# EVALUATION OF EFFECTIVENESS AND SAFETY **OF RILPIVIRINE/EMTRICITABINE/TENOFOVIR**

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#### BACKGROUND

The combination rilpivirine (RPV)/emtricitabine (FTC)/tenofovir (TDF) has been approved for the treatment of patients with HIV infection with a viral load (VL) ≤100.000 copies/mL.

### PURPOSE

Evaluation of effectiveness and safety of RPV/TDF/FTC in naïve and pretreated patients with HIV infection in a second level hospital.

#### MATERIALS AND METHODS

Retrospective observational study (June 2013-September 2014). Included patients with HIV infection, naïve and pretreated, on treatment with RPV/TDF/FTC.

- The effectiveness was measured through
- **Virologic response**  $\rightarrow$  VL was undetectable (VL<50 copies/mL) after 6 months of treatment.
- Immunological response  $\rightarrow$  CD4 count was greater than 200 cells/mm<sup>3</sup> after 6 months of treatment.
- VL and CD4 count were collected at baseline and 6 months later. Patients who had less than 3 months on treatment were excluded, because no analytical data are available to assess the effectiveness.
- Security was evaluated through side effects (SE).

## RESULTS

> 15 patients were included: 3 naïve and 12 pretreated. 42% (5/12) of pretreated switched treatment to RPV/TDF/ FTC due to SE,25% (3/12) to simplify treatment, 25% (3/12) for psychiatrics reasons and 8% (1/12) for bad adherence.

BASELINE				
	UNDETECTABLE	VL 50-100	VL>100	CD4 count average
	\/I	conies/ml	conies/ml	(Colls/mm <sup>3</sup> )



> 13% (2/15) reported SE. 1 patient reported insomnia and another patient insomnia, fatigue, gastrointestinal disorders and dyspnea, due to left treatment.

#### CONCLUSION

- RPV/TDF/FTC has demonstrated to be effective in for treatment HIV infection, in naïve (67%) and in pretreated patients (75%).
- The SE profile is low, however one patient has left treatment due to this reason.



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