

Doravirine-Tenofovir DF-Lamivudine (*Delstrigo*)

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Doravirine-Tenofovir DF-Lamivudine Single-Tablet Regimen



Doravirine-Tenofovir DF-Lamivudine



Dose: 1 tablet once daily with or without food



Doravirine-Tenofovir DF-Lamivudine (DOR-TDF-3TC)

- Indications for Adults and Pediatric (weight ≥35 kg)
 - Treatment-naïve
 - Replace regimen in virologically suppressed and no failure or resistance to DRV, TDF, or 3TC
- Dosing
 - 1 tablet daily with or without food
- With Renal Impairment
 - Not recommended if CrCl less than 50 mL/min
- With Hepatic Impairment
 - No dose adjustment for Child-Pugh A or B; insufficient data for Child-Pugh C
- Pregnancy
 - Inadequate data
- Common Adverse Effects (≥5%)
 - Dizziness, nausea, and abnormal dreams



Doravirine-Tenofovir DF-Lamivudine Summary of Key Phase 3 Studies

- Trials in in Treatment-Naïve Adults
 - DRIVE AHEAD: DOR-TDF-3TC vs. EFV-TDF-FTC as Initial Therapy
- Trials in Adults with Virologic Suppression
 - DRIVE SHIFT: Switch to DOR-TDF-3TC vs. Maintenance Regimen

Abbreviations: DOR-TDF-FTC = doravirine-tenofovir DF-lamivudine; EFV-TDF-FTC = efavirenz-tenofovir DF-emtricitabine



Doravirine-Tenofovir DF-Lamivudine Trials in Treatment Treatment-Naïve Adults



DOR-TDF-3TC vs. EFV-TDF-FTC as Initial Therapy **DRIVE AHEAD**



Doravirine-TDF-3TC versus Efavirenz-TDF-FTC as Initial Therapy DRIVE AHEAD: Design

Design

 Randomized, double-blind, phase 3 study comparing fixed dose doravirine-tenofovir DFlamivudine with fixed dose efavirenz-tenofovir DF-emtricitabine as initial antiretroviral therapy

Inclusion Criteria

- Antiretroviral-naïve
- Age ≥18 years
- HIV RNA ≥1,000 copies/mL
- No resistance to any study drug

Regimens

- Doravirine-TDF-3TC (100/300/300 mg) daily
- Efavirenz-TDF-FTC (600/300/200 mg) daily

Doravirine-TDF-3TC

(n = 364)

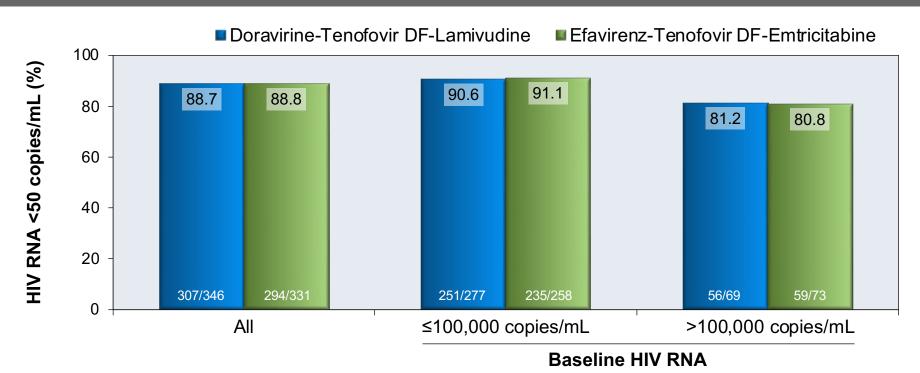
Efavirenz-TDF-FTC

(n = 364)



Doravirine-TDF-3TC versus Efavirenz-TDF-FTC as Initial Therapy DRIVE AHEAD: 48 Week Results

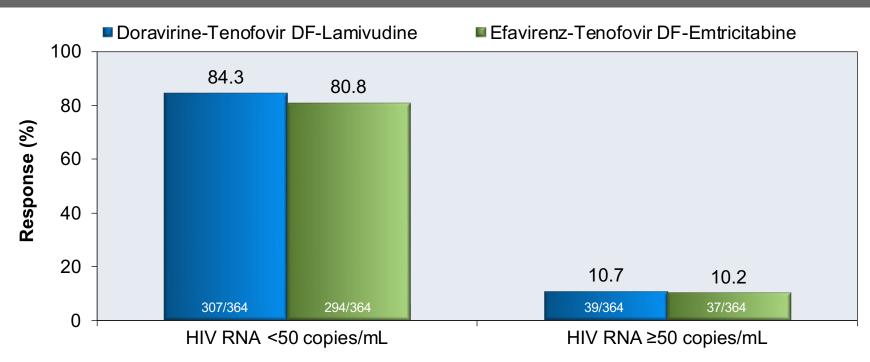
Week 48 Virologic Response (Observed Failure)





Doravirine-TDF-3TC versus Efavirenz-TDF-FTC as Initial Therapy DRIVE AHEAD: Results

