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.

References: ¹Anderson P et al., (2008). Curr Med Res Opin. 24(11): 3063-3072.

²Brown G et al., (2018). BMC Public Health 18(1): 527.

³EuroQol Group (1990), Health Policy 16(3): 199-208.

⁴Reilly MC et al., (1993). Pharmacoeconomics 4(5): 353-365.

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

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
- 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
- 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
- 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)

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

Results

Table 2. Demographics and clinical characteristics

| | B/F/TAF | Other STR | p-value | В | | B/F/TAF | Other STR p-value | | |
|-------------------------|--|---|--|---|--|---|---|---|--|
| , mean (SD) | 43.1 (12.4) | 46.0 (12.6) | 0.0081 | Time since diagnosis | | 5.8 (7.1) | 7.4 (8.3) | 0.0230 | |
| Male, n (%) | 213 (80.7) | 206 (73.3) | | Time on current ART (years), mean (SD) Total number of ART | | 1.8 (1.5) | 2.3 (2.4) | 0.0099 | |
| Female/Intersex, | 51 (19.3) | 75 (26.7) | 0.0427 | | | | | | |
| ` ' | ` ′ | ` ′ | | | | | | | |
| MSM, n (%) | 159 (60.2) | 162 (57.7) | 0.5436 | 0 5436 | , , | | ` ′ | ` ' | |
| Other, n (%) | 105 (39.8) | 119 (42.3) | 0.0400 | ART naïve, n (%) | | 175 (66.3) | 157 (55.9) | 0.0440 | |
| White, n (%) | 138 (52.3) | 140 (49.8) | | ART experienced, r | า (%) | 89 (33.7) | 124 (44.1) | 0.0140 | |
| African American, n (%) | 72 (27.3) | 85 (30.2) | 0.6390 | Virally suppressed | Yes, | 189 (71.6) | 221 (78.6) | | |
| Hispanic/Latino, n (%) | 37 (14.0) | 33 (11.7) | | at time of | | | 60 (21.4) | 0.0598 | |
| Other, n (%) | 17 (6.4) | 23 (8.2) | | | (%) | 75 (28.4) | | | |
| | Male, n (%) Female/Intersex, n (%) MSM, n (%) Other, n (%) White, n (%) African American, n (%) Hispanic/Latino, n (%) | mean (SD) 43.1 (12.4) Male, n (%) 213 (80.7) Female/Intersex, 51 (19.3) MSM, n (%) 159 (60.2) Other, n (%) 105 (39.8) White, n (%) 138 (52.3) African American, n (%) Hispanic/Latino, n (%) 37 (14.0) | , mean (SD) 43.1 (12.4) 46.0 (12.6) Male, n (%) 213 (80.7) 206 (73.3) Female/Intersex, n (%) 51 (19.3) 75 (26.7) MSM, n (%) 159 (60.2) 162 (57.7) Other, n (%) 105 (39.8) 119 (42.3) White, n (%) 138 (52.3) 140 (49.8) African American, n (%) 72 (27.3) 85 (30.2) Hispanic/Latino, n (%) 37 (14.0) 33 (11.7) | , mean (SD) 43.1 (12.4) 46.0 (12.6) 0.0081 Male, n (%) 213 (80.7) 206 (73.3) 0.0427 Female/Intersex, n (%) 51 (19.3) 75 (26.7) 0.0427 MSM, n (%) 159 (60.2) 162 (57.7) 0.5436 Other, n (%) 105 (39.8) 119 (42.3) 0.5436 White, n (%) 138 (52.3) 140 (49.8) 140 (49.8) African American, n (%) 72 (27.3) 85 (30.2) 0.6390 Hispanic/Latino, n (%) 37 (14.0) 33 (11.7) | Male, n (%) 213 (80.7) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 206 (73.3) 207 (73.3) 20 | Male, n (%) 213 (80.7) 206 (73.3) Time since diagnosis (years), mean (SD) Time on current ART (years), mean (SD) Total number of ART lines, mean (SD) ART naïve, n (%) Total number of ART lines, mean (SD) ART naïve, n (%) ART experienced, n (%) ART experienced, n (%) ART experienced, n (%) Yes, n (%) Total number of ART lines, mean (SD) ART naïve, n (%) ART experienced, n (%) ART experienced, n (%) Yes, n (%) Yes, n (%) ART experienced, n (%) Yes, n (%) Yes, n (%) Yes, n (%) ART experienced, n (%) Yes, n (%) Yes, n (%) Yes, n (%) ART experienced, n (%) Yes, n (%) | Male, n (%) 213 (80.7) 206 (73.3) Time since diagnosis (years), mean (SD) 5.8 (7.1) | Male, n (%) 213 (80.7) 206 (73.3) Time since diagnosis (years), mean (SD) 5.8 (7.1) 7.4 (8.3) | |

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

Figure 1. Reasons for choice of current ART

Physician-reported key reasons for choice of ART were virologic potency, tolerability and clear dosing instructions (Figure 1).

