

Real-World Differences Between People Living With HIV Receiving B/F/TAF and Those Receiving Other Single Tablet Regimens in the United States

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Key Findings

- People living with HIV (PLWH) receiving B/F/TAF were more likely to be on their first antiretroviral therapy (ART) regimen than those on other single table regimens (STR).
- Physicians chose ARTs based on tolerability, virologic potency and simple dosing instructions.
- Physicians identified factors related to ease of administration as a key reason to prescribe B/F/TAF; no difference in adherence was seen between the two groups.
- PLWH and physicians reported high levels of satisfaction with all currently available STRs.
- PLWH receiving B/F/TAF had a higher reported quality of life (QoL), and lower activity impairment, than those receiving other STRs.

Conclusions

- Patient-reported outcomes were better in PLWH receiving B/F/TAF than for PLWH on other ARTs.
- Our findings further support the use of B/F/TAF in the treatment of HIV in the United States.

Introduction

- The most common approach to HIV treatment is the use of STRs which incorporate multiple drugs in a fixed dose combination. Recently, long acting injectables (LAI) are also being prescribed to PLWH.
- In the United States (USA), the most commonly prescribed STR is B/F/TAF.

Objective

- The aim of this study was to characterise differences between PLWH receiving B/F/TAF and those receiving other STR or LAI in the United States, using real-world data.

Methods

- Data were drawn from the Adelphi HIV Disease Specific Programme™¹, a real-world, cross-sectional survey including retrospective data collection from July 2021 to March 2022 in the USA.
- Physicians provided data for ten sequential PLWH, including demographics, clinical characteristics and satisfaction with ART. PLWH for whom a physician provided data were asked to voluntarily complete a survey capturing perspectives on QoL (HIV-specific QoL captured using PozQoL²; generic QoL captured using EQ-5D-5L³, treatment satisfaction, and work productivity and activity impairment (WPAI⁴).
- Comparisons were made using t-tests, chi-squared, Fisher's exact and Mann-Whitney tests. All analysis was performed in Stata 17.0.

Results

- Physicians (n=60) provided data for 545 PLWH; 226 PLWH provided patient-specific data
- PLWH were divided into those receiving B/F/TAF (n=264, 48.4% of total STR population) and those receiving other STRs or LAIs (Other STR; n=281; Table 1)

Table 1. STR and LAI regimens (excluding B/F/TAF)

STR	n (%)	STR	n (%)
EFV/FTC/TDF	53 (9.7)	RPV/TAF/FTC	18 (2.3)
DTG/3TC	53 (9.7)	EVG/c/TDF/FTC	16 (2.9)
EVG/c/TAF/FTC	38 (7.0)	RPV/TDF/FTC	9 (1.7)
CAB + RPV ^a	32 (5.9)	DTG/RPV	8 (1.5)
DTG/ABC/3TC	25 (4.6)	EFV/TDF/3TC	5 (0.9)
DRV/c/TAF/FTC	22 (4.0)	DOR/TDF/3TC	2 (0.4)

^a CAB + RPV is a LAI
STR, Single tablet regimen; LAI, Long acting injectable regimen
% were calculated out of the full PLWH receiving STR population, (n=545)

Results

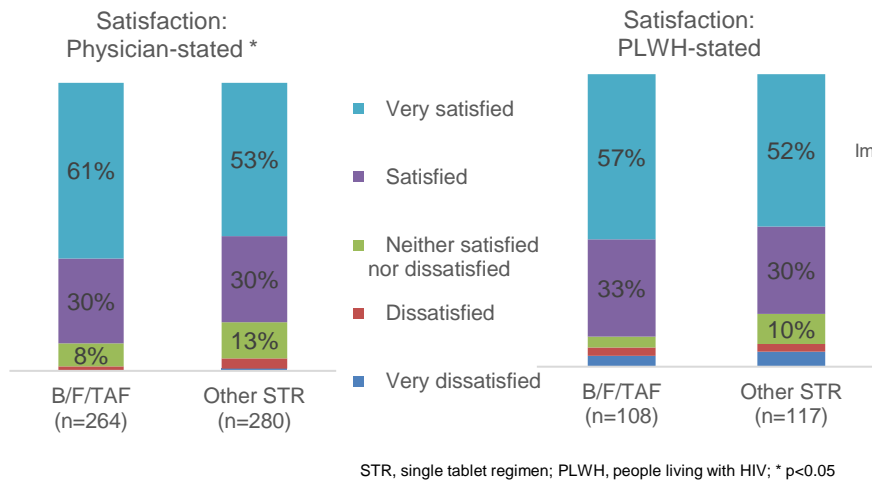
Table 2. Demographics and clinical characteristics

A		B/F/TAF	Other STR	p-value	B		B/F/TAF	Other STR	p-value
Age (years), mean (SD)		43.1 (12.4)	46.0 (12.6)	0.0081	Time since diagnosis (years), mean (SD)		5.8 (7.1)	7.4 (8.3)	0.0230
Gender	Male, n (%)	213 (80.7)	206 (73.3)	0.0427	Time on current ART (years), mean (SD)		1.8 (1.5)	2.3 (2.4)	0.0099
	Female/Intersex, n (%)	51 (19.3)	75 (26.7)		Total number of ART lines, mean (SD)		1.6 (1.0)	1.7 (1.1)	0.0479
Sexuality	MSM, n (%)	159 (60.2)	162 (57.7)	0.5436	ART naïve, n (%)		175 (66.3)	157 (55.9)	0.0140
	Other, n (%)	105 (39.8)	119 (42.3)		ART experienced, n (%)		89 (33.7)	124 (44.1)	
Ethnicity	White, n (%)	138 (52.3)	140 (49.8)	0.6390	Virally suppressed at time of data collection	Yes, n (%)	189 (71.6)	221 (78.6)	0.0598
	African American, n (%)	72 (27.3)	85 (30.2)			No, n (%)	75 (28.4)	60 (21.4)	
	Hispanic/Latino, n (%)	37 (14.0)	33 (11.7)						
	Other, n (%)	17 (6.4)	23 (8.2)						

