Edurant Offers Many Benefits Over Sustiva as First-Line HIV Treatment

In a recent study, Edurant was better tolerated and less toxic and led to fewer discontinuations.

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Among those starting HIV treatment for the first time, Edurant (rilpivirine) is superior to Sustiva (efavirenz) on multiple measures, aidsmap reports.

Publishing their findings in HIV Medicine, researchers conducted a multicenter, prospective and observational study of 1,490 people with HIV who started their first antiretroviral (ARV) treatment with Edurant (786 people) or Sustiva (704 people) and were members of the Italian Cohort Native Antiretrovirals Foundation Study. All participants began the study with a viral load below 100,000.

Edurant and Sustiva are both non-nucleoside reverse transcriptase inhibitors (NNRTIs). Edurant is included in the single-tablet regimens Complera (rilpivirine/tenofovir disoproxil fumarate/emtricitabine) and Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) while Sustiva is included in Atripla (efavirenz/tenofovir disoproxil fumarate/emtricitabine).

All those who started Sustiva in the trial took it in the form of Atripla. A total of 99.2 percent of those who took Edurant took it in the form of Odefsey.

Within two years of starting treatment, 343 participants discontinued at least one of the ARVs in their first regimen, including 26 percent of those on Sustiva and 13 percent of those on Edurant.

After adjusting the data to account for differences among the participants according to their age, gender, HIV disease stage, CD4 count, viral load and year that they started HIV treatment, the study authors found that those who took Sustiva were 4.09 times more likely than those who took Edurant to stop at least one ARV for any cause, 2.23 times more likely to stop an ARV because of toxicity, 5.17 times more likely to stop an ARV because of intolerance of a medication and 10.96 times more likely to proactively switch their ARV regimen in anticipation of preventing problems such as medication toxicity or intolerance or poor adherence to the regimen.

There was no difference in the rate of virologic failure between the two treatment groups.

To read the aidsmap article, click here.

To read the study abstract, click here.

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