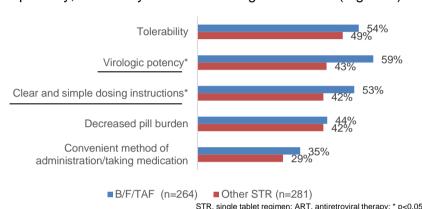
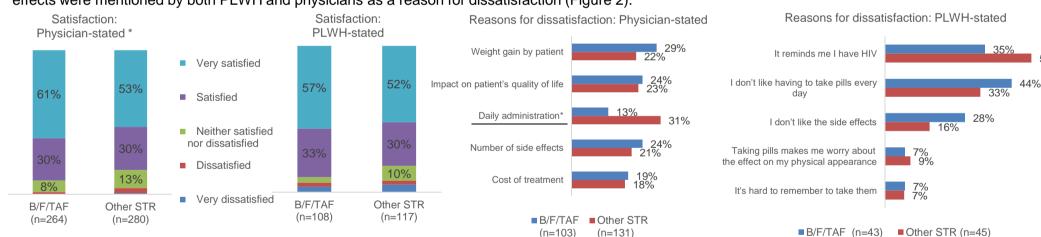


Figure 2b. Reasons for dissatisfaction (as given by those that were not very satisfied with their ART)

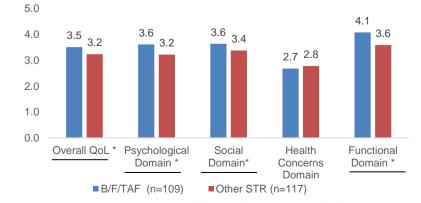
Similar patterns of satisfaction were seen from both the physician and PLWH perspective; physicians had higher satisfaction with B/F/TAF than other STRs. Side effects were mentioned by both PLWH and physicians as a reason for dissatisfaction (Figure 2).



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

Figure 2a. Treatment Satisfaction



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

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

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

| | | | | Table of Que de modelina by EQ ob and TT /1 | | | | | | | | | | |
|-------------------------------------|--|--|-------------|---|--|--|--|--|--|--|--|--|--|--|
| | | B/F/TAF | Other STR | p-value | | | | | | | | | | |
| \/A.C. | n | 106 | 114 | 0.0084 | | | | | | | | | | |
| VAS | mean (SD) | 84.9 (15.1) | 79.4 (15.4) | | | | | | | | | | | |
| EO ED EL LIS | n | 101 | 113 | 0.0046 | | | | | | | | | | |
| EQ-5D-5L-05 | mean (SD) | 0.89 (0.18) | 0.82 (0.20) | | | | | | | | | | | |
| Percent work time missed due to | n | 77 | 79 | 0.9811 | | | | | | | | | | |
| problem | mean (SD) | 2.5 (7.2) | 2.5 (6.2) | | | | | | | | | | | |
| Percent impairment while working | n | 79 | 82 | 0.1170 | | | | | | | | | | |
| due to problem | mean (SD) | 11.4 (20.1) | 16.5 (20.8) | | | | | | | | | | | |
| Percent overall work impairment due | n | 77 | 79 | 0.1583 | | | | | | | | | | |
| to problem | mean (SD) | 13.2 (21.1) | 18.0 (21.5) | | | | | | | | | | | |
| Percent activity impairment due to | n | 104 | 108 | 0.0016 | | | | | | | | | | |
| problem | mean (SD) | 12.2 (19.3) | 22.2 (25.7) | | | | | | | | | | | |
| ۰, | problem Percent impairment while working due to problem ercent overall work impairment due to problem Percent activity impairment due to | Percent work time missed due to problem Percent work impairment while working due to problem Percent overall work impairment due to problem Percent activity impairment due to n | Max | Max | | | | | | | | | | |

SD. standard deviation: STR, single tablet regimen: WPAI, work productivity and activity impairment SQ, sandard deviation, or no, single label regimen, which, which producting 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

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