

Annual Conference of the National HIV Nurses Association (NHIVNA)



## An Overview of the Top Ten ARVs to Know About

The Northern Contraception, Sexual Health & HIV Service

Manchester University NHS Foundation Trust



### Declaration of interests relating to this presentation

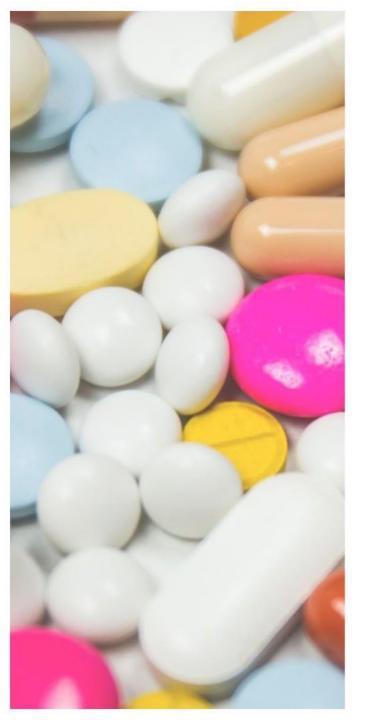
None to declare



### **Top Nine**

- Symtuza
- <sup>2</sup> Doravirine
- 3 Bictegravir
- 4 Juluca
- Dovato

- Cabotegravir/Rilpivirine
- 7 Ibalizumb
- Leronlimab
- 9 Fostemavir



## Symtuza

First PI based Single Tablet Regimen



- Switch or naive
- Robust
- Chaotic patients
- TAF renal/bone friendly



### Doravirine

New once daily NNRTI



### Dosing & side effects

- FDC with TDF/3TC and individual tablet
- · 100mg OD
- No food requirements
- Fewer neuropsychiatric side effects compared to EFZ
- Most frequently reported; nausea, diarrhoea & headache
- Lipid friendly



#### Drug interactions

- Does not interact with PPIs/antacids
- Co-admin with strong enzyme inducers is contra-indicated e.g rifampicin, St John's Wort
- · Moderate inducers e.g. rifabutin, dose increase to twice daily
- No dose adjustment needed when co-admin with enzyme inhibitors e.g. Clarithromycin, Pls



- Switch or naive
- Not recommended in patients with NNRTI resistance



# Bictegravir New Integrase Inhibitor



### Dosing & side effects

- Once daily FDC with TAF/FTC
- Limited reports of mood changes in studies
- Insomnia slightly lower in studies versus DTG
- Most common; diarrhoea, nausea, headache



#### Drug interactions

- Polyvalent cations different recommendations for each
- Co-admin with strong enzyme inducers is contra-indicated
- Metformin levels increased but no dose limitation



- Switch or naive
- DTG/RAL not suitable
- TAF criteria
- Robust regimen no resistance in trials



# Dual Therapy Juluca: Dolutegravir + Rilpivirine



- Must be taken with a meal
- Switch only
- Virologically suppressed for 6 months
- No known/suspected NNRTI/INI resistance
- Avoid toxicities/reduce long term drug exposure



## Dual Therapy

Dovato: Dolutegravir + Lamivudine



- FDA approved April 2019, awaiting EU approval
- Switch and naïve
- Avoid toxicities/reduce long term drug exposure
- Renal patients



### Cabotegravir/ Rilpivirine

Long acting IM injection



### Dosing

- 1 month oral induction period
- 2 x monthly IM injections
- Requires fridge storage



#### Side effects

- Injection site reactions (ISR) were mostly grade 1 or 2 and short lived
- Few discontinuations due to ISR
- Most common were pain, nodules and swelling



- Chronic swallowing issues
- Patients need good attendance – is it suitable for chaotic patients?
- Increased nursing resources



### Ibalizumab

Monoclonal antibody



### Dosing & Side Effects

- IV infusion 2000mg loading dose then 800mg every 14 days
- Generally safe and well tolerated
- Most common: diarrhoea, dizziness, nausea and rash
- Severe: Rash and immune reconstitution syndrome
- Potential for immunogenicity



Active against HIV-1
resistant to all ARVs
including R5, X4 and dual
tropic virus



### Leronlimab

Monoclonal antibody

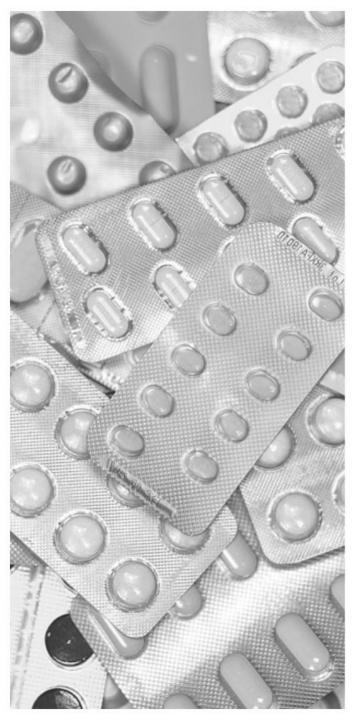


### Dosing

- Weekly subcutaneous injection
- Studies ongoing



- Multi-drug resistance
- Active against maraviroc resistant virus
- Could be used as monotherapy



### Fostemavir

GP120 attachment inhibitor



### Dosing & Side Effects

- Oral 600mg BD PLUS optimised background ART
- Majority of trial participants had advanced HIV (144/192 [75%] with CD4 ≤200)
- S/Es so far generally mild and manageable



 Heavily treatment experienced patients with limited treatment options (≤2 ARV classes remaining) and failing current ARV therapy

### Thank you Questions?

