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)

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

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

Week 48 Virologic Response (FDA Snapshot Analysis)

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

Week 48: Changes in Bone Mineral Density (BMD)

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

Week 48: Changes in Markers of Proximal Tubulopathy

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

Week 48: Change in Plasma Lipids from Baseline

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.”

The National HIV Curriculum is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,021,448 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. This project is led by the University of Washington’s Infectious Diseases Education and Assessment (IDEA) Program.