CLINICAL AND ECONOMICAL OUTCOMES OF FIXED-DOSE COFORMULATION RUPTURE IN HIV INFECTED PATIENTS

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1 OBJECTIVE

To evaluate adherence, clinical and economical outcomes of the substitution of some drugs included in fixed-dose antiretroviral coformulations by generic equivalents.

2 METHODS

- ✓ **Retrospective observational longitudinal study.**
- ✓ **All patients treated with coformulated emtricitabine-tenofovir-efavirenz were proposed to change their antiretroviral regimen to two pills emtricitabine-tenofovir plus generic efavirenz.**
- ✓ **Each patient was followed up to assess the clinical response, safety and adherence.**
- ✓ **Adherence was calculated as the medication possession ratio. Wilcoxon Signed-Ranks Test was used to compare adherence between periods.**

$$\text{MPR} = \frac{\text{Sum of Days of Supply}}{\text{Number of Days in Period}}$$

- ✓ **Cost savings were calculated using the official laboratory price.**

3 RESULTS

28 patients were included (mean age 47 years, 93% men).

79% accepted change

Mean follow-up: 6,5 months

100% Adherence>90%

100% Undetectable VL

4 patients returned to Atripla

Adherence Before	Adherence After
98,5% IQR 94,2-101%	**97,0%** IQR 87,5-100%
p=0,435	

36.624 €/year

4 CONCLUSIONS

✓ **The rupture of emtricitabine-tenofovir-efavirenz coformulation could lead to significant cost savings with no loss of virological efficacy or adverse effects**

Conflict of interest: nothing to disclose

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