Treatment: Atripla vs. Stribild and Complera

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Atripla (efavirenz/emtricita-bine/tenofovir) still reigns supreme, but two other drugs might work as well, or even better, when used as components of single-tablet, once-a-day combination regimens for treatment-naive people with HIV. Two Phase III, placebo-controlled clinical trials showed that Stribild (elvitegravir/cobicistat/tenofovir/emtricitabine) was as effective as Atripla as well as boosted Reyataz (atazanavir plus ritonavir) plus Truvada (tenofovir), helping it gain FDA approval in August 2012. Meanwhile, Complera (emtricitabine/rilpivirine/tenofovir), which was approved in 2011, proved to be as potent as, and in some cases more so than, Atripla in an open-label Phase IIIb study. Among a group who started the trial with viral loads below 100,000, an undetectable viral load was achieved by 88 percent of those taking Complera and 81 percent of those on Atripla. This was a statistically significant difference, but the results are clouded by concerns that those who fail Complera may have a higher risk of drug resistance.

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