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THE LIFETIME COST OF HIV CARE IN THE UNITED STATES IN THE CURRENT TREATMENT ERA

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INTRODUCTION: Since the early 1990s, there have been dramatic improvements in HIV treatment and increases in the cost of care. Our objective was to project the lifetime cost of medical care for HIV-infected adults in the U.S. using current antiretroviral treatments (ART).

METHODS: Inpatient and outpatient resource utilization data for patients followed in 2002 were obtained from the HIV Research Network, a consortium of 17 HIV primary care sites. Applying these data to a computer simulation model, we projected HIV-related medical care costs for adults entering care with a mean (SD) CD4 cell count of 310/ml (280/ml) and without a history of AIDS-defining OIs. ART regimens and their efficacy were based on current clinical guidelines and published trials. Costs were discounted to present value using an annual rate of 3% and are reported in 2004 US\$.

RESULTS: For an adult initiating ART at a CD4 cell count <350/ml, the projected life expectancy is 24.1 years and the discounted lifetime cost is \$405,000; 68% of total cost is ART drugs, 16% is outpatient care, 11% is inpatient care, and 5% is other HIV-related drug and laboratory costs.

	Life Expectancy	Discounted Cost (US\$)	Undiscounted Cost (US\$)
Base Case	24.1 years	405,000	648,000
Additional 15% ART drug rebate	24.1 years	360,000	574,000

Initiate ART CD4<200/ul	22.4 years	370,000	589,000
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Results are also sensitive to ART efficacy and use of enfuvirtide for salvage therapy. Preventing the 40,000 new HIV infections that occur in the U.S. each year would avoid \$12.8 billion annually in future HIV-related medical care costs.

CONCLUSIONS: Effective ART regimens have substantially improved survival and have greatly increased the lifetime cost of HIV-related medical care in the U.S. Antiretroviral drug costs and time of ART initiation play the most important roles in determining total lifetime cost.

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Initiation of Therapy

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