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Background and Importance

Recently, EMA and AEMPS have approved the use of Doravirine (DOR) (non nucleoside reverse transcriptase inhibitor-NNRTI) for the treatment of adults infected with HIV-1 without past or present evidence of resistance to the NNRTI class. At present, the therapeutical arsenal available in Spain presents various options within each class.

Aim and Objectives

Position DOR within the antiretroviral therapies (ART) already available in the Hospital's pharmacotherapeutic guidelines and assess its incorporation.

Material and Methods

•Bibliographic search in the main national and international Guidelines with the following terms: HIV, adults and Guidelines: GESIDA(Spain); DHHS(American) and EACS(European).

•Possible advantages with respect to the ART already available in the hospital were analyzed.

•An economic evaluation was conducted comparing with ART available and the potential possible patients who would benefit from its use. Its have been used the oficial list price with the deduction described in Royal Decree Law 8/2010 as well as 4% VAT(value added tax).

Results

Recommendations:

Gesida (2020, July)

Combination DOR+FTC/TAF or DOR/3TC/TDF as an alternative to the preferred regimens (C-I), never as initial therapy.

DHHS (2020, June)

Initial regimens in certain clinical situations

EACS (2019)

Initial regimen in combination with 2 NRTIs or as DOR/3TC/TDF

Advantages of DOR

- Efficacy in high viral loads (RVP is not effective)
- Lower potential for drugs interactions
- Lacks food restrictions
- Fewer adverse effects at central nervous system (CNS) (compared to EFV)
- Profile neutral lipid (avoiding dyslipidemia induced by EFV or PI/b)

Potential percentage of use would be around 17% of the total of patients (patients treated with NNRTIs: 322; total active HIV+: 1894)

Economic Evaluation

Drug	Euro/patient/month
DOR+FTC/TAF	851.55
DOR+FTC/TDF	642.90
RPV/FTC/TAF	673.57
EFV/FTC/TDF	262.58
DRV/COBI/FTC/TAF	857.51

Conclusion and Relevances

DOR would be beneficial in those patients with CNS disorders due to EFV and high viral load(>100,000 copies) or in polymedicated patients due to the lower profile of interactions. In the remaining cases, there are alternatives already available in the hospital(following recommendations of the GESIDA guidelines).