**VERxVE 144 week results: nevirapine extended-release (NVP XR) QD versus NVP immediate-release (IR) BID with FTC/TDF in treatment-naïve HIV-1 patients**

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**Background**

Here we report 96- and 144-week follow-up data from VERxVE, which demonstrated that NVP XR (400 mg QD) was non-inferior to NVP IR (200 mg BID), each on a backbone of emtricitabine/tenofovir at 48 weeks.

**Methods**

VERxVE was a double-blind, double-dummy, non-inferiority study in adults with screening viral-load (VL) \( \geq 1000 \) copies/mL and CD4+ cell count \( <400 \) cells/mm\(^3\) (males) and \( <250 \) cells/mm\(^3\) (females). Randomization was stratified by baseline VL (copies/mL), \( \leq 100,000 \) or \( >100,000 \). Primary endpoint was confirmed virologic response (\( <50 \) copies/mL) at Week 48. Cochran’s statistic incorporating baseline-VL strata tested non-inferiority of XR efficacy to IR. Secondary endpoints included 144-week sustained virologic response and safety.

**Results**

1011 patients were randomized and treated; 736 (NVP XR: 378, NVP IR: 358) completed 144 weeks. Virologic response was 63.6% for NVP XR and 58.5% for NVP IR (adjusted difference of 4.8% [95% CI: \(-1.1\), 10.8%] favoring NVP XR). No significant differences were seen in changes in CD4+ T cell counts from baseline, virologic failures, and total discontinuation rates between treatment arms regardless of demographic or baseline characteristics.

**Conclusions**

NVP XR continued to demonstrate non-inferior virologic efficacy to NVP IR in prior treatment-naïve HIV infected patients out to week 144. NVP XR continued to be well-tolerated with a safety profile similar to NVP IR.