A Retrospective Review to Identify Acceptability of Doravirine Containing Regimens in a Single Centre Cohort of People With HIV (PWH)

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Background

Doravirine is a relatively new non-nucleoside reverse transcriptase inhibitor (NNRTI) approved by NHS England in November 2019 for the treatment of HIV-1. Doravirine can be used as a standalone agent in combination with other antiretrovirals, or as a coformulated single tablet with lamivudine and tenofovir DF (DOR/3TC/TDF; Delstrigo). In early local use, we observed adverse event reporting such as insomnia, abnormal dreams, and headaches, with some people requesting to switch away from doravirine. This retrospective review was conducted to monitor the acceptability and tolerability of doravirine containing regimens.

Methods

People who commenced doravirine or DOR/3TC/TDF between February 2020 and October 2021 were identified using our local HIV database. Those who switched from a doravirine containing regimen were identified using a database filter tool and the reasons for switch were identified from clinic notes, treating clinicians, or individuals with HIV attending our service.

Results

• In total 136 individuals commenced or switched to a doravirine containing regimen. At the time of audit 113/136 (83%) people were identified as still taking DOR/3TC/TDF (n=89) or doravirine (n=24), with 16/136 (12%) people switching from DOR/3TC/TDF and 7/136(5%) switching off doravirine to another regimen.

• Of the 16 people switching off DOR/3TC/TDF the reasons for discontinuation included: CNS side effects including insomnia and nightmares (6), rash (1), nausea (2), fatigue (1), joint pain (1), individual preference (3), unspecified intolerance (2).

• A similar pattern was seen in the seven people switching off doravirine as a standalone agent: CNS (4), rash (1), paraesthesia (1). In addition to intolerance 1 person was switched due to persistent viraemia.

Conclusion

Doravirine containing treatment had a higher discontinuation rate than expected with 17% of patients discontinuing treatment. The main reasons for switching were CNS side effects such as insomnia and nightmares. This contrasts to the summary of product characteristics and data from studies which suggests nausea and headache as the most common side effects. We plan to extend this data collection, noting that the introduction of national ART procurement may affect prescribing of DOR/3TC/TDF, and collection of tolerability data will be even more important.