# An evaluation of the tolerability and efficacy of the off licence use of Rezolsta® and Evotaz® in children

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## Introduction

Darunavir/cobicistat (c) [Rezolsta®] and atazanavir/c [Evotaz®] are licenced as fixed dose combinations (FDC) antiretroviral therapy (ART) for adults.

Off licence paediatric prescribing occurs to reduce pill burden, however published outcome data is lacking.

We evaluated the tolerability and efficacy of Rezolsta® and Evotaz® initiated in children aged <18 years at two NHS Trusts.

## EMA Licencing of FDCs containing Cobicistat

(actual size)


Stribild® (12 yrs/35kg)

Genvoya® (6 yrs/25kg)

Symtuza® (12 yrs/40kg)

Rezolsta® (>18yrs)

Evotaz® (>18yrs)

## Method

Retrospective data collection included:

- Demographics
- Weight (kg)
- Serum creatinine (Cr)
- Alanine aminotransferase (ALT)
- Immunology
- Viral load (VL)
- Duration of treatment
- Reason for subsequent termination/switch

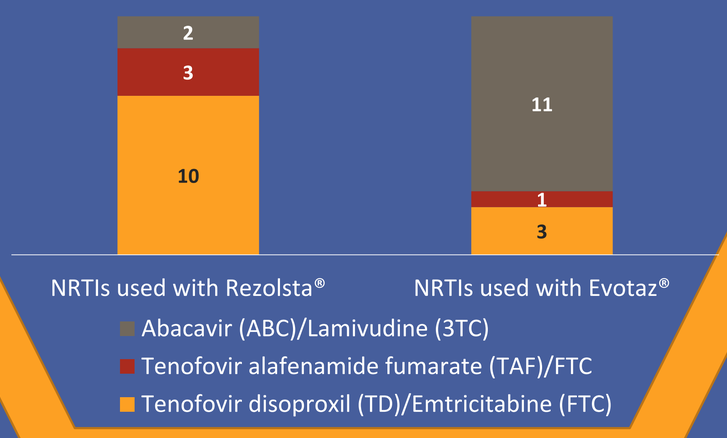
A total of 30 children were included in analysis; 14 (47%) female, 23 (77%) Black British/African ever received Rezolsta® (n=15) or Evotaz® (n=15)

| | Rezolsta® | Evotaz® |
|---|---|---|
| | Median (range) | |
| **Age at initiation** (years) | 16 (14-17) | 14 (9- 17) |
| **Duration of treatment with Rezolsta®/Evotaz®** (months) | 15 (2- 27) | 12 (2-26) |
| **Weight change** (kg) | + 1.69 (-1.7 to +4.7) | +5.1 (-1.45 to +14.25) |
| **CD4** (cells/µL) | | |
| At initiation | 673 (397-995) | 823 (92-1488) |
| Latest | 719 (169-1180) | 756 (259-1285) |
| **ALT** (unit/L)(% change) | -5.2% | +1.1% |
| Rise above ULN* | 0 | 1 |
| **Creatinine** (µmol/L)(% change) | +14% | +4.5% |
| Rise above ULN* | 0 | 0 |
| **Viral load** (% <200copies/mL) | | |
| At initiation (range) | 60% (<20 – 60321) | 100% |
| Latest (range) | 67% (<20 – 9822) | 93% (<20-1585) |

*ULN- upper limit of normal; 3/30 patients had ALT 40-50 at initiation, 2 resolved, 1 persisted- patient on treatment for atypical mycobacteria causing deranged liver function test results

## Results

All 30 patients in this cohort received Rezolsta® and Evotaz® alongside a dual nucleoside reverse transcriptase inhibitor (NRTI) backbone




## Impact on existing ART regimen

The only change made was the switch from ritonavir to cobicistat for 6/15 (40%) starting Rezolsta®, and for 10/15 (67%) of patients switched to Evotaz®

In those with virological failure, no new HIV-1 associated resistance mutations were documented.

## Maintained on new ART?

Rezolsta®

Evotaz ®

Key:
= 1 patient (grey = remained on medication)
Reasons for discontinuing Rezolsta®/Evotaz®:
= Simplification
= Nausea/taste
= Poor adherence (no given reason/ previous adherence issues)
= Jaundice
= Pill size

## Conclusion

In this small paediatric cohort Evotaz® and Rezolsta® appeared safe and maintained viral suppression in those suppressed at time of switch.

However, tolerability and adherence was an issue for one third.

The variable licencing for FDCs containing cobicistat remains a challenge for paediatric prescribers.

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