BACKGROUND
In 2012, there were an estimated 3,840,000 people living with HIV/AIDS in the United Kingdom (UK).1 With the expectation of people living with HIV approaching 3% of the general population,2 testing antiretroviral therapy has reached in routine treatment settings.3

OBJECTIVE
The objective of this study was to determine the cost-effectiveness of treatment regimens based on tenofovir-emtricitabine (TDF/FTC) versus abacavir/lamivudine (ABC/3TC) for treatment-naive adults with HIV-1 infection in the UK.

METHODS
A Markov model with six CD4-based health states and a state transition matrix was developed to estimate the expected long-term outcomes for individuals on first-line therapy (Figure 1). The model was designed in accordance with the UK National Institute for Health and Care Excellence (NICE) guidelines.4

RESULTS
Primary and Secondary Analysis Results
In both analyses, individuals using TDF/FTC-based regimens remained on first-line therapy longer (Figure 2) and accrued more QALYs (Table 2) than individuals using ABC/3TC-based regimens.

DISCUSSION AND CONCLUSIONS
In an analysis of the regimens examined in ACTG 5202, TDF/FTC-based regimens were cost-effective compared with ABC/3TC-based regimens in treatment-naive adults with HIV-1 infection in the UK. Further analyses are needed using a mixed-treatment comparison and a systematic review of available trial data to facilitate informed policy decisions at the first-line and subsequent regimens in the UK.

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