

Maraviroc versus Efavirenz in Treatment-Naïve
MERIT (A4001026) Trial

Maraviroc versus Efavirenz, both with Zidovudine-Lamivudine MERIT (A4001026): Study Design

Study Design: MERIT Study

- **Background:** Randomized, double-blind, double-dummy, phase 2b/3 study evaluating the efficacy and safety of maraviroc versus efavirenz as part of ART for treatment-naïve persons with HIV infection
- **Inclusion Criteria (n = 721 treated/analyzed)**
 - Age ≥ 16
 - Antiretroviral-naïve patients
 - R5-tropic virus
 - HIV RNA ≥ 2000 copies/mL
 - No resistance to zidovudine, lamivudine, or efavirenz
- **Treatment Arms**
 - Maraviroc 300 mg BID + ZVD-3TC BID
 - Efavirenz 600 mg QD + ZVD-3TC BID

**MVC 300 mg twice daily +
ZVD-3TC twice daily**
(n = 360)

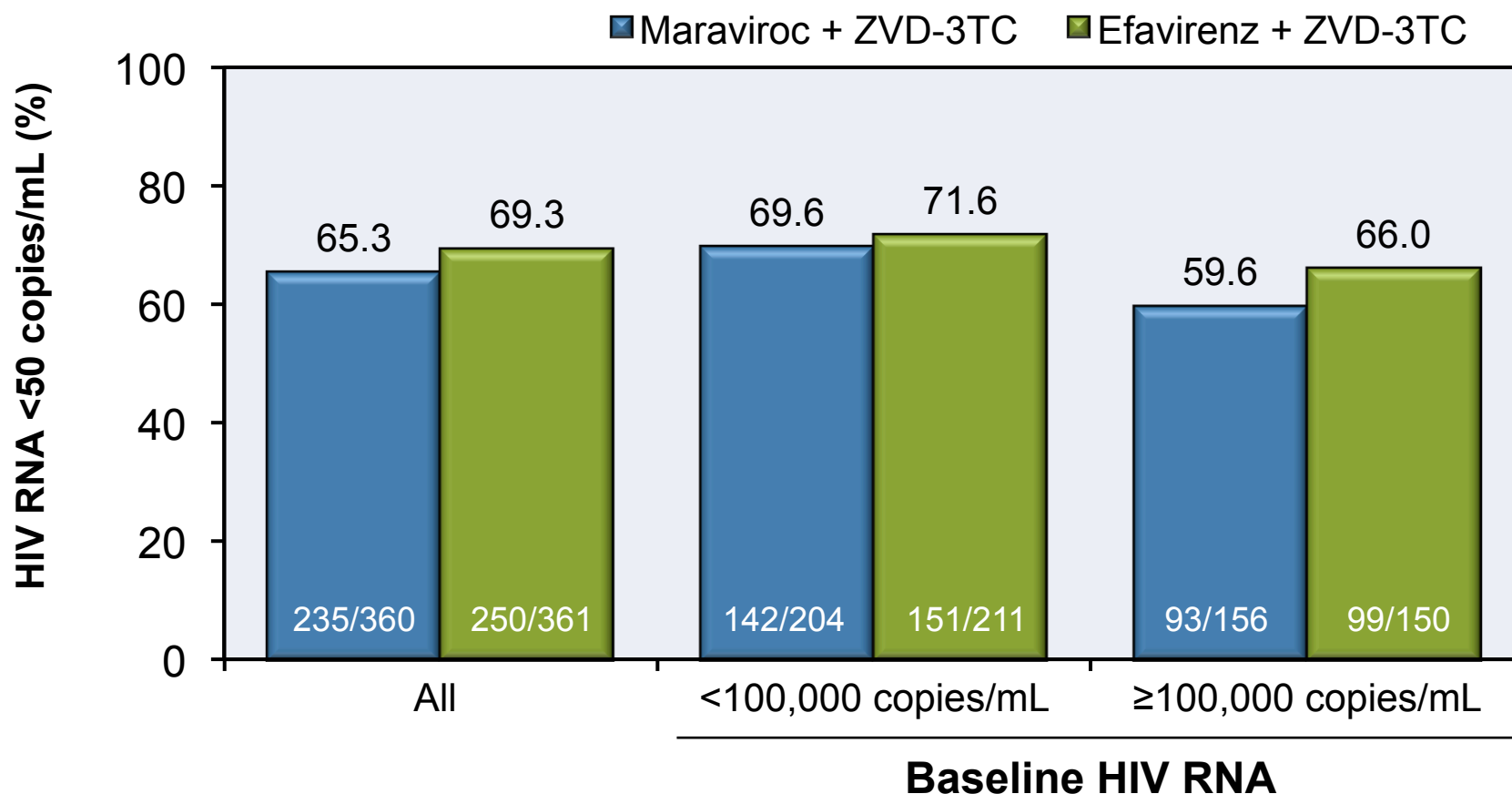
**EFV once daily + ZVD-3TC
twice daily**
(n = 361)

