Switching to Two-Drug HIV Regimen Would Save Big Money

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The investigational two-drug HIV treatment regimen of Tivicay (dolutegravir) and Epivir (lamivudine) would be a highly cost-effective first-line option and would save a great deal of money over standard three-drug regimens, aidsmap reports. Publishing their findings in Clinical Infectious Diseases, researchers used a model to calculate the incremental cost-effectiveness ratios (ICERs) for four different treatment strategies, presuming that a strategy was cost effective if its ICER was below $100,000 per quality-adjusted life year (QALY).

A QALY is one year spent in perfect health. An ICER is the relative cost of buying an additional QALY when comparing two strategies.

The four treatment strategies included: no treatment; first-line treatment with Tivicay and Epivir; starting treatment with a three-drug regimen of Triumeq (dolutegravir/abacavir/lamivudine) and then, for those with a fully suppressed virus after 48 weeks of treatment, switching to Tivicay/Epivir; or treatment with Triumeq.

The ICER for using the three-drug regimen followed by the two-drug regimen was $22,500 per QALY, compared with no treatment. Compared with the three-drug/two-drug protocol, treating with Triumeq had an ICER of over $500,000 per QALY. The ICER for the two-drug treatment, compared with no treatment, was $26,000 per QALY.

If half of Americans starting HIV treatment followed the three-drug/two-drug or the two-drug protocols, the five-year savings would be a respective $550 million and $800 million. If a quarter of people with a fully suppressed viral load switched to two-drug treatment, this would save $3 billion in five years.

To read the aidsmap article, click here.

To read the study abstract, click here.