Background and importance

Our human immunodeficiency virus (HIV) regional working group’s, in June 2018, in a program to improve the efficiency of antiretroviral therapy (ART), recommended the change of single tablet regimen (STR) with Abacavir/Lamivudine /Dolutegravir (ABC/3TC/DTG) once daily to Abacavir/Lamivudine (ABC/3TC) generic plus Dolutegravir (DTG) once daily.

Aim and Objectives

To evaluate the impact in terms of adherence and efficiency after 9 months

Materials and methods

Retrospective descriptive study (June/2018-March/2019)

Adherence consumption and dispensation registry of the Pharmacy Service Software program

Patients with a value > 95% were considered adherent.

Analytical variables:

- Viral load (VL) (copies /ml)
- CD4 lymphocytes (cells /mcL)
- Costs prices regional public tender.

Results

52 patients, mean age 51.56 years,

<table>
<thead>
<tr>
<th>Before Breaking Combo</th>
<th>Post Breaking Combo</th>
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<tbody>
<tr>
<td>Patients (N)</td>
<td>% Adherence</td>
</tr>
<tr>
<td>Adherent Patients</td>
<td>&gt;95%</td>
</tr>
<tr>
<td>44 (88.6%)</td>
<td></td>
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<tr>
<td>No Adherence Patients</td>
<td>8 Patients</td>
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<tr>
<td>81.5% S.D(5.3)</td>
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</tbody>
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Viral Load (RNA copies/ml)

- pre-change analysis: 808.67/mcL (SD: 205)
- post change analysis: 785.4/mcL (SD: 308).

Cost-savings was 132€/patient/month (1584€/patient/year).

The estimated savings for the hospital since this efficiency measure was implemented until March 2019 was 41,000€.

Conclusions:

The results of the study, despite limitations, demonstrate that after the switch the levels of virological suppression have been maintained with a significant reduction in healthcare costs without having affected the adherence of patients to ART. More exhaustive and long studies should be carried out to corroborate these results.