



## ARV Therapies and Therapeutic Strategies

INDEPENDENT REPORTING ON CROI 2017

### Comprehensive Expert Review and Discussion of Key Presentations

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## DORAVIRINE IS NON-INFERIOR TO DARUNAVIR+RITONAVIR IN PHASE 3 TREATMENT-NAÏVE TRIAL AT WEEK 48

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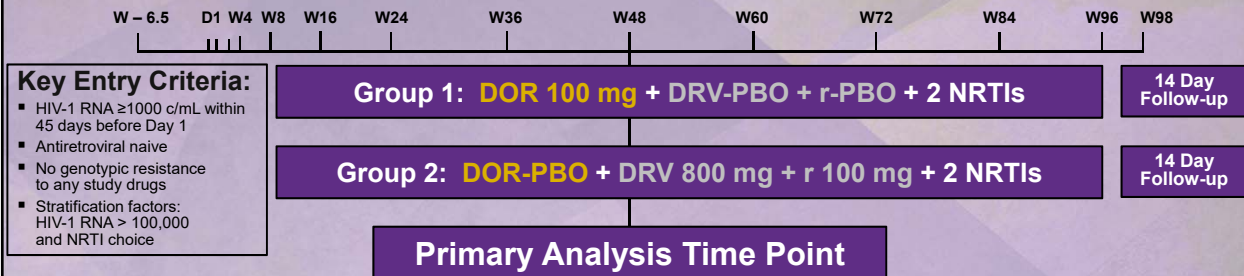
Abstract 45LB



### Background

- ◆ Doravirine is a novel, next generation non-nucleoside reverse transcriptase inhibitor (NNRTI)
  - Unique resistance profile with in vitro activity against wild-type HIV-1 and the most prevalent NNRTI resistance mutations (RT K103N, Y181C, G190A, K103N/Y181C, and E138K)<sup>1</sup>
  - Low potential for drug-drug interactions<sup>2</sup>
  - Dosed once daily without regard to food<sup>3</sup>
  - Being developed as a single entity and fixed-dose combination with tenofovir disoproxil fumarate (TDF) and lamivudine (3TC)
- ◆ Doravirine 100 mg demonstrated favorable efficacy and a superior neuropsychiatric profile vs efavirenz 600 mg QD in Phase 2b<sup>4</sup>

## Doravirine vs Darunavir in Treatment-Naive: Design



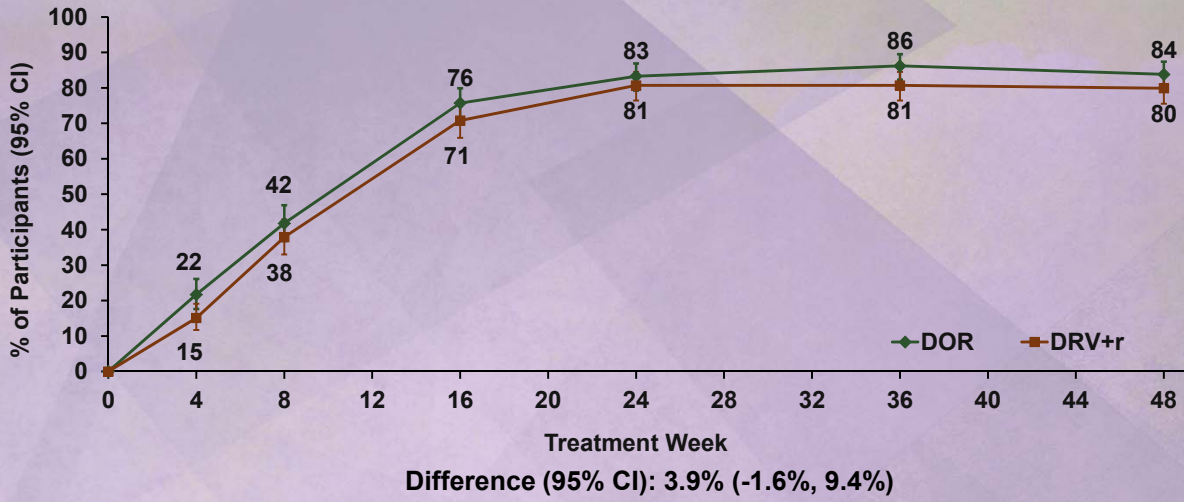
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## DOR vs DRV in Treatment-Naive: Baseline Characteristics