SD, standard deviation; STR, single tablet regimen; MSM, men who have sex with men; ART, antiretroviral therapy

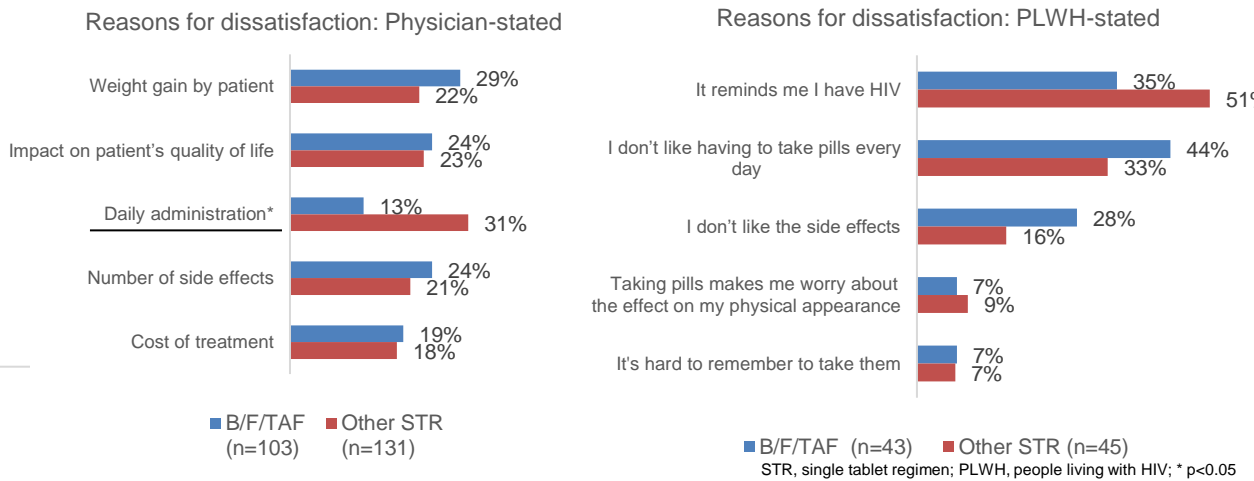
Figure 2a. Treatment Satisfaction

Similar patterns of satisfaction were seen from both the physician and PLWH perspective; physicians had higher satisfaction with B/F/TAF than other STRs. Side effects were mentioned by both PLWH and physicians as a reason for dissatisfaction (Figure 2).



STR, single tablet regimen; PLWH, people living with HIV; * p<0.05

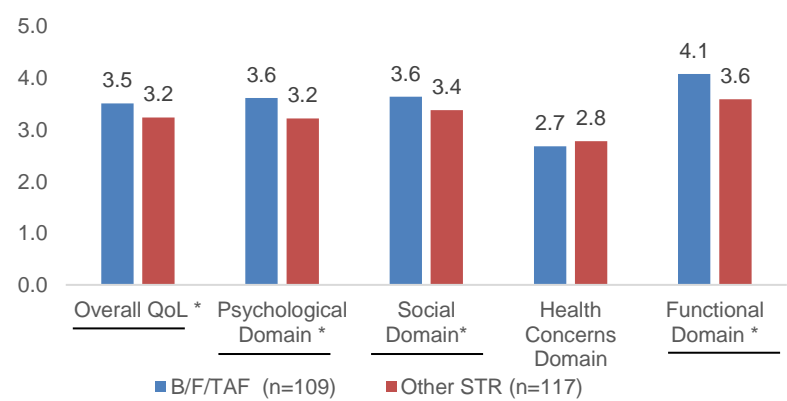
Figure 2b. Reasons for dissatisfaction (as given by those that were not very satisfied with their ART)



STR, single tablet regimen; PLWH, people living with HIV; * p<0.05

PLWH in the B/F/TAF group had a higher QoL as measured by the HIV-specific PozQoL, and EQ-5D. They also had lower activity impairment (Figure 3, Table 3).

Figure 3. QoL as measured by PozQoL



STR, single tablet regimen; QoL, quality of life; * p<0.05
PozQoL is measured on a scale of 0 to 5, where 5 is best QoL

Table 3. QoL as measured by EQ-5D and WPAI

			B/F/TAF	Other STR	p-value
EQ-5D	VAS	n	106	114	0.0084
		mean (SD)	84.9 (15.1)	79.4 (15.4)	
	EQ-5D-5L-US	n	101	113	0.0046
		mean (SD)	0.89 (0.18)	0.82 (0.20)	
WPAI	Percent work time missed due to problem	n	77	79	0.9811
		mean (SD)	2.5 (7.2)	2.5 (6.2)	
	Percent impairment while working due to problem	n	79	82	0.1170
		mean (SD)	11.4 (20.1)	16.5 (20.8)	
	Percent overall work impairment due to problem	n	77	79	0.1583
		mean (SD)	13.2 (21.1)	18.0 (21.5)	
	Percent activity impairment due to problem	n	104	108	0.0016
		mean (SD)	12.2 (19.3)	22.2 (25.7)	

SD, standard deviation; STR, single tablet regimen; WPAI, work productivity and activity impairment
EQ-5D-VAS is measured on a score from 0 to 100, and EQ-5D-5L on a score from 0 to 1, where 0 is worst possible QoL
WPAI is measured on a score from 0 to 100, where 0 is no work or activity impairment