The introduction of bitherapy has been a great advance in antiretroviral treatment. This has made possible to obtain the same results in terms of efficacy with a smaller number of active ingredients (API), simplification of dosage, reduction of adverse effects (AE) and decrease in interactions.

**AIM AND OBJECTIVES**

- Describe the patient’s profile, description of current bitherapy and previous treatment.
- The second objective was to study the efficacy, safety and interactions of bitherapy, as well as the reason for switch.

**MATERIAL AND METHODS**

- Retrospective descriptive study during 2016-2021
- Tertiary hospital, treated with dolutegravir+lamivudine/ dolutegravir+rilpivirine bitherapy

**RESULTS**

- 104 patients
  - 70.2% male
  - 51 years (24-84 years)
- Prior to the switch, 97.1% of patients had undetectable CV (<50 copies/mL) and CD4 levels of 750 cells/µL (300-2720).
- 105 bitherapies
  - Dolutegravir/rilpivirine: 35.2% (64.8% Dolutegravir/abacavir)
  - Dolutegravir/lamivudine: 35.2% (64.8% Dolutegravir/abacavir)
  - Main pretreatment: 78.4% dolutegravir/rilpivirine/tenofovir-alafenamide
  - Main pretreatment: 79.4% dolutegravir/lamivudine/abacavir
  - In 85.7% it involved a reduction in the number of APIs (pre:3 vs. post:2)
  - In 14.3% a simplification of the regimen to a single tablet/day.

- After 1 year post-switch, 95.2% were CV negative with CD4 levels 800 cells/µL (354-1580)
- One episode of nervousness was collected as an AE.
- No interactions were detected.

**CONCLUSION AND RELEVANCE**

- Treatment with dolutegravir-based bitherapies has proven to be an effective, safe therapy with no relevant interactions.
- The principal reason for switching to bitherapy is simplification, achieving a reduction in both: the number of tablets and the number of APIs versus previous therapies.
- The role of the pharmacist was fundamental for pharmaceutical care and clinical follow-up, detection of interactions, as well as monitoring of adverse effects.