undertaken in this population. Eight studies (N=2366 PLHIV) undertaken in Europe at time points of interest in treatment-naive PLHIV, hence no meta-analysis was spectively. One-arm meta-analyses using the DerSimonian and Laird method were identified and extracted. Identified studies were included if they had an acceptable level of suppression, virologic failure and discontinuations at Weeks 48 and 96 were identified.

Methods.

Data were obtained from 8 studies, with a total of 2366 patients who were treatment-naive at the time of the study. The primary endpoint was the proportion of patients with viral load suppression at 6 months. Secondary endpoints included the proportion of patients who maintained suppression at 96 weeks.

Results.

Of the 2366 patients included in the analysis, 1810 (76.5%) achieved viral load suppression at 6 months, and 1482 (63.1%) maintained suppression at 96 weeks. There were no significant differences in viral load suppression between the different study groups.

Conclusion.

DTG + 3TC is an effective, tolerable and durable antiretroviral regimen with low rates of discontinuation in treatment-experienced PLHIV in clinical practice. Discovered.

Disclosure.

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899. Use of Dolutegravir/Rilpivirine in Treatment of HIV in PLWH with CKD and ESRD

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Background. Dolutegravir and rilpivirine are novel two-drug single-tablet regimen for human immunodeficiency virus (HIV) that does not require dose adjustment in patients with chronic kidney disease (CKD) or end-stage renal disease (ESRD). Although there are no studies proving the efficacy and safety of this regimen for patients with CKD and ESRD, there are a few studies that support the use of dolutegravir in hemodialysis.

Methods. A retrospective chart review was performed on patients who received dolutegravir and rilpivirine from November 2017 to July 2020 in the HIV clinic at SUNY Downstate Medical Center. The primary endpoint was the viral load suppression rate (defined as viral load less than 50 copies/ml) at 6 months of therapy compared to baseline.

Results. Overall viral load suppression rate was achieved in 31 out of 36 patients (86.1%). 13 out of 14 patients (92.9%) with CrCl greater than or equal to 60 ml/min at baseline achieved viral load suppression at 6 months, whereas 16 out of 22 patients (72.7%) with CrCl under 60 ml/min at baseline achieved viral load suppression at 6 months (p=0.367). With adjustments for age, gender, and the history of Acquired Immunodeficiency Syndrome, the result was still insignificant. One adverse event of headache was reported in the group with baseline CrCl of 60 ml/min.

Conclusion. Dolutegravir and rilpivirine is a novel two-drug single-tablet regimen for human immunodeficiency virus (HIV) that does not require dose adjustment in patients with chronic kidney disease (CKD) or end-stage renal disease (ESRD). Although there are no studies proving the efficacy and safety of this regimen for patients with CKD and ESRD, there are a few studies that support the use of dolutegravir in hemodialysis.