

Switch to RPV-TAF-FTC from EFV-TDF-FTC  
**Study GS-366-1160**

# Switch to RPV-TAF-FTC from EFV-TDF-FTC

## Study GS-366-1160: Design

- **Background:** Phase 3b, multinational, randomized, double-blind, placebo-controlled, noninferiority trial investigating the tolerability of switching to the single-tablet regimen rilpivirine-tenofovir alafenamide-emtricitabine (RPV-TAF-FTC)
- **Inclusion Criteria (n = 881 randomized)**
  - HIV-1-infected adults
  - HIV RNA <50 copies/mL for ≥6 months on EFV-TDF-FTC
  - Creatinine clearance at least 50 mL/min
  - No resistance to EFV, RPV, TDF, or FTC
- **Treatment Arms**
  - Switch to RPV-TAF-FTC (Switch group)
  - Remain on EFV-TDF-FTC (No switch group)

*Switch Group*  
**RPV-TAF-FTC**  
(n= 438)

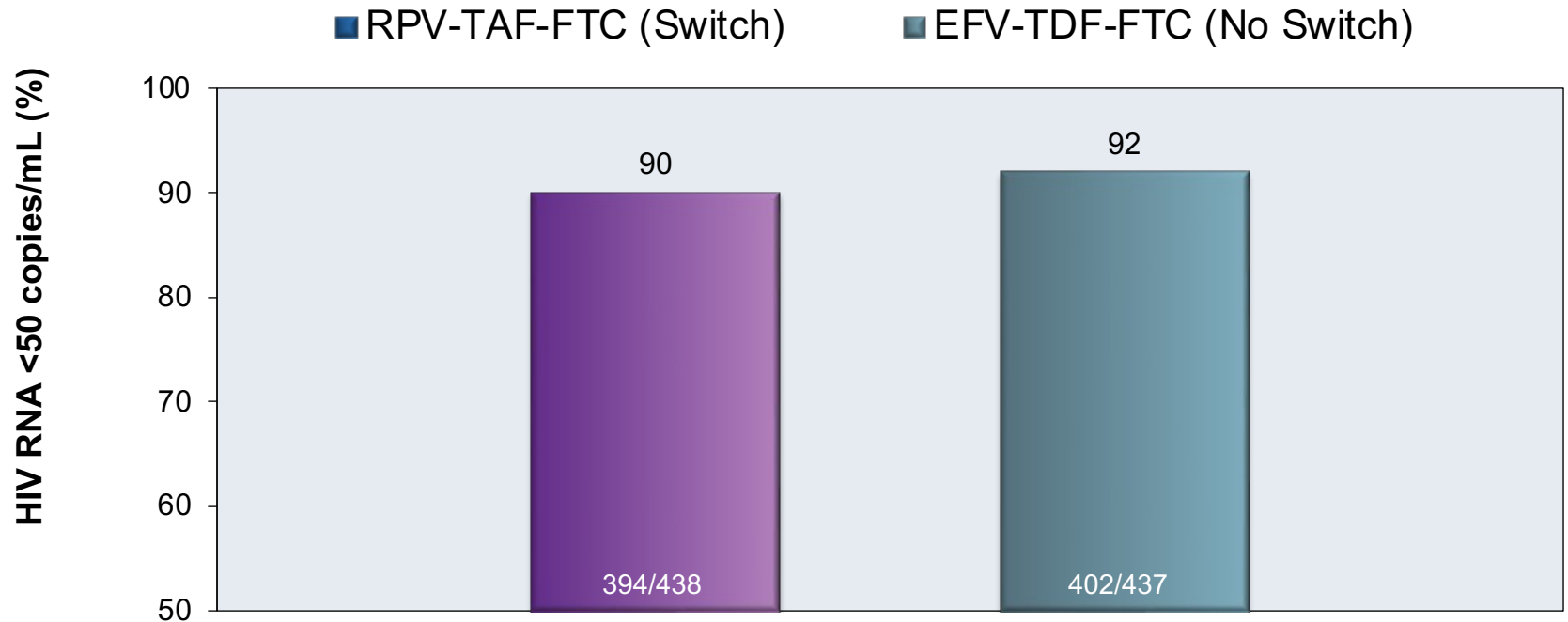
*No Switch Group*  
**EFV-TDF-FTC**  
(n = 437)

\***NOTE:** of 881 participants randomized, 6 were never treated (875 individuals treated)

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## Study GS-366-1160: Results

