Background. Used in conjunction with other antiretroviral drugs, integrase strand transfer inhibitors (INSTIs) are highly effective and well tolerated. First licensed in 2007, guidelines have recommended their use as an option for initial treatment of HIV since 2009. Here we examine factors associated with INSTI use.

Methods. Data on people living with HIV (PLWH) who were newly initiated on antiretroviral therapy (ART) was extracted from the Truven Health MarketScan data base for commercially insured and Medicaid covered adults between January 1, 2008 and December 30, 2015. New users were identified as those without an ART claim in the 6 months preceding study inclusion. Multivariable logistic regression was pre-

Results. Between 2008 and 2015, 25,928 new initiators of ART were identi-

Disclosures. All authors: No reported disclosures.

558. Genotype-Guided vs. Standard First-line Antiretroviral Regimen for Treatment Naïve HIV-Infected Patients in Thailand: A Prospective Randomized Controlled Trial
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Session: 60. HIV: Antiretroviral Therapy Thursday, October 4, 2018: 12:30 PM

Background. An increase in the prevalence of pretreatment drug resistance (PDR) has been reported among HIV-infected individuals and PDR may be associated with poor treatment outcome of first-line antiretroviral therapy (ART). However, drug resistance testing prior to ART initiation is not routinely performed in resource-limited settings. We aimed to evaluate the prevalence of PDR in Thailand and whether genotype-guided first-line ART can improve treatment outcomes.

Methods. A prospective, multicenter, randomized, controlled trial was conducted involving newly diagnosed HIV-infected adults. Participants who were going to initiate ART were randomly assigned to either genotype-guided (GG) group or standard of care (SC) group with 1:1 allocation per a computer-generated randomization. Genotypic resistance assay was performed in all participants. The investigators in GG group were informed the results of genotypic resistance assays before selecting the ART regimen. In contrast, the results of SC group were blinded to the investigators. Factors associated with having PDR and undetectable HIV RNA were analyzed by logistic regression.

Results. A total of 153 participants were randomized to either GG group (78 par-

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557. Evaluation of Clinical Response of a Two Tablet Once Daily Antiretroviral Regimen in Antiretroviral Experienced HIV-Infected Patients
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Background. The benefits of antiretroviral therapy (ART) are compromised by virologic failure and drug resistance. To maintain virologic suppression, these patients have traditionally required multitablet “salvage” regimens. We retrospectively analyzed data to assess virologic efficacy of a two-tablet, once daily combination of Elvitegravir/Cobicistat/Emtricitabine/TAF plus Darunavir (G/D) in HIV-infected adults with his-

Results. Thirty-four patients were included in the study, of which 70.6% were men, majority MRM: 64.7%. Patients had been diagnosed with HIV for a median of 13.8 ± 7.3 years. More than 50% of patients at time of switch were on four pills and 53% were on a BID regimen. 61.7% patients were virologically suppressed with the regi-

Conclusion. Despite their good safety profile and recommendation for first-line treatment, a significant proportion of PLWH were initiated on non-INSTI-based regi-

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