

COST-UTILITY ANALYSIS OF DARUNAVIR-BASED REGIMENS FOR TREATMENT-EXPERIENCED PATIENTS WITH MULTIDRUG-RESISTANT HIV-1 INFECTION IN THAILAND.

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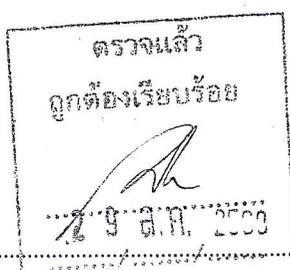
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OBJECTIVES: HIV drug resistance (HIVDR) has significantly increased in Thailand. In patients who treatment failure on first- and second-line antiretroviral therapy (ART), the next regimen is to use at least two new active antiretroviral agents (ARVs). Nonetheless, new ARVs have not yet been included in the National List of Essential Medicines (NLEM) in Thailand. These are high-cost drugs, economic evaluation and budget impact analysis are needed to support NLEM decision making. This study aims to assess 1). The cost-utility analysis of raltegravir (RAL), etravirine (ETR) and maraviroc (MVC) plus darunavir (DRV)-based regimen 2). Budget impact analysis of RAL, ETR and MVC for treatment experienced patients with HIV drug resistance in Thailand.

METHODS: A Markov model, which monitored a cohort of patients aged 17 years and over with first- and second-line HIV regimens resistance in Thailand, was developed to evaluate the cost-utility of alternative treatment regimens in accordance with the Thai expert opinions as follows 1). current practice: DRV/r+tenofovir (TDF)+lamivudine (3TC), 2). DRV/r+ETR+TDF+3TC, 3). DRV/r+RAL+TDF+3TC, 4). DRV/r+RAL+ETR and 5). DRV/r+RAL+MVC from a Thai societal perspective with life-time horizon. The model incorporated cost data, which were calculate for the year 2015, and the effectiveness data from a review of published studies. Outcome measures were life years, quality-adjusted life-years (QALYs) and incremental cost-effectiveness ratios (ICER). Future costs and outcomes being discounted at 3% per annum. Probabilistic sensitivity analysis (PSA) was conducted to deal with uncertainties around parameters.

RESULTS: The third regimen, 3) DRV/r+RAL+TDF+3TC, was the lowest lifetime cost, which was 5.7 million baht, and approximately increased 10 QALYs. The incremental cost-effectiveness ratio for the third regimen compared with current practice was ฿ 332,227.

CONCLUSIONS: All alternative regimens for treatment experienced patients with HIV drug resistance in Thailand were not currently cost-effective at the willingness to pay (WTP) 160,000 baht/QALYs.



สำเนาถูกต้อง
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