|  | DOR (N=383) | DRV+r (N=383) |
|--|-------------|---------------|
| <b>Mean age (SD), years</b>                        | 34.8 (10.5) | 35.7 (10.7)   |
| <b>Male</b>  | 83%         | 85%           |
| <b>Black/African American</b>                      | 22%         | 23%           |
| <b>Clinical history of AIDS</b>                    | 9%          | 10%           |
| <b>HIV-1 subtype B</b>                             | 69%         | 71%           |
| <b>Baseline HIV-1 RNA</b>                          |             |               |
| Mean (SD), log <sub>10</sub> copies/mL             | 4.4 (0.7)   | 4.4 (0.7)     |
| > 100,000 copies/mL                                | 22%         | 19%           |
| > 500,000 copies/mL                                | 4%          | 3%            |
| <b>Baseline CD4+ T-cell Count</b>                  |             |               |
| Mean (SD), cells/mm <sup>3</sup>                   | 433 (208)   | 412 (230)     |
| ≤ 200 cells/mm <sup>3</sup>                        | 11%         | 17%           |
| <b>NRTIs Selected for Use with Blinded Therapy</b> |             |               |
| TDF/FTC  | 87%         | 88%           |
| ABC/3TC  | 13%         | 13%           |

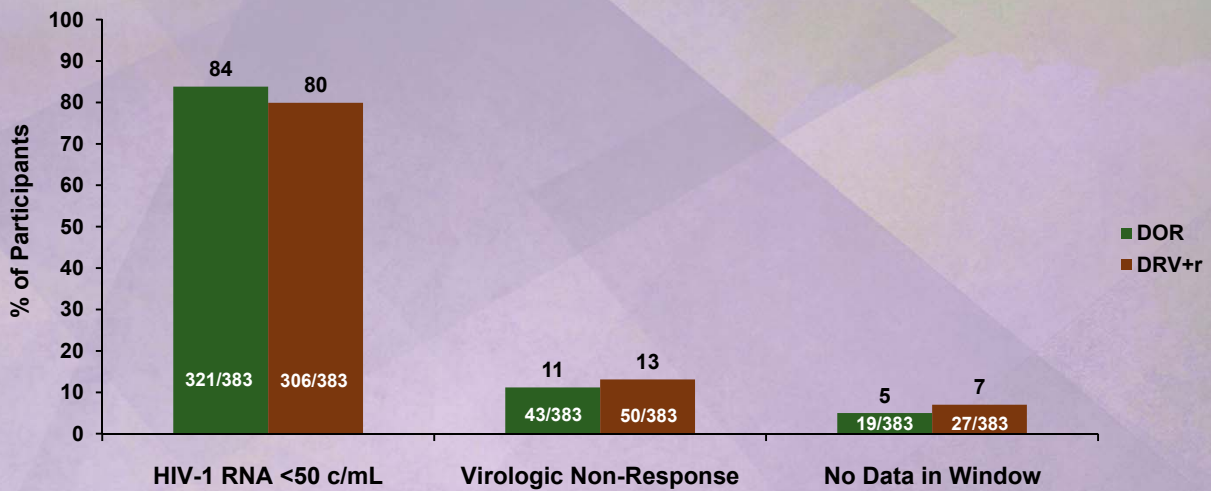
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## DOR vs DRV in Treatment-Naïve: Efficacy