Week 48 Virologic Response (FDA Snapshot: All missing data = Failure)





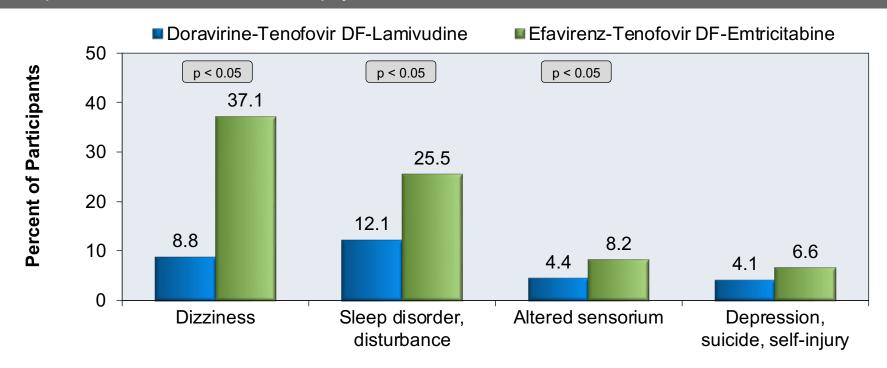
Doravirine-TDF-3TC versus Efavirenz-TDF-FTC as Initial Therapy DRIVE AHEAD: Adverse Effects

Treatment Emergent Adverse Events in DRIVE AHEAD Through Week 48			
Adverse Effects	DOR/TDF/3TC (n = 364)	EFV/TDF/FTC (n = 364)	
Drug-related AE's, %	31	63	
Discontinued due to drug-related AE, %	3	7	
Headache, %	13	12	
Diarrhea, %	11	13	
Nausea, %	8	11	
Vomiting, %	4	7	
Abnormal Dreams, %	5	12	
Rash, %	5	12	



Doravirine-TDF-3TC versus Efavirenz-TDF-FTC as Initial Therapy DRIVE AHEAD: Adverse Effects

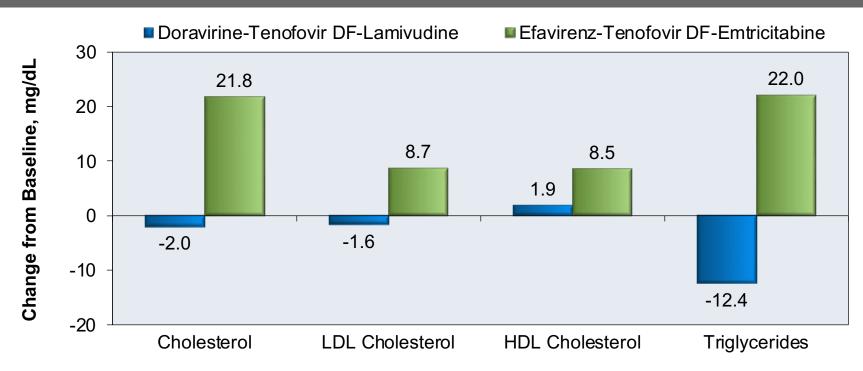
Proportion with Pre-Defined Neuropsychiatric Side Effects at Week 48





Doravirine-TDF-3TC versus Efavirenz-TDF-FTC as Initial Therapy DRIVE AHEAD: Adverse Effects

Change in Baseline Fasting Lipids at Week 48





DOR-TDF-3TC vs. EFV-TDF-FTC as Initial Therapy DRIVE AHEAD: Summary

Conclusions: "In HIV-1 treatment-naive adults, doravirine/lamivudine/tenofovir DF demonstrated non-inferior efficacy to efavirenz/emtricitabine/tenofovir DF at week 48 and was well tolerated, with significantly fewer neuropsychiatric events and minimal changes in LDL-C and non-HDL-C compared with efavirenz/emtricitabine/tenofovir DF."



Doravirine-Tenofovir DF-Lamivudine Switch Studies in Adults with Virologic Suppression



Switch to DOR-TDF-3TC vs. Continued Baseline Regimen **DRIVE SHIFT**



Switch to Doravirine-TDF-3TC versus Continued Baseline Regimen DRIVE SHIFT: Design

 Design: Open-label, non-inferiority trial in adults with suppressed HIV RNA while taking 2 NRTIs plus anchor drug, randomized (2:1) to immediately switch to fixed-dose doravirine-tenofovir-DFlamivudine or continue the baseline regimen with delayed switch at 24 weeks

Inclusion Criteria

- Age ≥18 years
- Suppressed HIV RNA ≥6 months
- No history of virologic failure

Baseline Regimen

 2 NRTIs + (boosted protease inhibitor, boosted elvitegravir, or NNRTI) Immediate Switch

Doravirine-TDF-3TC

(n = 447)



Delayed Switch

Baseline Regimen to Week 24, then Doravirine-TDF-3TC

(n = 223)



