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An Overview of the Top Ten ARVs to Know About

Harriet Baker
The Northern Contraception, Sexual Health & HIV Service
Manchester University NHS Foundation Trust

Declaration of interests relating to this presentation

- **None to declare**



Top Nine

- 1 Symtuza
- 2 Doravirine
- 3 Bictegravir
- 4 Juluca
- 5 Dovato

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



Symtuza

First PI based Single
Tablet Regimen



Place in Therapy

- 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, PIs



Place in Therapy

- 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**



Place in Therapy

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



Dual Therapy

Juluca: Dolutegravir
+ Rilpivirine



Place in Therapy

- **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

A close-up photograph of several blue and white capsules scattered on a light gray surface. The capsules are oval-shaped with a blue half and a white half containing small white granules.

Place in Therapy

- 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



Place in Therapy

- 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

Place in Therapy

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





Leronlimab

Monoclonal antibody

Dosing



- Weekly **subcutaneous** injection
- Studies ongoing

Place in Therapy



- 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 $CD4 \leq 200$)
- S/Es so far generally mild and manageable

A close-up, grayscale image of several blister packs containing various pills and capsules, some of which are partially filled or broken. The packs are overlapping and arranged diagonally across the left side of the slide.

Place in Therapy

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

Thank you
Questions?

