COST-EFFECTIVENESS OF DOLUTEGRAVIR/ABACAVIR/LAMIVUDINE IN HIV-1 TREATMENT-NAIVE PATIENTS IN FRANCE
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OBJECTIVES: To evaluate the cost-effectiveness of an integrase inhibitor (INI), dolutegravir (DTG), in combination with abacavir (ABC)/lamivudine (3TC) in France, in treatment-naive (TN) HIV adult patients.
METHODS: The ARAMIS microsimulation Markov model, including HIV health states with and without opportunistic infection, evaluates costs and effects of first line options including INIs (raltegravir [RAL], elvitegravir [EVG], pravastatin inhibitors [PI]) (dolutegravir [DTG], atazanavir [ATA], lopinavir [LPV/r]), efavirenz (EFV) and rifampicin at a life time horizon with a monthly cycle length. Efficacy and safety data were derived from phase III studies (SPRING 2, FLAMLIEVE-PROPHYLAXIS) including comparators RAL/EFV and RAL/PI/R regimen. A French network meta-analyses for other comparators. Treatment algorithms were based on French guidelines and experts opinion accounting for patient’s treatment history, including INI resistance status. Costs, from a collective perspective included routine and opportunistic events costs. Utility values were influenced by health status and adverse events history of HCV infection and its complications. Patient cohorts were defined based on current French guidelines. A keystone event for the INIs was resistance development to Dolutegravir.
RESULTS: The duration of current standard dual and triple therapies for HCV-G1 is 24 weeks (-309.83 cost per patient) and triple (-1,832.55 cost per patient) of the study, echinocandins costs were reduced by 353,965 euros, a 24.35 % less than previous year. In the first period, the echinocandin most used was caspofungin (51.23%) because the prescription wasn’t restricted and the physician could use it for any indication. In the second period, we observed a 31.63% increase in use in micafungin, the echinocandin that we evaluated the most efficient in our protocol. The use of caspofungin decreased and anidulafungin increased a 11.59% and 19.71% respectively. These use involved a decrease in cost too, 255,836 and 254,896 euros less about anidulafungin and caspofungin use respectively. This results are consistent with the recommendations contained in national and international guidelines for the treatment of candidiasis in immunosuppressed patients with candida infection.
CONCLUSIONS: Our therapeutic program compliance was good at our hospitals, resulting in a significant decrease in echinocandins expenses. Maybe, the implementation of these type of programs in the management of high-cost drugs resulted in significant cost reductions and therefore in a more rationale use of healthcare budgets.

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COST ANALYSIS OF RESIDUAL VIREMIA DETECTED BY TWO REAL-TIME PCR ASSAYS FOR RESPONSE-GUIDED (DUAL OR TRIPLE) THERAPY OF HCV GENOTYPE 1 INFECTION
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OBJECTIVES: The duration of current standard dual and triple therapies for HCV-G1 is determined by assessment of early viral kinetics. We conducted a cost analysis to determine the main cost of treatment for a patient with HCV-G1 with dual or triple therapy, where the duration of the therapy (24 or 48 weeks) is guided by HCV- RNA levels. METHODS: HCV-RNA levels and costs were calculated for each patient in a real-world observational study. RESULTS: The cost of the therapy was influenced by the level of viremia and the time needed for the level to fall under the threshold. The cost of the therapy was higher when the level of viremia was not reduced in the first 4 weeks of therapy. CONCLUSIONS: The duration of the therapy can be reduced by early detection of the level of viremia and its reduction. This can lead to a reduction in costs and in the duration of therapy.