in lipid parameters were observed. Treatment-related AEs occurred in 17/39 (44%) patients (all Grade 1–2) and 1 patient discontinued DCR treatment due to rash.

Conclusion. In this "real-world" cohort of treatment-experienced patients, we observed that DTG functional monotherapy and DTG plus a non-cytosine nucleoside analog maintained long-term virologic control and was well tolerated. These data supports use of DTG as a partner for dual DCRs given its high efficacy in patients with underlying ARV resistance.

TABLE 1-Baseline demographic and clinical characteristics

Characteristic	N=39
Median Age (range)	53 (40-74)
Sex	
Male, n (%)	36 (92)
Female, n (%)	3 (8)
Race/Ethnicity	
Caucasian, n (%)	31 (80)
Black, n (%)	4 (10)
Hispanic, n (%)	4 (10)
Other, n (%)	0
Median BMI (range)	25.9 (17.3-36.4)
Baseline HIV Viral Load	
<50 copies/mL, n (%)	22 (56)
51-200 copies/mL, n (%)	6 (15)
201-399 copies/mL, n (%)	8 (21)
≥400 copies/mL, n (%)	3 (8)
Median Baseline CD4+ cell count, cells/mm³ (range)	564 (92-1217)
HIV Disease status	
Asymptomatic, n (%)	32 (82)
Symptomatic, n (%)	7 (18)
AIDS, n (%)	0
Prior ARV Experience	
>2 NRTIs, n (%)	25 (64)
≥1 NNRTI, n (%)	28 (72)
0 PIs, n (%)	6 (15)
1 PI, n (%)	13 (33)
≥2 PIs, n (%)	20 (51)
1 INSTI, n (%)	22 (56)
>1 INSTI, n (%)	2 (5)
Median Number of ARV regimens prior to DCR (range)	4 (1-11)
Baseline DCR	
DTG functional monotherapy, n (%)	19 (49)
DTG+non-cytosine nucleoside analog, n (%)	20 (51)
DTG+TDF, n (%)	9 (23)
DTG+ABC, n (%)	11 (28)
Baseline genotypic resistance	
Overall Group, n	39
Pattern of NRTI RAMs	
M184V/I alone, n (%)	16 (41)
M184V/I+ 1 NRTI RAM, n (%)	5 (13)
M184V/I + > 1 NRTI RAM, n (%)	18 (46)
Number of RAMS	
NRTI RAMs, median (range)	2 (0-9)
NNRTI RAMs, median (range)	2 (0-6)
PI RAMs, median (range)	4 (0-14)
INSTI RAMs, median (range)	0 (0-3)
DTG functional monotherapy, n (%)	19 (49)
NRTI RAMs, median (range)	5 (2-9)
INSTI RAMs, median (range)	0 (0-3)
DTG+non-cytosine nucleoside analog, n (%)	20 (51)
NRTI RAMs, median (range)	1 (0-8)
INSTI RAMs, median (range)	0 (0-1)

Abbreviations. BMI, body mass index; ARV, antiretroviral; NRTI, nucleoside reverse transcriptase inhibitor; NNRTI, non-nucleoside reverse transcriptase inhibitor; PI, protease inhibitor; INSTI, integrase strand transfer inhibitor; DCR; DTG containing regimen; DTG, dolutegravir; TDF, tenofovir disoproxil fumarate; ABC, abacavir; RAM, resistance associated mutation

FIGURE 1-Virologic Outcomes through Week 96

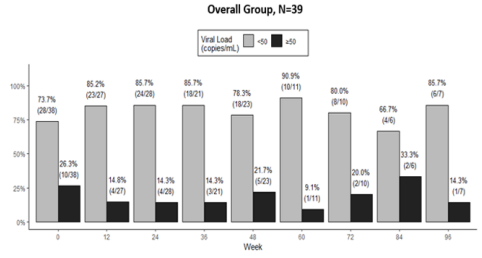
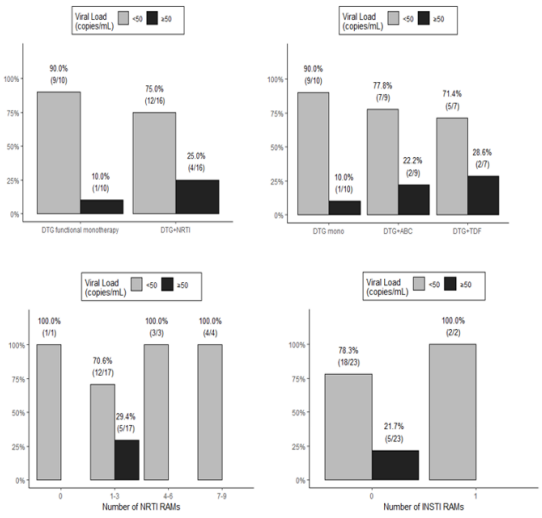


FIGURE 2-Subgroup Analysis of virologic outcomes at Week 48



Abbreviations. DTG, dolutegravir; NRTI, non-cytosine reverse transcriptase inhibitor; mono, functional monotherapy; ABC, abacavir; TDF, tenofovir disoproxil fumarate; RAM, resistance associated mutation; INSTI, integrase strand transfer inhibitor

Disclosures. **All authors:** No reported disclosures.

