treatment for HCC between June 2017 and December 2018. Both monoinfected and coinfected HIV patients were included, having completed DAA treatment. We collected demographic (gender, age) and clinical (virus genotype, fibrosis degree, mono- or coinfected, 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% coinfected 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/dasabuvir. Relapses were treated with sofosbuvir/velpatasvir/voxdaprevir (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.

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**4CPS-068 EVALUATION OF PALIVIZUMAB AS PROPHYLAXIS AGAINST RESPIRATORY SYNCTIAL VIRUS INFECTION**

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**4CPS-069 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.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.