

Poster presentation

A cost-effectiveness analysis of Maraviroc in treatment-experienced HIV patients in Scotland

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Purpose of the study

The objective of this study was to perform a cost-effectiveness analysis of maraviroc therapy in patients with triple-class drug experience and/or triple-class drug resistance in Scotland, based on data from the MOTIVATE trials.

Methods

A Markov cohort model was developed in Excel based on the previously published ARAMIS model [1]. Lifetime Maraviroc (MVC) treatment plus Optimized Background Therapy (OBT) was compared to standard OBT treatment in patients infected with CCR5-monotropic HIV-1. Disease states were defined according to CD4 cell counts and transition probabilities and drop-out rates were based on the MOTIVATE trials, complemented with data from the published literature. The model was populated with UK-specific costs (scaled to 2007 levels) and mortality rates for the Scottish general population. Efficacy was measured in quality-adjusted life-years (QALYs) and the analysis was performed from the perspective of the NHS. The base case input values and assumptions reflect a recent reimbursement submission.

Summary of results

MVC was associated with an incremental gain of 1.9 QALYs and incremental costs of £29,503 compared to standard OBT treatment, resulting in an incremental cost-effectiveness ratio (ICER) of £15,401 per QALY. Sensitivity analyses of input parameters and model assumptions produced ICERs in the range of £10,000–30,000.

Conclusion

The results indicated that it is potentially cost-effective to treat patients with MVC compared to standard OBT treatment in highly treatment-experienced HIV patients in Scotland.

References

1. Chancellor J, et al.: **A microsimulation of the cost-effectiveness of maraviroc for antiretroviral treatment-experienced HIV-infected individuals.** *ISPOR 13th Annual International Meeting*. Toronto, Canada, 3–7 May 2008: Presentation IN3 .