

IDENTIFICATION OF CANDIDATE DUAL/MONOTHERAPY PATIENTS IN TREATMENT WITH PROTEASE INHIBITORS: ECONOMIC SAVINGS

F. RAMIS-RIERA¹, J.J. CASTELLANO-HERRADOR¹, M. MORENO-GARCÍA¹, M. MADRID-GONZALEZ¹, M.I. SANTOS-PÉREZ¹, J. RODRIGUEZ-BARBERO¹, J. PRADA-LOBATO¹, M. ANTON-MARTÍNEZ¹, R. CORTÉS-FERNÁNDEZ¹

¹HOSPITAL UNIVERSITARIO RIO HORTEGA, FARMACIA. VALLADOLID, SPAIN

PURPOSE

- ✓ Identify patients with HIV infection who are candidates for simplification of ART to dual-therapy or monotherapy.
- ✓ Estimate the theoretical savings that would result from modifying the ART.

MATERIAL AND METHODS

Observational cross-sectional descriptive study that included all patients with ART at the current date (September 2017). Patients with the following criteria were considered to simplify the ART to dual-therapy with IP/p + lamivudine or monotherapy with IP/p:

- 1 •TAR based on 2 nucleoside inverse transcriptase analogue (ITIAN) inhibitors + IP/p
- 2 •Plasma viral load <50 copies/ mL for at least 6 months, absence of failure prior to IP/p
- 3 •Hepatitis B virus markers negative (DNA HBV and HBAg)

The theoretical savings have been calculated by the difference between current and simplified treatment costs(dual-therapy and monotherapy).

RESULTS

422 patients were receiving ART:

29/422 had already simplified ART → **77.567€ saved/year**

26/422 met the criteria for ART simplification:

❖ changing ART to dual therapy would be

78.829 € saved/year

❖ changing ART to monotherapy would be

90.030 € saved/year

Total savings: 156.397,54€/year (dual-therapy)

167.598,34€/year (monotherapy)

CONCLUSIONS

Our results show that this strategy would lead to considerable savings. In this case, it would save approximately 5.7-6.1% of annual expenditure on ART.