CP-054: OFF – LABEL USE OF EMTRICITABINE / RILPIVIRINE / TENOFOVIR

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Background

Emtricitabine / rilpivirine / tenofovir (FTC/RPV/TDF) was initially approved for the treatment of human immunodeficiency virus type 1 in treatment-naïve adult patients with a viral load ≤ 100,000 copies/mL.

Objective

To evaluate the effectiveness and safety of off-label use of FTC/RPV/TDF after this drug was included in our hospital's drug therapy guide.

Methods

- This retrospective observational study included all patients dispensed FTC/RPV/TDF from our university hospital's pharmacy department from October 2013 through March 2014.
- We collected the following information from medical records: age, sex, pharmacologic history, prior antiretroviral treatment, reasons for treatment change, viral load, CD4 count, and atherogenic index at the start and end of the study period, adherence, side-effects, and reasons for discontinuing treatment.
- The results were analysed using SPSS version 15.0.

Results

- We included 19 consecutive patients (14 men and 5 women; mean age, 44.7 years).
- All patients were treatment-experienced; 78% were previously treated with efavirenz / emtricitabine / tenofovir (figure 1).
- The most frequent reasons for changing antiretroviral treatments were hyperlipidaemia (38.8%) and interaction with methadone (22%) (figure2).
- The viral load was <50 copies/mL in 10 patients. The mean CD4 count was 634.6/mm^3 at baseline and 596.4/mm^3 at end-study (normal range: 450-1400/mm^3). The mean atherogenic index, recorded in 16 patients, was 4.5 (normal range: 0-5) at both the beginning and end of the study.
- No side-effects were documented. Two patients discontinued treatment for reasons unrelated to the antiretroviral (pregnancy and death). We detected no nonadherence to medication.

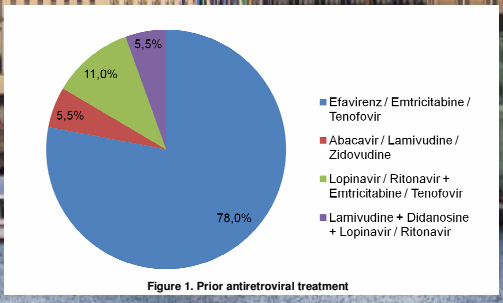

Figure 1. Prior antiretroviral treatment

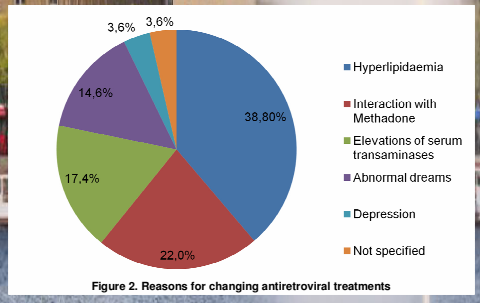

Figure 2. Reasons for changing antiretroviral treatments

Conclusions

In our centre, changing treatment to FTC/RPV/TDF is mostly due to side-effects and interactions in prior treatment. Although our preliminary data preclude definitive conclusions, FTC/RPV/TDF seems safe and effective.

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