

A COST EFFECTIVE STRATEGY: SWITCHING FROM ONE TO TWO TABLETS, IN A ONCE-DAILY REGIMEN, IN HIV PATIENTS

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Background

As request by the Central Management Organisation of our Health System (HS) a decision was made to change from a patented drug of 3 active principles emtricitabine/tenofovir-disopropilo/rilpivirine (FTC/TDF/RPV) to 2 drugs, one patented (RPV) and one generic drug (FTC/TDF). Both administered once daily, providing the same therapeutic efficacy and treatment compliance but in a more cost-effective way.

Purpose

To describe the procedure to implement this strategy and patient's acceptance of it.

Material and methods

After several meetings between the Pharmacy (PD) and Infectious Diseases department (IDD) it was decided to make the change at the following patient's visit to the HS, either in PD when the patient attends to pick up the medication or in IDD in patient's scheduled consultations.

Inclusion criteria: HIV patients treated with FTC/TDF/RPV up to June 2018 using e-prescribing records. Patients that did not contact our HS were excluded.

A retrospective review from July to October 2018 was conducted. Patients that would not accept PD's change were referred to IDD.

Collected data were: age, gender, treatment after the change and acceptance.

Results

Out of 133 patients, 7 were excluded. Mean age 47.6 years, 20% women. PD was responsible for 86% of the changes.

Out of 126 patients included, 16 (13%) did not accept the change.

Of these 16 patients:

- Five ended up accepting it (3 after visiting IDD and 2 on their second visit to PD)
- Eleven declined to switch therapy for the following reasons:
 - One due to swallowing problems (actual treatment: elvitegravir/cobicistat/emtricitabine/tenofovir-alafenamide)
 - Four due to adverse events (actual treatment: dolutegravir ± TDF/FTC (1), abacavir/lamivudine (2) or lamivudine (1))
 - Six patients continue with FTC/TDF/RPV (4 waiting to IDD next consultation and 2 due to medical decision).

Conclusions

By the time this abstract was written, the change was made in 115/126 patients (91%). It is of high importance to highlight the efficient teamwork between PD and IDD in order to implement the new strategy in a short period of time. Although initially 13% disagreed. Finally, only 9% of patients did not accept the proposed change. On the other hand, this strategy has reduced the economic impact of HIV treatment in 51%.

