

CLINICAL AND ECONOMIC IMPACT AFTER BREAKING SINGLE TABLET REGIMEN ABACAVIR/LAMIVUDINA/DOLUTEGRAVIR COMBO TREATMENT INTO TWO DRUG REGIMEN

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Background and importance

Our human immunodeficiency virus (HIV) regional working group´s, in June 2018, in a program to improve the efficiency of antiretroviral therapy (ART), recommended the change of single tablet regimen (STR) with Abacavir/Lamivudine /Dolutegravir (ABC/3TC/DTG) once daily to Abacavir/Lamivudine (ABC/3TC) generic plus Dolutegravir (DTG) once daily .

Aim and Objectives

To evaluate the impact in terms of adherence and efficiency after 9 months

Materials and methods

Retrospective descriptive study (June/2018-March/2019)

Adherence

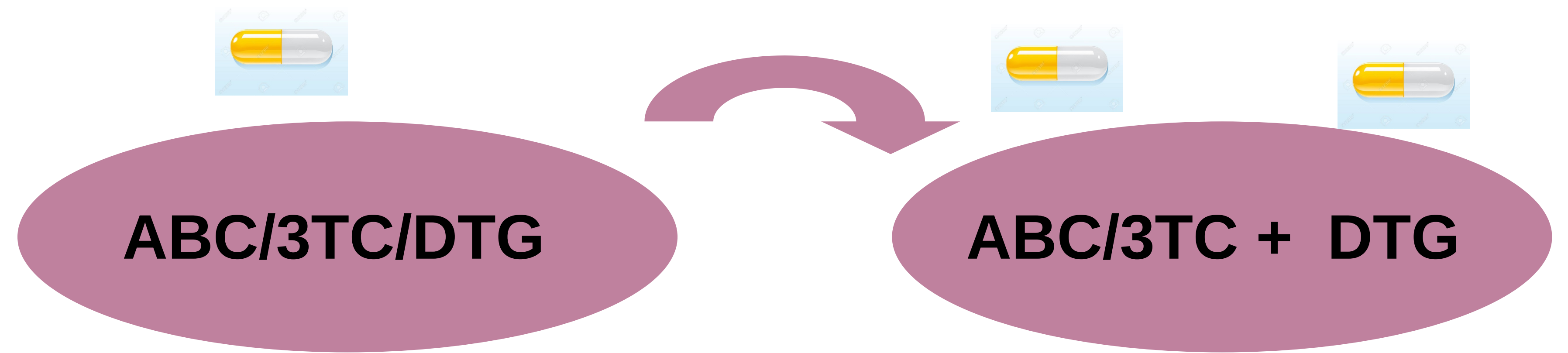
consumption and dispensation registry of the Pharmacy Service Software program
 Patients with a value > 95% were considered adherent.

Analytical variables:

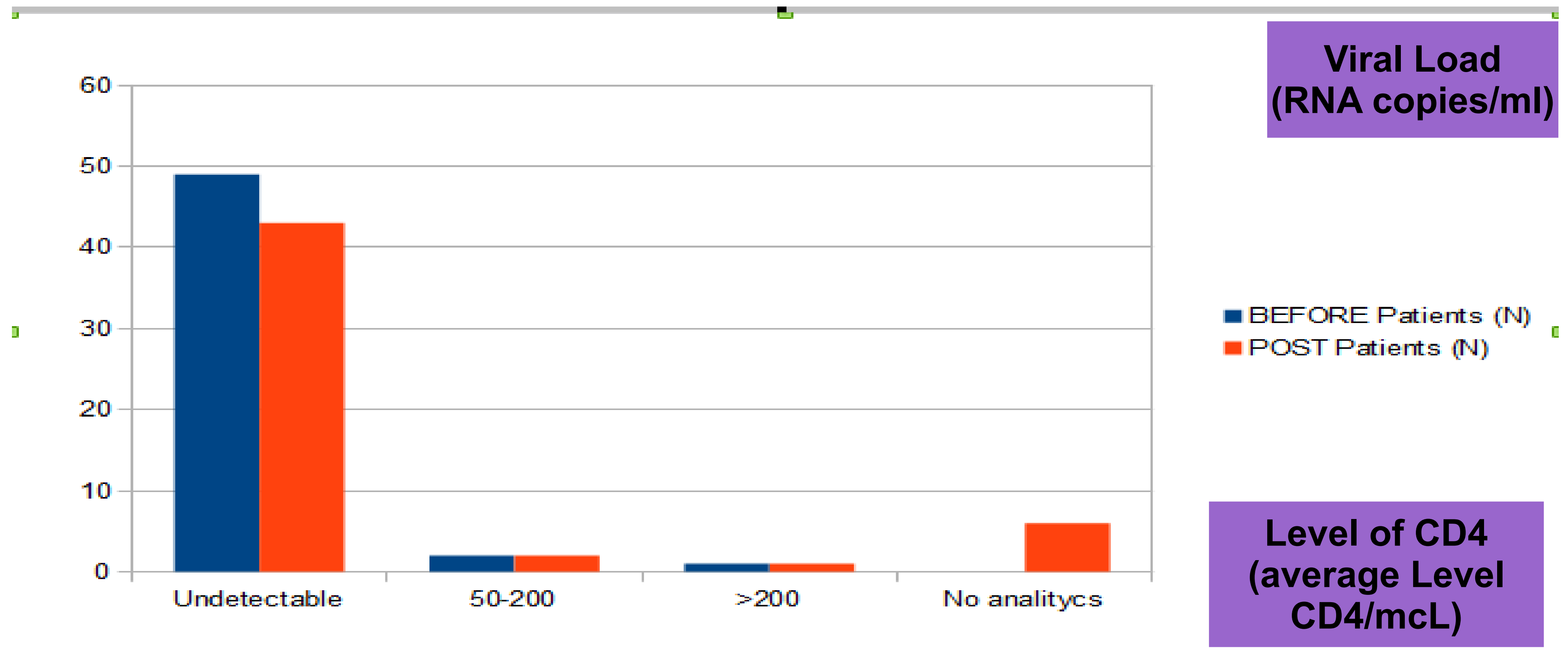
viral load (VL)(copies /ml)
 CD4 lymphocytes (cells /mCL)
 Costs prices regional public tender.

Results

52 patients ,mean age 51.56 years,



	<u>Before Breaking Combo</u>		<u>Post Breaking Combo</u>	
	<u>Patients (N)</u>	<u>% Adherence</u>	<u>Patients (N)</u>	<u>% Adherence</u>
ADHERENTS PATIENTS	44 (88,6%)	>95%	44 (88,6%)	>95%
NO ADHERENCE PATIENTS	8 Patients	81,5% <u>SD(5,3)</u>	8 Patients	84.3% <u>SD(6,2)</u>



pre-change analysis
 808.67/mcL (SD: 205)

post change analysis
 785.4/mcL (SD: 308).



Cost-savings was 132€/patient/month (1584€/patient /year).
The estimated savings for the hospital since this efficiency measure was implemented until March 2019 was 41,000€.

Conclusions:

The results of the study, despite limitations , demonstrate that after the switch the levels of virological suppression have been maintained with a significant reduction in healthcare costs without having affected the adherence of patients to ART. More exhaustive and long studies should be carried out to corroborate these results.