Evaluation of the durability of various single tablet regimens (STR) in treated HIV-1 infected subjects.

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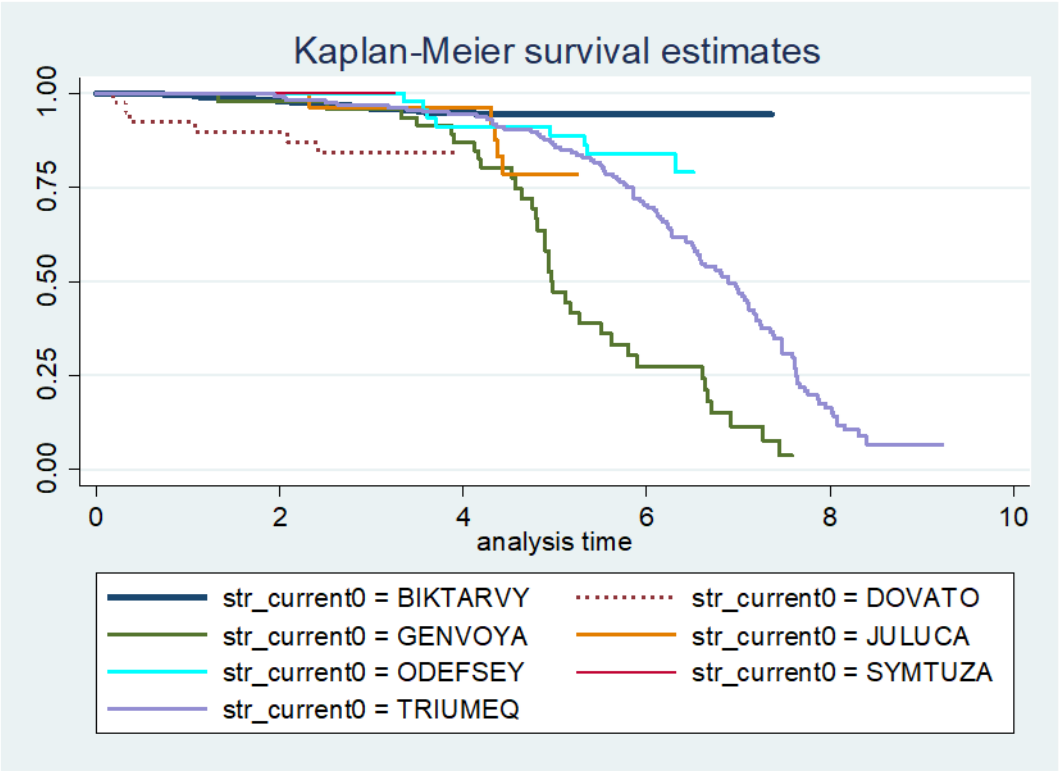
Background: Treatment for HIV infection has been simplified by the availability of single tablet regimens (STR), allowing 1 pill a day dosing for most patients. Traditionally, older HIV therapies were often only changed when either virological failure or significant toxicity occurred. However, with an increasing range of options treatment changes may be driven more by subtle awareness about potential longer term drug concerns.

Methods: A review of the Albion centre clinics' pharmacy dispensing records was undertaken in from 2016 to 2020 to document all STR prescriptions. A follow-up file review in the 3rd quarter of 2023 allowed a determination of continuity of different STRs and predominant reason for stopping.

Results: The pharmacy records revealed 874 patients received STR therapy between 2016 and 2020 with Biktarvy being the commonest STR: 550 (62.9%), followed by Triumeq 162 (18.5%), Genvoya 47 (5.3%), Odefsey 46 (5.3%), Dovato 39 (4.5%), Juluca 29 (3.3%), and Symtuza 1 (0.1%). Viral suppression (<200 copies/mL) was documented in 98.6%. When compared to Biktarvy, patients on Triumeq were 29 times more likely to discontinue (P<0.001) or Genvoya 17 times more likely to discontinue (p<0.001). Reasons for discontinuation differed significantly by prescribed STR used, with toxicity listed in 20/550 (3.6%)Biktarvy stops compared to anticipated toxicity accounting for 83/161 (51%) Triumeq 16/ 47 (34%) Genvoya stops.



Conclusions:

In an environment where prescribers have unrestricted access to all STR options a progressive and more patient-focused change in STR prescribing is seen from foundation STRs to predominately 2nd generation integrase inhibitors, with very low rates of treatment failure.