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

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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 table 1.

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

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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

treatment for HCC between June 2017 and December 2018. Both monoinfected and coinfecting HIV patients were included, having completed DAA treatment. We collected demographic (gender, age) and clinical (virus genotype, fibrosis degree, mono- or coinfecting, treatment and length of treatment, previous treatments in the case of relapse) variables. As an effectiveness variable, we set sustained viral response (SVR) at week 12 after finishing treatment, or undetectable viral load in those patients who did not achieve a SVR.

Data were obtained from the pharmacotherapeutic management programmes Silicon and SAP.

Results A total of 146 patients, mean age 54 years, were included. There was 34.93% women, 25.34% coinfecting and 88.36% naïve.

The most frequent genotype (G) was G1a (31.94%), G1b, 29.86% and G3, 19.44%. Depending on hepatic damage, patients presented with different levels of fibrosis (F): F0–1, 66.44%; F2, 15.75%; F3, 6.16%; F4, 5.48%; and cirrhosis, 2.05%. Treatments were glecaprevir/pibrentasvir in 57.53%, sofosbuvir/velpatasvir in 23.29% and elbasvir/grazoprevir in 14.38%. Length of treatment was chosen according to what was said in the technical.

Effectiveness (SVR) evaluated 12 weeks after finishing treatment or undetectable viral load after finishing treatment in monoinfected patients was 75.93% and 24.07%, respectively. Regarding coinfection, we could not follow-up with one patient and the other patient's results are still pending (SVR 92.11%). Relapse was detected in patients who had been previously treated with ombitasvir/paritaprevir/ritonavir + dasabuvir (2.05%), sofosbuvir/ledipasvir (0.68%, n=1) and elbasvir/grazoprevir (0.68%), and reinfection was detected in a patient previously treated with sofosbuvir/daclatasvir. Relapses were treated with sofosbuvir/velpatasvir/voxilaprevir (2.74%).

Conclusion and relevance Use of DAA was common in our hospital. Effectiveness data and population characteristics were equal to those obtained in the available bibliography. It is crucial to confirm SVR in week 12 after finishing treatment to make sure the disease has been cured.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-068 EFFECTIVENESS OF DOLUTEGRAVIR AND LAMIVUDINE THERAPY IN A TWO DRUG REGIMEN IN A THIRD LEVEL HOSPITAL

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Background and importance Simplification of antiretroviral treatments (ART) improves adherence and comfort, and may prevent some adverse effects caused by ART.

Aim and objectives To assess the effectiveness (plasma viral load (PVL test) <50 copies/mL) of the combination of dolutegravir (DTG) and lamivudine (3TC) without a third antiretroviral drug in patients diagnosed with HIV infection who were previously treated with a three drug regimen of ART.

Material and methods In January 2019, we studied a cohort of patients who were undergoing treatment with DTG+3TC in a two drug regimen. Once these patients were selected, we

carried out a prospective study of the PVL test after 6 months of treatment.

Results Thirty-three patients were receiving treatment with the DTG+3TC combination in January 2019. Patients were aged 24–72 years (mean 46.27 years). The previous PVL test was undetectable in 69.70% of patients, detectable (<50 copies/mL) in 27.27% of patients and 1 patient (3.03%) had a viral load of >50 copies/mL. After 6 months of treatment, the PVL test was undetectable in 75.75% of patients, detectable (<50 copies/mL) in 15.15% and detectable (>50 copies/mL) in 3.03%. Two patients discontinued treatment.

Conclusion and relevance The combination of DTG+3TC seemed to be an effective alternative to other ART when we re-evaluated patients after 6 months of treatment. We found a PVL <50 copies/mL in 96.96% and 90.90% of patients before and after the change in ART.

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No conflict of interest.

4CPS-069 EVALUATION OF PALIVIZUMAB AS PROPHYLAXIS AGAINST RESPIRATORY SYNCYTIAL VIRUS INFECTION

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Background and importance Respiratory syncytial virus (RSV) is the primary cause of lower respiratory tract infections in children <2 years old. RSV infection can lead to morbidity and mortality in these children and result in hospitalisation, admission to the intensive care unit, need for intensive medical treatments and death. Palivizumab has been found to be effectiveness in reducing hospitalisation and preventing serious lower respiratory tract infections in high risk infants.

Aim and objectives The objective of the study was to determine the effectiveness of prophylaxis with palivizumab administration on hospitalisation rates for RSV and respiratory tract infections without RSV.

Material and methods This was a retrospective, descriptive study from October 2012 to February 2019. Patients with palivizumab administration were included. The data collected were administrations of palivizumab per patient, administration dates, admitted patients for respiratory infection, date of admissions per patient, positive RSV cultures in admitted patients and need for oxygen therapy. The severity of the admission was assessed according to the need for oxygen therapy.

Results A total of 125 patients were included, with an average age of 2.84 months at the start of treatment and a mean of five administrations. Twenty-four patients (19.2%) were admitted for a respiratory cause of whom 7 (29.17%) had more than one admission. In the admitted patients, 5 (20.83%) had positive cultures for RSV. In these patients, median administrations was 5 (IQR 3–5) and median time from last administration to positive culture was 290 days (IQR 276–300). From the total patients admitted, 20 (83.33%) needed oxygen therapy but only 5 patients (25%) required oxygen at high flow. No deaths were recorded.