

SINGLE-TABLET REGIMEN TENOFIVIR/ EMTRICITABINE/ RILPIVIRINE: ONE YEAR'S EXPERIENCE

de Castro Julve, M¹; Rudi Sola, N¹; Estefanell Tejero, A¹; Oliver Ferrer, E¹; Ortiz Ruiz, L¹; Raich Montiu, L¹; Borràs Trias, L¹; Pontes, C²; Gorgas Torner, MQ¹.

1 Department of Pharmacy. Hospital de Sabadell. Institut Universitari Parc Taulí – Universitat Autònoma de Barcelona. Sabadell (Barcelona), Spain.

2 Clinical Pharmacology Unit. Hospital de Sabadell. Institut Universitari Parc Taulí, Universitat Autònoma de Barcelona. Sabadell (Barcelona), Spain.

BACKGROUND:

Tenofovir/ emtricitabine/ rilpivirine (TDF/FTC/RPV) is a recently commercialized fixed-dose combination of antiretrovirals for which there is little clinical experience yet.

It was first used in our hospital in 2013. In a previous study we described our first 6 months experience.

The present study provides additional experience up to one year.

OBJECTIVES:

To describe our clinical experience with TDF/FTC/RPV, in terms of **effectiveness, adherence** and **causes of discontinuation** after its first year of use in our hospital.

MATERIAL AND METHODS:

We collected retrospectively data from medical records and the Outpatient Pharmacy Database on all patients who started TDF/FTC/RPV in our centre since its introduction in May 2013, and who had at least one year of follow-up. Baseline and one year viral load (VL) and CD4 counts were recorded for those who completed 12 months therapy with TDF/FTC/RPV. For those who did not, the reason for withdrawal and mean time on treatment were obtained. Adherence was calculated from dispensed and retrieved units, considering the period between dispensations.

RESULTS:

N = 83
patients

65 patients
completed
12 months of
TDF/FTC/RPV

4 Patients lost to follow-up

Sex: 60 males,
23 females.

Age: 45.1 years (SD 10.5).

Naive patients: 4.

Pre-treated patients: 79.

14 patients discontinued
TDF/FTC/RPV

Cause of discontinuation	Patients
Virologic failure	5
Side effects	4
Drug interactions	3
Immunologic failure	1
Conceptional desire	1

Average length of treatment:
6.2 months (range 2.4-11.3 months)

Viral load (VL) and CD4 counts:

	Baseline	After 12 months
VL < 20 copies/ml	51	58
VL > 20 copies/ml	14	7
Mean CD4 counts (cells/mm ³)	646 (SD 254)	656 (SD 297)

46 of 51 patients remained undetectable.
12 of 14 patients reached VL<20copies/ml.

Adherence (12 months):

Global: 92%.

Patients with virologic failure: 75%

CONCLUSIONS:

- TDF/FTC/RPV was effective in terms of VL and CD4 counts in most patients after one year of treatment.
- Virologic failure after 12 months was associated with low adherence.