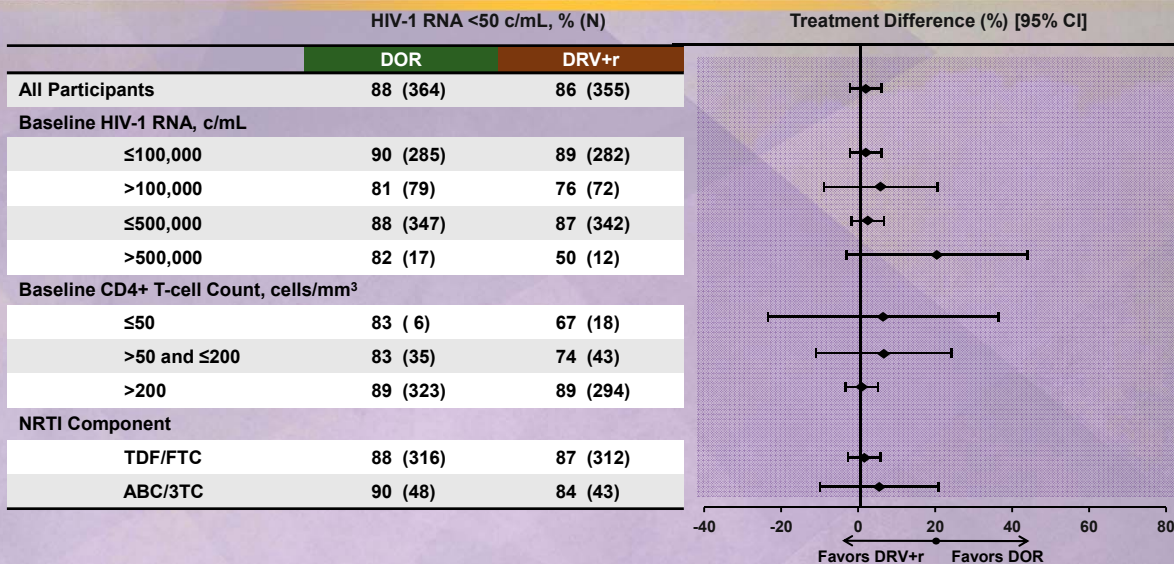
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## DOR vs DRV in Treatment-Naïve: Results - Virologic Outcome at Week 48, FDA Snapshot Approach



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## DOR vs DRV in Treatment-Naïve: Results - Subgroups Analysis (Observed Failure)



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## DOR vs DRV in Treatment-Naïve: Resistance

- No drug resistance observed in patients with PDVF through Week 48

|   | DOR (N=383) | DRV+r (N=383) |
|---|-------------|---------------|
| <b>Patients with PDVF<sup>1</sup>, n (%)</b>    | 19 (5.0%)   | 24 (6.3%)     |
| <b>Genotype test successfully performed, n</b>  | 7           | 8             |
| Primary DOR Resistance                          | 0           | 0             |
| Primary NRTI resistance                         | 0           | 0             |
| Primary PI resistance                           | 0           | 0             |
| <b>Phenotype test successfully performed, n</b> | 6           | 8             |
| With any phenotypic drug resistance             | 0           | 0             |

- One participant discontinued due to noncompliance at Week 24 and developed DOR resistance (RT V106I, and F227C; >90-fold increased IC<sub>50</sub>) and FTC resistance (RT m184V)
- One participant discontinued due to rash at Week 2 and had DOR IC<sub>50</sub> fold change 2.8 from WT (assay resistance cutoff of 2.5), but no genotypic resistance

<sup>1</sup> Protocol defined virologic failure (PDVF): Confirmed HIV-1 RNA ≥ 50 c/mL after initial response of HIV-1 RNA <50 c/mL; or confirmed HIV-1 RNA ≥ 200 c/mL at Week 24 or Week 36; or confirmed HIV-1 RNA ≥ 50 copies/mL at Week 48.

