a more efficient equivalent therapeutic alternative. A simulation was carried out on the more and less efficient scenarios, and differences in costs were calculated.

Results A total of 136 patients were receiving different antiretroviral treatments in our hospital: 31 patients (22.8%) were direct candidates to change their treatment to another more efficient equivalent. Seventeen patients were receiving dolutegravir/abacavir/lamivudine in a single pill, which costs 117 455€/year. Changing to its equivalent in two pills (abacavir/lamivudine generic+dolutegravir brand) would mean a saving of 29 937€/year.

Eleven patients were receiving emtricitabine/tenofovir–disoproxil/rilpivirine in a single pill, which cost 79 466€/year. By replacing with its equivalent in two pills (emtricitabine/tenofovir–disoproxil generic+rilpivirine brand) would save 43 060€/year.

The opposite strategy was also analysed. Three patients were treated with dolutegravir+rilpivirine (both brands), which costs 22 016€/year. Recently, its therapeutic equivalent has been marketed in a single tablet, which using would mean 4735€/year saved. All of these interventions would mean a total saving of 77 732€/year.

Conclusion and relevance Correct positioning, evaluation and selection of high cost medicines improves efficiency in the infectious diseases area, where medicines have a high impact on the health system. In our specific case, the optimisation strategy was agreed and established together with the internal medicine service of our hospital, selecting the drugs without compromising efficacy or safety in patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-066 CHANGING FROM COBICISTAT TO A RITONAVIR BOOSTED REGIMEN IN HIV POSITIVE PATIENTS

L Quesada-Muñoz*, M Rodríguez Marín, M Vélez-Díaz-Pallarés, B Montero Llorente, T Gramage Caro, MÁ Rodríguez Sagrado, N Vicente Oliveros, S Sanz Merino, MT Bermejo Vicedo. *Ramón Y Cajal Hospital, Pharmacy, Madrid, Spain*

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Background and importance Recently, change from cobicistat to ritonavir is being promoted at a tertiary hospital for economic reasons. Therefore, there is a growing need to study what this switch may involve.

Aim and objectives Our objective was to describe the differences between the interactions profile of cobicistat and ritonavir with concomitant home treatment in HIV positive (HIV+) patients, consulting three databases (DDBB).

Material and methods A prospective study (January–May 2019) was carried out in HIV+ patients being treated with cobicistat boosted antiretrovirals, who came to the outpatient pharmacy of a third level hospital and whose treatments were changed to a ritonavir boosted regimen. Concomitant home treatment was registered by consulting the primary care online programme Horus. Interactions between cobicistat and ritonavir and domiciliary treatment were explored in three DDBB: Liverpool, Drugs.com and Micromedex. Severity level was assigned as follows: 4 (severe), 3 (moderate), 2 (minor) and 1 (no interaction). If the drug was not registered in the database, it was codified as 0. Differences in punctuations between cobicistat and ritonavir were registered.

Abstract 4CPS-066 Table 1

DDBB	Drug	Cobicistat	Ritonavir
Drugs.com	Atorvastatin	2	3
	Tramadol	0	2
	Trimethoprim–sulfamethoxazole	0	2
	Loratadine/cetirizine	0	2
	Metformin	0	2
	Bisoprolol	2	0
	Levothyroxine	0	2
Liverpool	Fluoxetine/sertraline	1	2
	Atenolol	2	0
	Metformin	2	0
	Levothyroxine	0	2
	Acenocumarol	0	2
Micromedex	Atorvastatin	1	3
	Omeprazole	0	2
	Escitalopram/sertraline	0	2
	Levofloxacin	0	2
	Metformin	0	2
	Amlodipine	0	2

Severity level: 4 (severe), 3 (moderate), 2 (minor), 1 (no interaction), 0 (drug not included in the DDBB).

Results A total of 174 patients were included: 75% were men, with a median age of 55 (48–59) years, receiving 3 prescribed medicines (range 0–17). Interactions between cobicistat and ritonavir and the 170 prescribed drugs were analysed. Calcifediol (n=81), atorvastatin (n=45) and omeprazole (n=34) were the drugs prescribed the most.

Cobicistat and ritonavir had a different interaction severity level in 19% of the drugs, according to Micromedex, 18% if checked in Drugs.com and 15% in Liverpool. The most important severity level changes are summarised in table1.

Conclusion and relevance There were some significant differences between the interactions profile of cobicistat and ritonavir. Caution must be considered and drug databases checked when changing from a cobicistat boosted regimen to a ritonavir boosted one, in order to resolve potential drug interactions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-067 ANALYSIS OF USAGE OF DIRECT ACTING ANTIVIRALS FOR THE TREATMENT OF HEPATITIS C

MÁ Roch Ventura*, J Del Estal Jiménez, A Sanjuan Belda, M Mendoza Aguilera, PA López Broseta, E Esteve Pitarch, M Martín Marqués, S Jornet Montaña, M Vuelta Arce, L Canadell Vilarrasa. *Hospital Universitari Joan Xxiii, Pharmacy, Tarragona, Spain*

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Background and importance The approach to chronic hepatitis C (HCC) has changed. Treatments with more than 90% effectiveness, fixed length treatments, daily dose and a good safety profile make treatment easier to handle.

Aim and objectives To analyse the use of direct acting antivirals (DAA) in the treatment of hepatitis C virus infection in a tertiary hospital.

Material and methods A retrospective, observational and descriptive study was conducted in patients who initiated