

## 4CPS-065



# SWITCHING TO EQUIVALENT ALTERNATIVES: ANTIRETROVIRAL OPTIMISATION STRATEGY

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### Background

HIV (human immunodeficiency virus) is currently one of the more expensive infectious diseases for the health system (HS). Defining efficiency strategies is one of the ways to save costs, in a system where resources are limited. STR (single tablet regimen) is in some cases a cost-effective regimen. Changing from one therapy to another does not compromise efficacy, since it compares equivalent alternatives.

#### Purpose

To describe an efficient switching antiretroviral equivalent alternatives strategy for avoiding costs, and to perform a differences calculation simulation between them.

#### Material and methods

We took into account the acquisition cost for each medication (according to our country regulations), and the dosage approved for them. We calculated the cost/treatment/year.

We analyzed costs from patient's antiretroviral treatment, and compared it with their equivalent. Avoided costs were calculated. We analyzed all patients susceptible to be changed into more efficient equivalent therapeutic alternatives.

A simulation was carried out about the more and less efficient scenario, and differences in costs were calculated.

#### Results

| 136                    | patien | ts are    |  |  |
|------------------------|--------|-----------|--|--|
| currently in different |        |           |  |  |
| antiretroviral         |        |           |  |  |
| trea                   | tments | in our    |  |  |
| hospital. 31 patients  |        |           |  |  |
| (22.                   | 8%) we | re direct |  |  |
| candidates             |        | to        |  |  |
| change                 |        | their     |  |  |
| treatment              |        | for       |  |  |
| another                |        | more      |  |  |
| efficient equivalent.  |        |           |  |  |

| Patients susceptible of change | PRESCRIBED TREATMENT and cost  | POSSIBLE CHANGE OF TREATMENT   | SAVINGS              |
|--------------------------------|--|--|----------------------|
| 17                             | dolutegravir/abacavir/lamivudina (single pill) 117,455 euros/year                      | abacavir/lamivudine generic + dolutegravir brand (2 pills)                       | 29,937 euros/year    |
| 11                             | emtricitabine/tenofovir-<br>disoproxilo/rilpivirine (single pill)<br>79,466 euros/year | emtricitabine/tenofovir-<br>disoproxilo generic + rilpivirine<br>brand (2 pills) | 43,060 euros/year    |
| 3                              | dolutegravir + rilpivirine (both brands. 2 pills) 22,016 euros/year                    | single tablet  | 4,735 euros/year     |
|                                |  |  | 77,732<br>EUROS/YEAR |

#### Conclusion

Correct positioning, evaluation and selection of high-cost medicines improves efficiency on infectious diseases area, where medicines have a high impact on the health system. In our specific case, the optimization strategy was agreed and established together with the Internal Medicine Service of our hospital, selecting the drugs without compromising efficacy or safety in patients.

No conflict of interest.