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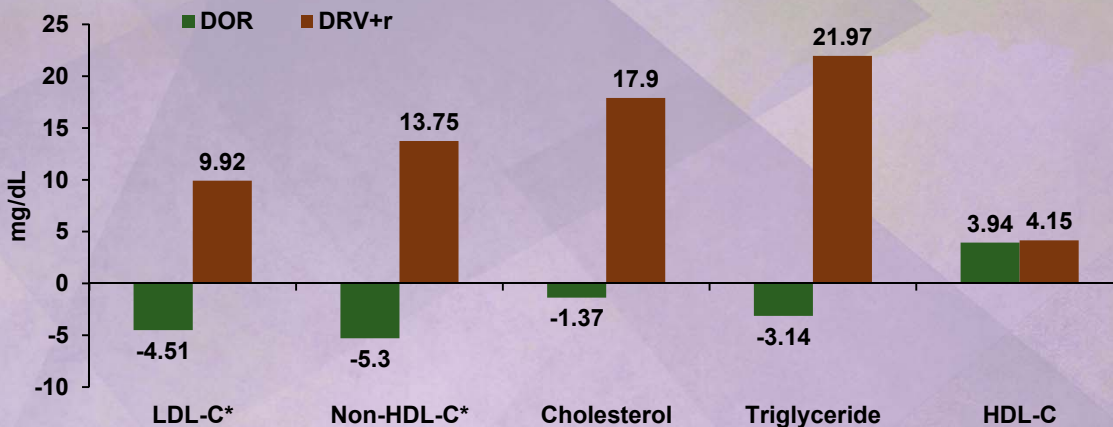
## DOR vs DRV in Treatment-Naïve: Clinical Adverse Events

|   | DOR (N=383) |       | DRV+r (N=383) |       |
|---|-------------|-------|---------------|-------|
|   | n           | (%)   | n             | (%)   |
| <b>One or more AE</b>                           | 307         | (80%) | 300           | (78%) |
| <b>Drug-related AE</b>                          | 117         | (31%) | 123           | (32%) |
| <b>Serious AE</b>                               | 19          | ( 5%) | 23            | ( 6%) |
| <b>Discontinued due to AE</b>                   | 6           | ( 2%) | 12            | ( 3%) |
| <b>Most Common AE's (≥ 10% in either group)</b> |             |       |               |       |
| Diarrhea  | 54          | (14%) | 86            | (22%) |
| Nausea  | 41          | (11%) | 46            | (12%) |
| Nasopharyngitis                                 | 30          | ( 8%) | 39            | (10%) |
| Headache  | 53          | (14%) | 41            | (11%) |
| <b>AEs of Clinical Interest</b>                 |             |       |               |       |
| Rash <sup>†</sup>                               | 28          | ( 7%) | 32            | ( 8%) |
| Neuropsychiatric <sup>‡</sup>                   | 44          | (11%) | 50            | (13%) |

### Superior Lipid Profile for Fasting LDL-C and Non-HDL-C

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## DOR vs DRV in Treatment-Naïve: Fasting Lipids, Change from Baseline at Week 48



\* P<0.0001 for DOR vs DRV+r. Statistical testing for other parameters was not prespecified.

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## Conclusions

- ◆ In HIV-1 infected treatment-naïve participants, doravirine in combination therapy demonstrated:
  - Potency with non-inferior efficacy to darunavir 800 mg + ritonavir 100 mg regardless of baseline HIV-1 RNA
  - Low rate of resistance with only 1/383 participants on doravirine developing genotypic and phenotypic resistance to any study drug through Week 48
- ◆ Doravirine was generally well tolerated and safe
  - Superior lipid profile for fasting LDL-C and non-HDL-C compared to darunavir 800 mg + ritonavir 100 mg
  - Low rate of discontinuations due to rash or neuropsychiatric adverse events
- ◆ Doravirine is a novel once-daily NNRTI for first-line treatment with consistent efficacy regardless of baseline viral load and very good tolerability