2487. Low Rate of Virologic Failure in Antiretroviral Experienced Patients Prescribed Once Daily Raltegravir

Ricky Hsu, MD[1]; Kathy Schulman, MA[2]; Jennifer S. Fusco, BS[2]; Jean Marie Arduino, MS, ScD[3]; Girish Prajapati, MBBS, MPH [3]; Gregory Fusco, MD, MPH[2]; [1]NYU Langone Medical Center - AIDS Healthcare Foundation, New York, New York; [2]Epividian, Inc., Durham, North Carolina; [3]Merck & Co., Inc., Kenilworth, New Jersey

Session: 262. HIV: Antiretroviral Therapy
Saturday, October 5, 2019: 12:15 PM

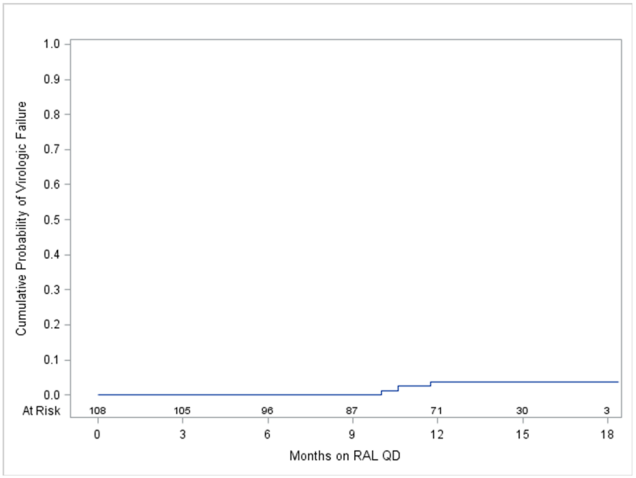
Background. Raltegravir has been used to treat HIV infection for over a decade. In 2017, a 1200 mg, once-daily, formulation of raltegravir (RALQD) was approved. We sought to characterize the utilization and effectiveness of RALQD in ART-experienced, virologically suppressed, HIV+ adults in a real-world cohort of patients treated in the United States.

Methods. HIV+ adults, suppressed to <50 copies/mL at RALQD initiation (7/1/2017–December 31/2017), were identified in the OPERA® Observational Database, a collaboration following 100,000 people living with HIV through electronic medical records. Patients were followed until RALQD discontinuation, death, or study end (December 31/2018). Demographic and clinical characteristics were described at initiation. The primary study outcome was the incidence of virologic failure (VF), defined as 2 consecutive viral load (VL) test results > = 200 copies/mL or 1 VL ≥ 200 copies + RALQD discontinuation. Kaplan–Meier methods were used to describe VF.

Results. The study eligible population (n = 121) was older (median 54 years, IQR: 44, 61) than the overall ART experienced OPERA population (median 47 years, IQR: 35, 55), equally as likely to be male (84% vs. 83%), or African American (38%), but more likely to be Hispanic (23% vs. 20%) and receiving care in the southern United States (61% vs. 56%). RALQD initiators were also more likely to be heavily treatment experienced (≥3 lines ART) than the overall ART experienced OPERA population (57% vs 43%). They were also more likely to have at least one comorbid condition complicating their care (88% vs. 72%), most frequently hyperlipidemia (50%), hypertension (47%), anemia (26%), anxiety disorders (25%) and diabetes (22%). Half of all RALQD initiators had ≥3 comorbidities at the time of RALQD initiation. Two-thirds of RALQD initiators had baseline CD4 cell counts >500 cells/μL. Median (IQR) time on RALQD was 57 weeks (43–65); 89% of RALQD initiators had ≥1 VL test result during follow-up. Among these patients, VF occurred in 3 patients at a rate of 2.7 (0.9, 8.4) per 100 person years of observation. Figure 1 depicts Kaplan–Meier curves.

Conclusion. RALQD was found to be an effective treatment option in ART experienced patients who are virologically suppressed at initiation, and who often face challenges associated with managing comorbid conditions.

Figure 1. Virologic Outcomes in Treatment-Experienced, Virologically Suppressed RALQD Initiators



Disclosures. **All authors:** No reported disclosures.

2488. Virologic Failure in ART Naïve Patients Initiating on a Dolutegravir or Elvitegravir-Based Regimen

Michael Wohlfeiler, JD, MD[1]; Kathy Schulman, MA[2]; Jennifer S. Fusco, BS[2]; Yogesh Punekar, PhD, MBA[3]; Anthony Mills, MD[4]; Julie Priest, MSPH[3]; Alan Oglesby, MPH[3]; Gregory Fusco, MD, MPH[2]; [1]AIDS Healthcare Foundation, Miami Beach, Florida; [2]Epividian, Inc., Durham, North Carolina; [3]ViiV Healthcare, London, UK; [4]Men's Health Foundation, Los Angeles, California

Session: 262. HIV: Antiretroviral Therapy
Saturday, October 5, 2019: 12:15 PM

Background. Robust pharmacoeconomic modeling is dependent on high quality inputs, preferably from randomized clinical trials (RCT), but not all needed head to head comparisons occur in RCTs. We compared virologic outcomes in an antiretroviral (ART) naïve population initiating a dolutegravir (DTG) or elvitegravir (EVG)-based regimen using clinical trial-like criteria.