Switch to Doravirine-TDF-3TC versus Continued Baseline Regimen DRIVE SHIFT: Baseline Characteristics

DRIVE SHIFT: Baseline Characteristics			
Characteristic	Immediate Switch (n = 447)	Delayed Switch (n = 223)	
Age in years, median (range)	43 (21-71)	42 (22-71)	
Male, n (%)	372 (83.2)	194 (87.0)	
White, n (%)	344 (77.0)	168 (75.3)	
Black or African American, n (%)	56 (12.5)	34 (15.2)	
CD4 count (cells/mm³), median (range),	633 (82-1,928)	625 (140-1,687)	
CD4 count <200 cells/mm³, n (%)	13 (2.9)	4 (1.8)	
Median months on prior regimen (range)	48.4 (7-265)	50.5 (7-181)	
Baseline mutations: K103N, Y181C, +/- G190A, n (%)	11 (2.5)	13 (5.8)	
HBV and/or HCV coinfection, n (%)	14 (3.1)	9 (4.0)	



Switch to Doravirine-TDF-3TC versus Continued Baseline Regimen DRIVE SHIFT: Baseline Antiretroviral Regimens

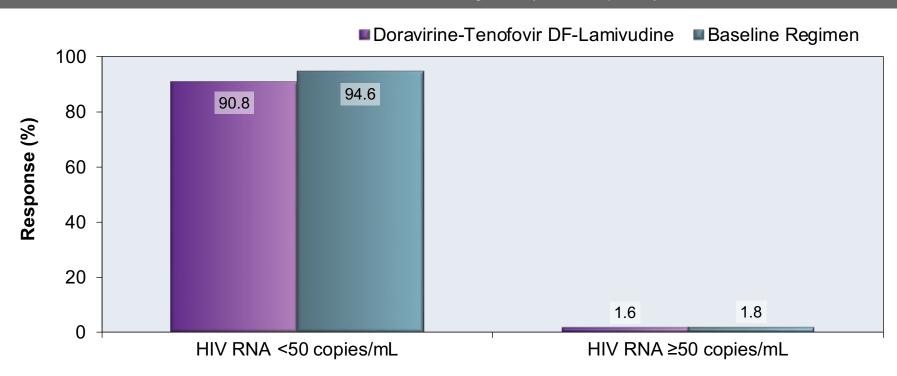
DRIVE SHIFT Baseline Antiretroviral Regimens			
Anchor Agent, n (%)	Immediate Switch (n = 447)	Delayed Switch (n = 223)	
Boosted PI	316 (70.7)	156 (70.0)	
Darunavir	166 (37.1)	82 (36.8)	
Atazanavir	96 (21.5)	43 (19.3)	
Lopinavir	54 (12.1)	31 (13.9)	
Elvitegravir-cobicistat	25 (5.6)	12 (5.4)	
NNRTI	106 (23.7)	55 (24.7)	
Efavirenz	78 (17.4)	36 (16.1)	
Nevirapine	17 (3.8)	12 (5.4)	
Rilpivirine	11 (2.5)	7 (3.1)	

^{*}Most common NRTI backbone in both arms: TDF/FTC (73.8% in immediate switch, 69.1% in delayed switch)



Switch to Doravirine-TDF-3TC versus Continued Baseline Regimen DRIVE SHIFT: Results

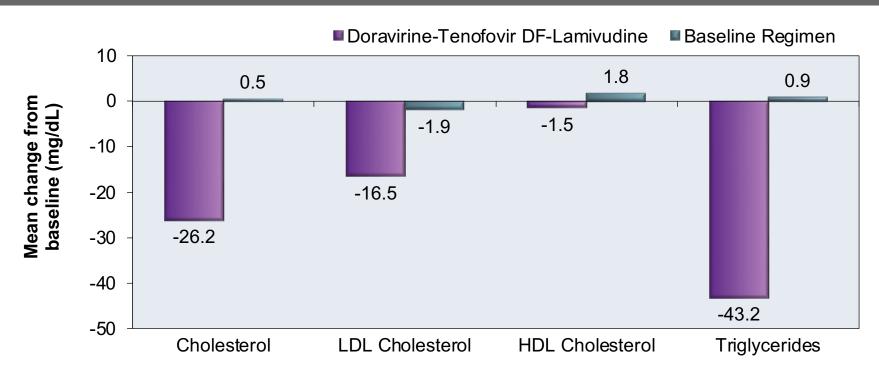
Week 48 Doravirine-TDF-3TC vs Week 24 Baseline Regimen (FDA snapshot)





Switch to Doravirine-TDF-3TC versus Continued Baseline Regimen DRIVE SHIFT: Adverse Effects

Change in Fasting Lipids in Participants Taking a Boosted PI at Baseline





Switch to Doravirine-TDF-3TC versus Continued Baseline Regimen DRIVE SHIFT: Summary

Conclusions: "Switching to once-daily doravirine-lamivudine-tenofovir disoproxil fumarate is a generally well-tolerated option for maintaining viral suppression in patients considering a change in therapy."



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