MVC 300 mg once daily + ZVD-3TC
twice daily arm (n = 174)
DISCONTINUED at interim analysis

MERIT = **M**araviroc versus **E**favirenz in **T**reatment-Naive

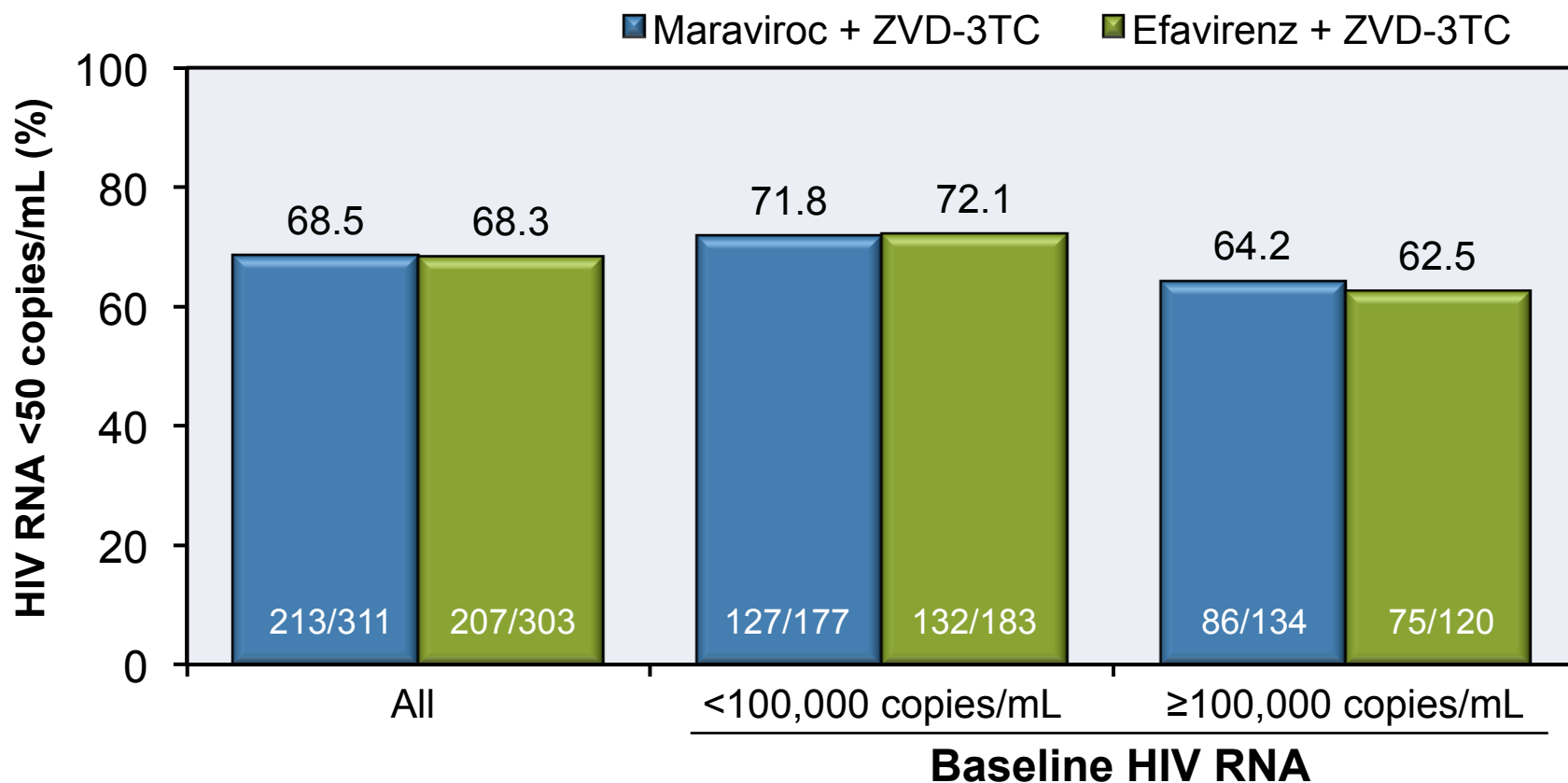
Maraviroc versus Efavirenz, both with Zidovudine-Lamivudine MERIT (A4001026): Result

Week 48: Virologic Response (Primary Analysis)



Maraviroc or Efavirenz, both with Zidovudine-Lamivudine MERIT (A4001026): Result

Week 48: Virologic Response (Post-hoc Reanalysis*)