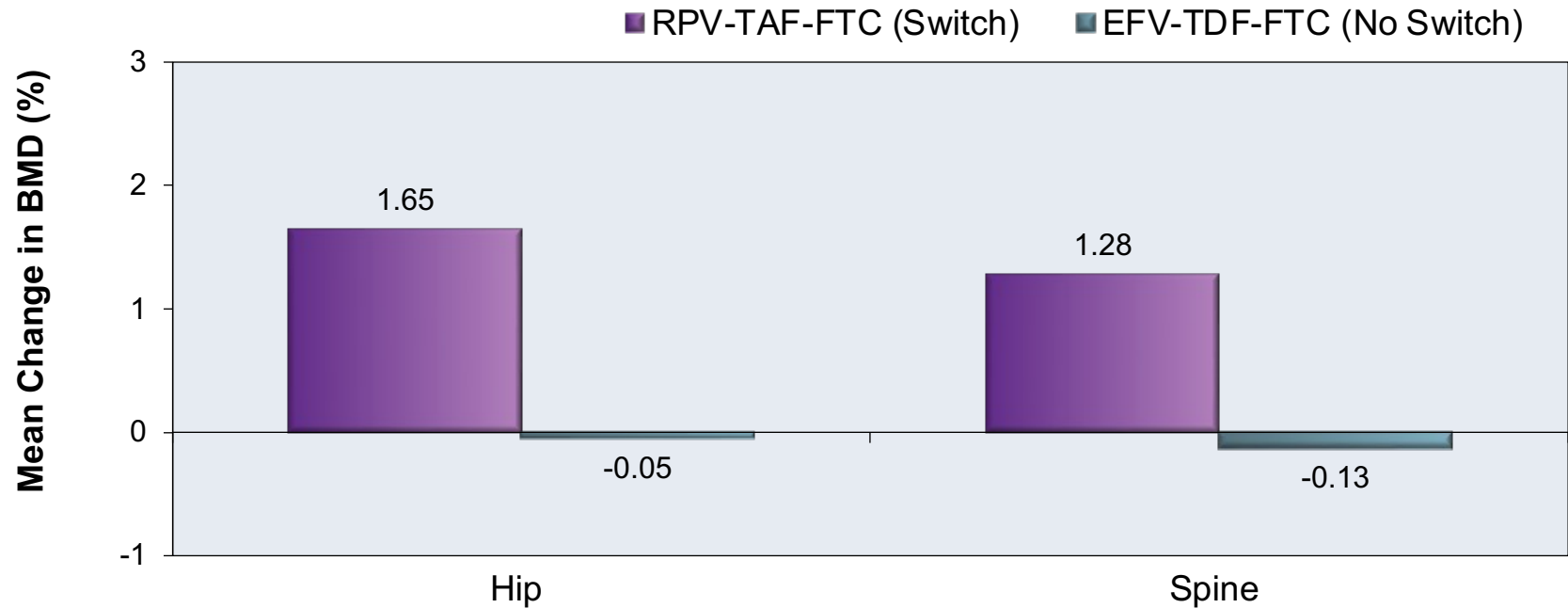
Week 48 Virologic Response (FDA Snapshot Analysis)



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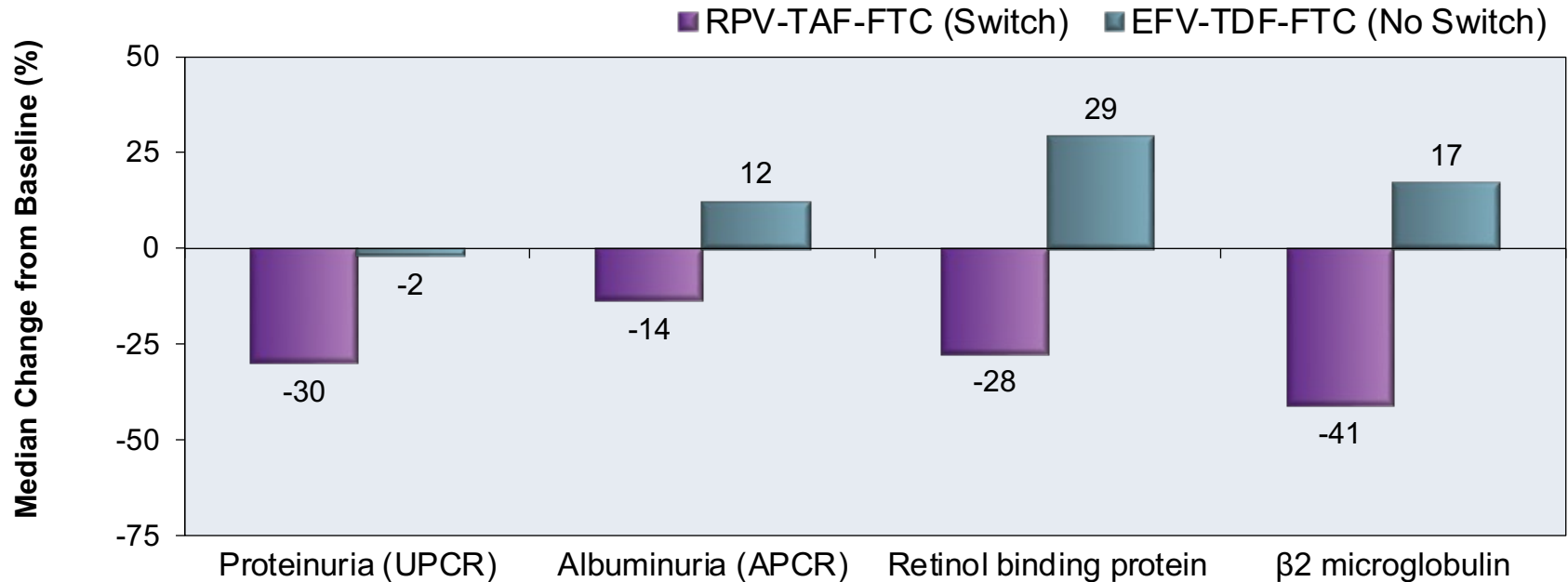
Week 48: Changes in Bone Mineral Density (BMD)



