each regimen. The cost of RTV reflected recent re-pricing from $8.25 to $34.28 per dose. As with the previous study, results from the ACTG 359 trial were used to calculate the cost-effectiveness of the three-drug regimens versus the four-drug regimens over a 48-week timeframe. The results were compared to the earlier results and sensitivity analyses were run. RESULTS: At 48 weeks, the 2003 cost-effectiveness of treating with a 4-drug combination including RTV was $60,963 per responding patient. This reflects a 60.1% increase from the regimen’s incremental cost effectiveness ratio (ICER) in the earlier study. In contrast, the four-drug combination with NFV had an ICER of $34,310, or a 9.0% increase over the combination’s ratio in the previous study. CONCLUSIONS: The re-pricing of RTV has a significant impact on cost-effectiveness analysis involving the drug. This analysis illustrates that studies once showing RTV to be cost-effective may now show less cost-effective compared to other regimens given current prices. Other prior cost-effectiveness studies that included RTV should be re-analyzed in light of the new pricing.

IN2

IS PROVISION OF ANTI-VIRAL INFLUENZA TREATMENT A SOUND INVESTMENT FOR PRIVATE AND PUBLIC EMPLOYERS IN THE UK?

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OBJECTIVES: To investigate the net return to employers in the UK of providing antiviral influenza treatment for their employees to reduce the impact of influenza epidemics on work participation and productivity. METHODS: A probabilistic decision-analytic model was developed to investigate the cost-benefit of providing influenza treatment compared to symptomatic treatment for a healthy adult working population (18–64 years) from the employer’s perspective. Data from clinical trials, the literature and published UK sources were used. The human capital approach, based on average income, was used to value an employee’s work absenteeism due to illness. Characteristics of firms and markets that determine how the gross benefits of reduced work absenteeism are distributed between employer and employees are taken into account in one-way sensitivity analyses additionally to the probabilistic framework. RESULTS: The expected gross benefit of reducing work absenteeism of £85.00 per treated employee outweighs the costs of providing influenza treatment (£18.18), resulting in a net benefit of £67.00. Sensitivity analysis shows a net benefit of £25.00 and a net cost of £10.00 if the value of 1 day work loss is 50% and 10% of the average salary respectively. If the actual work loss is only 30% of the days to return to normal activity the intervention results in a net benefit of £13.00. However, if work loss is 30% of the days to return to normal activity and the value of work loss is