Patients were a treatment-naïve cohort of HIV-infected veterans newly initiating ART. Exposures included regimens of TDF/FTC with EFV compared to TDF/FTC with RPV, EVG/c/TDF/FTC, and the overall HIV population based TDF/FTC regimens associated with increased tenofovir concentrations – albeit transiently – compared to non–EFV-containing regimens overall and individually over an average follow-up time of 1.1 years, consistent with findings from prior claims analyses. The overall tenofovir exposure with EFV-containing regimens was 15% higher than non–EFV-containing and significantly higher in EFV-containing vs. non–EFV-containing regimens overall and individually over an average follow-up time of 1.1 years, consistent with findings from prior claims analyses.

This analysis has the following limitations: CKD outcomes were partially identified using eGFR estimates. However, this analysis is limited by lack of detailed information on CKD risk factors and etiologies (including diabetes and cardiovascular diseases) were effectively identified using claims data, so differences in these characteristics are unlikely to explain our findings. Additional analyses to improve confounding control at the expense of exposure variance, matching weights and stabilized weights were not qualitatively different, suggesting control of confounding with IPTW.

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