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## Study GS-366-1160: Results

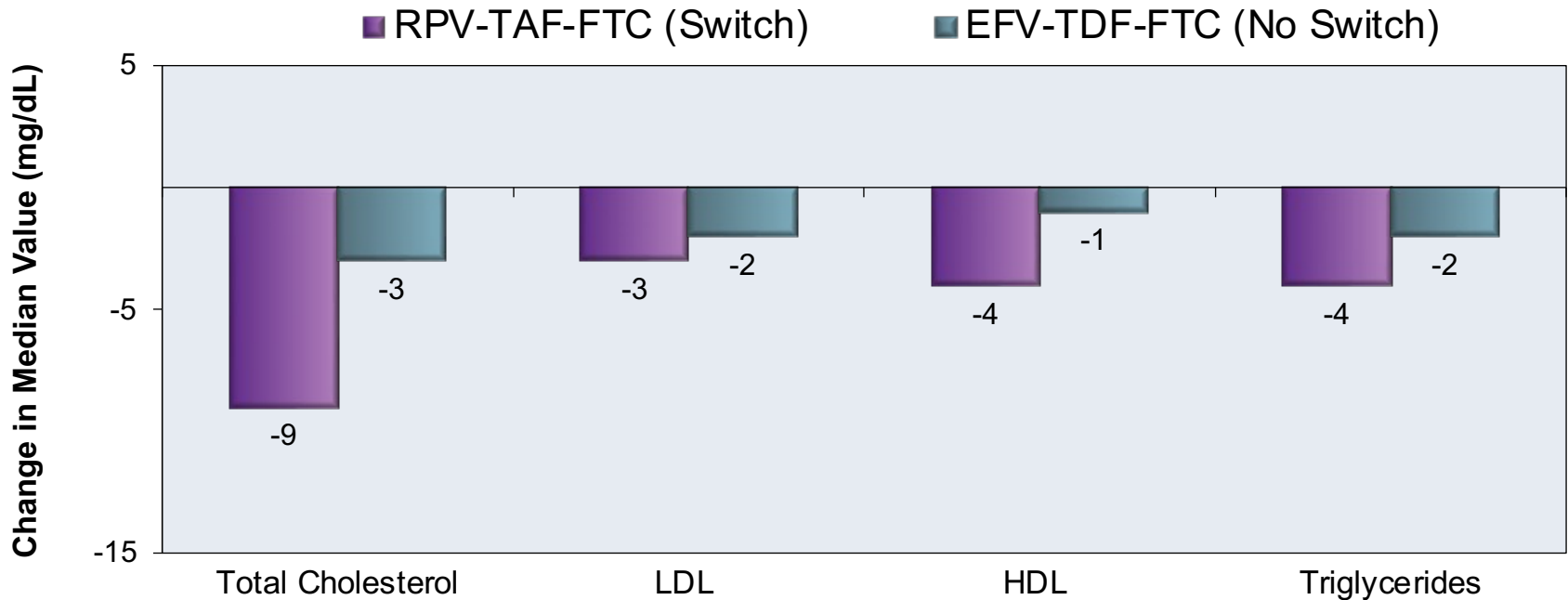
Week 48: Changes in Markers of Proximal Tubulopathy



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## Study GS-366-1160: Results

Week 48: Change in Plasma Lipids from Baseline



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## Study GS-366-1160: Conclusion

**Interpretation:** “Switching to rilpivirine, emtricitabine, and tenofovir alafenamide from efavirenz, emtricitabine, and tenofovir disoproxil fumarate was non-inferior in maintaining viral suppression and was well tolerated at 48 weeks. These findings support guidelines recommending tenofovir alafenamide-based regimens, including coformulation with rilpivirine and emtricitabine, as initial and ongoing treatment for HIV-1 infection.”

# Acknowledgments

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