*Excludes patients with non-R5 virus at screening by the enhanced Trofile assay

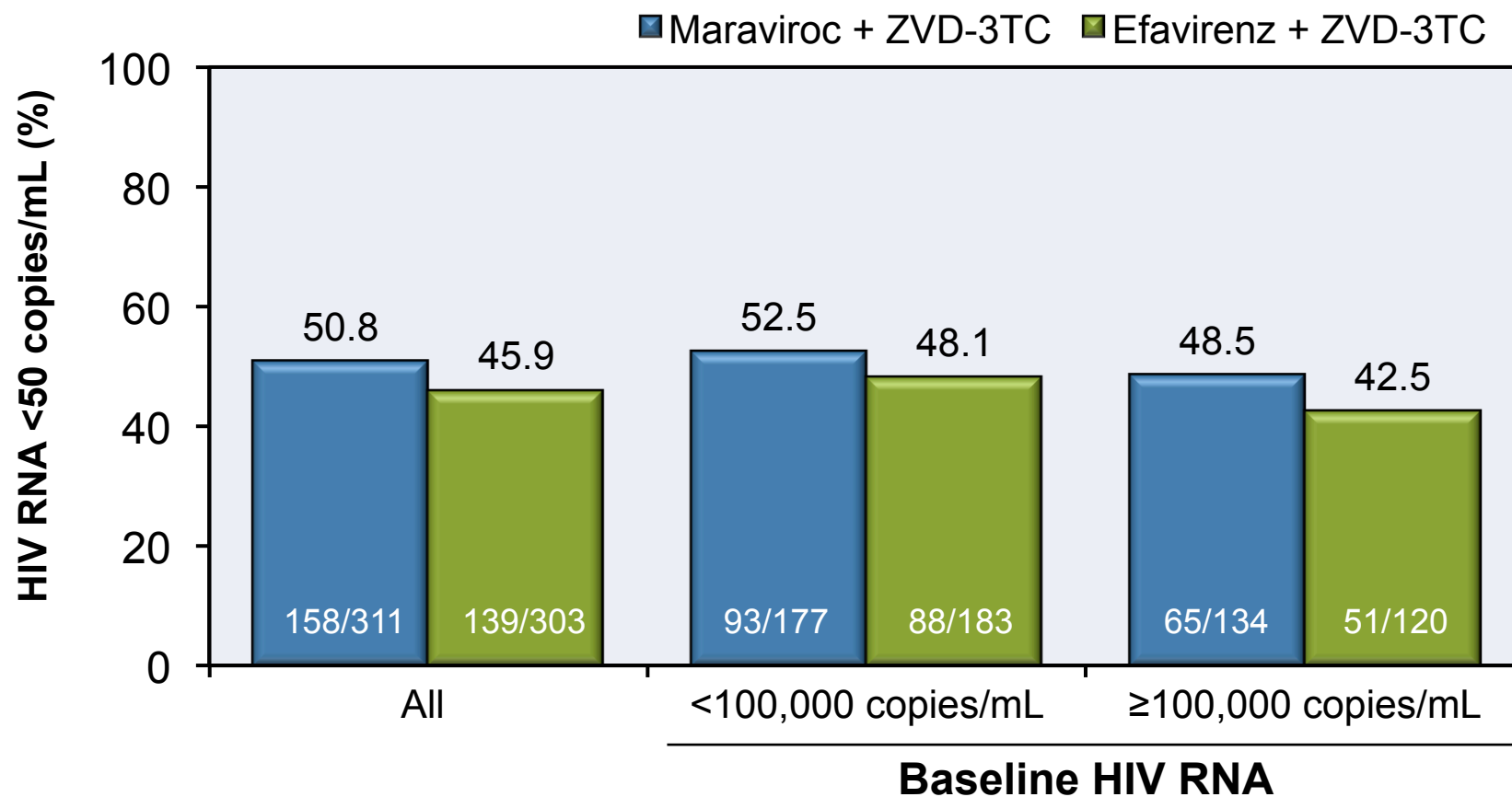
Source: Cooper DA, et al. *J Infect Dis.* 2010;201:803-13.

Maraviroc versus Efavirenz, both with Zidovudine-Lamivudine MERIT (A4001026): Conclusions

Conclusions: “Twice-daily maraviroc was not noninferior to efavirenz at <50 copies/mL in the primary analysis. However, 15% of patients would have been ineligible for inclusion by a more sensitive screening assay. Their retrospective exclusion resulted in similar response rates in both arms.”

Maraviroc versus Efavirenz, plus Zidovudine-Lamivudine MERIT (A4001026): Result

Week 240 (Year 5): Virologic Response



*Excludes patients with non-R5 virus at screening by the enhanced Trofile assay

Source: Cooper DA, et al. AIDS. 2014;28:717-25.

Acknowledgment

The **National HIV Curriculum** is an AIDS Education and Training Center (AETC) Program resource funded by the United States Health Resources and Services Administration. The project is led by the University of Washington and the AETC National Coordinating Resource Center.

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