BACKGROUND:
The commercialization of fixed-dose combination meant a improvement in antiretroviral therapy (ART). With generics we have the opportunity to maintain the therapy with a lower cost, but we complicate the dosage regimen again.

PURPOSE:
To assess the effect in costs of a 2-pill, generic-based regimen compared with a branded coformulated regimen, and to project the potential annual savings in the first year of a switch to generic-based ART. We replacement Triumeq® (ABC/3TC /DTG) by combination of Tivicay® (DTG)+generic ABC/3TC , and Atripla® (TDF/FTC/EFV) by Truvada® (TDF / FTC)+generic EFV.

MATERIAL AND METHODS.
We selected and analyzed all patients who received Atripla® (TDF / FTC/EFV) and Triumeq® (ABC/3TC/DTG) from June 2016 to September 2017. Data were collected from the medication consumption files of the institution. We analyzed the records related to the treatment. The economic savings associated with the change of treatment were quantified.

RESULTS.
313 patients were analyzed, 108 (34,5%) initially treated with Atripla® and 205 (65%) initially treated with Triumeq®. A total of 252 (80,5%) patients were switched to a new treatment (162 patients with Triumeq® and 90 patients with Atripla®), 4 (1,27%) of whom returned to initial treatment for adverse effects.
A total of 61 patients were not changed. The main reason for opposing the change was difficulty in adherence 17 (27,8%), followed by patient refusal 4 (6,5%)
The change of Triumeq® meant a saving cost of 22.380 €/month and the change of Atripla® a saving cost of 10.100. €/month. This represents a total saving costs of 389.772 €/year.

CONCLUSION
Generics formulations in ART is an opportunity to contain pharmaceutical costs in Hospitals. Changes in therapy produced low rate of adverse reactions (1,27%) and a cost saving of 389.772 €/year. It would require adherence data to be able to affirm that this strategy decrease costs without prejudice of the patient.