Antiretroviral therapy (ART) for Human immunodeficiency virus (HIV) cause a significative economic impact in health systems worldwide. To minimize such impact is crucial to optimize these therapies.

**AIM AND OBJECTIVES**

- Identify patients who could benefit from **ART simplification** from Dolutegravir/Abacavir/Lamivudine to Dolutegravir/Lamivudine (DTG/ABC/3TC and DTG/3TC Respectively)
- Analyze the economic impact of simplifying.

**MATERIAL AND METHODS**

**DESING**: Prospective experimental study

**PARTICIPANTS**: HIV patients treated with DTG/ABC/3TC

**SIMPLIFICATION CRITERIA**

1. Active ART with DTG/ABC/3TC for at least 6 months
2. Undetectable plasmatic viral load (VL) for at least 6 months (< 50 copies/ml)
3. No prior ART failures
4. Optimal adherence: ≥95% score (days treatment was collected on time)

**Other relevant criteria**: adverse effects (AE) derived from ART were registered however they were not an essential item for simplification

**RESULTS**

- **Mean age**: 48 years
- **27 patients reported adverse effects**
  - Neurological: 7
  - Dyslipemia: 10
  - Gastrointestinal: 10
- **64 patients were included**
- **31 were proposed for simplification**
- **27 propositions were accepted**
  - This mean a **49288€** saving per year.
- **38 patients had at least one prior ART**
- **27 patients reported adverse effects**

**CONCLUSIONS AND RELEVANCE**

- Hospital pharmacist role is fundamental for treatment optimization
- ART simplification implies an economic saving and a potential reduction of AE

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