

## Impact of Adherence on Efficacy of Dovato

A clinical trial has not been performed specifically to assess adherence to Dovato (dolutegravir/lamivudine, [DTG/3TC]); however, an adherence analysis was performed in both the GEMINI-1 and -2 and STAT

## GEMINI 1 & 2 Study Design

GEMINI 1 & 2 were identical, randomized phase 3 trials that evaluated the efficacy and safety of Dovato to DTG 50 mg once daily plus tenofovir disoproxil fumarate (TDF) / emtricitabine (FTC) once daily in treatment-naïve participants  $\geq$  18 years with HIV-1.<sup>3-5</sup>

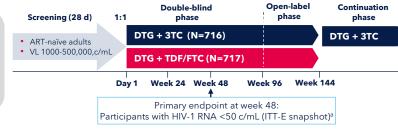
### Figure 1. GEMINI 1 & 2 Study Design<sup>3-5</sup>

#### **Eligibility criteria**

• ≤ 10 days of prior ART

 No evidence of pre-existing viral resistance based on presence of any major resistanceassociated mutation

No HBV infection or need for HCV therapy



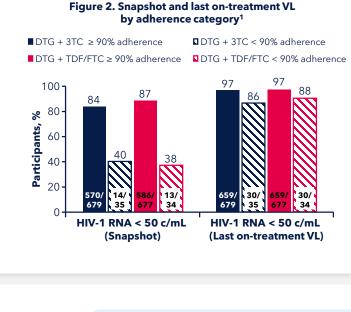
A post hoc analysis evaluated the **impact of treatment adherence on efficacy** after 144 weeks of *Dovato* 

Adherence post hoc analysis: GEMINI 1 & 2

vs DTG + TDF/FTC in GEMINI-1 and GEMINI-2. Participants were categorized by ≥ 90% vs < 90% adherence. In each treatment group, 5% of participants had < 90% adherence through Week 144.1 Proportion with HIV-1 RNA < 50 c/mL was assessed No. of pills taken<sup>b</sup> Percent adherence =

No. of pills prescribed<sup>c</sup>

Snapshot analysisd Last on-treatment viral load (VL)e



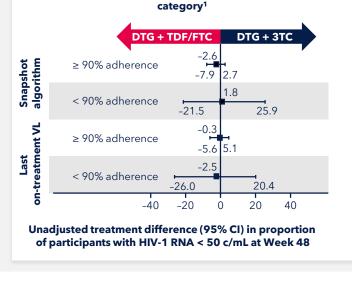


Figure 3. Treatment difference by adherence



Note: Limitations of this analysis include the small number of participants in the < 90% adherence subgroup and difficulty in accurately

Key finding: The proportion of participants with HIV-1 RNA <50 copies/mL was lower in the < 90% adherence group than the ≥ 90% adherence group, but similar between the two treatment groups within the same adherence category for both the ITT-E Snapshot and last on-treatment VL analysis.1

Adherence/

GEMINI-1 & -2: Confirmed Virological Withdrawals (CVWs) through 96 weeks with available adherence information6

	Participant	Subtype	(cells/mm <sup>3</sup> )	(week)	(c/mL)	(c/mL)	(c/mL)	(c/mL)	treatment interruption
	Α	BF	212	W16	124,492	6648	56,435	95	Unknown
	В	В	284	W24	50,263	348	206	96	Adherent
	С	В	529	W24	17,232	461	251	59	Unknown
	<b>→</b> D	В	213	W24	96,277	451	9602	67	Treatment interruption
	E	F	19	W24	368,439	212	376	362	Adherent
	F	В	414	W48	37,701	43,908	38,457	ND	Unknown; concurrent SAE (psychosis)
	<b>→</b> G	В	567	W60	7654	3972	3131	1513	Non-adherent
	→ н	В	347	W60	101,671	703	85,556	ND	Treatment interruption
	<b>→</b> 1	В	50	W72	63,817	422	2154	115	Non-adherent
	→ J	В	74	W72	112,812	61,076	87,794	671	Non-adherent
	<b>→</b> к	В	317	W96	341,818	396	726	280	Non-adherent
<ul> <li>Key finding:</li> <li>6 out of 11 CVW participants in the <i>Dovato</i> arm were documented as having non-adherence or treatment interruption.<sup>6</sup></li> <li>At Week 144, 1 participant with reported non-adherence to DTG + 3TC developed resistance-</li> </ul>									



1,000,000

100,000

mutations.7

CVW

GEMINI-1 & -2: CVWs Viral load progressions<sup>8</sup> Figure 4. DTG + 3TC Figure 5. DTG + FTC/TDF SVW

c/mL

associated mutations for the NRTI (M184V) and integrase (R263R/K) and was withdrawn from the

Through Week 144 there were a total of 12 participants in the DTG + 3TC group (1 since Week 96) and 9 participants in the DTG + TDF/FTC group; non had treatment-emergent INSTI or NRTI

1,000,000

100,000

10,000

Lab review &

interventions

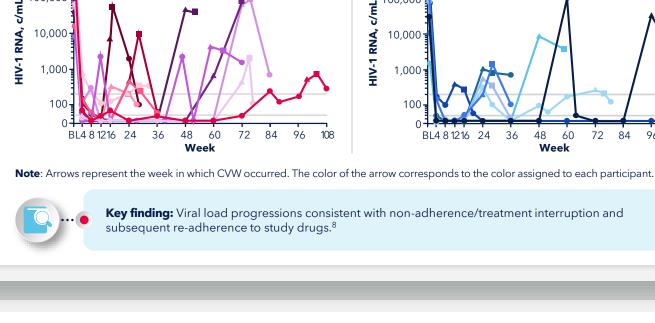
as needed

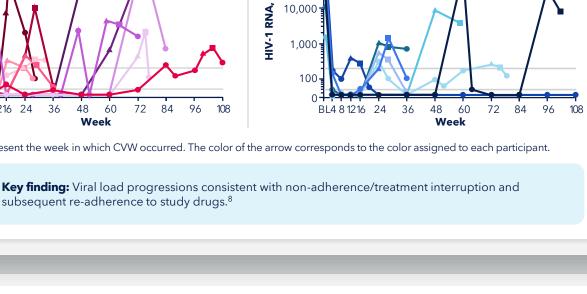
**DAY WEEK WEEK** 

4

creening **BL Visit** 

## 10,000





**Primary Endpoint** 

HIV-RNA < 50 c/mL

ITT-E, M = Ff

DTG/3TC FDC

**WEEK** 

Figure 6. STAT Study Design<sup>9</sup>

▲ SVW

**WEEK** 

48

## **STAT Study Design** The STAT study is a phase 3b, multicenter, open-label, single-arm, pilot study assessing the feasibility, efficacy, and safety of using *Dovato* as a first-line regimen The STAT study is a phase 3b,

the US.9

120

100

0

Mean adherence, %

Adherence, an exploratory endpoint in the STAT study, was assessed by patient recall on the number of doses missed in the last 7 days prior to the study visit.11

99.3

126

For more information

(%) (96) 98.2

120

(92)

112

(85)

8

in a 'test-and-treat' model of care in

Figure 7. Adherence among participants with adherence data<sup>10</sup>

112

(85)

12

Actual relative time, weeks

Key finding: While adherence was unknown for approximately 27% of patients, the proportion of patients achieving an HIV-1 RNA < 50 copies/mL was 76% (100/131) in the Snapshot analysis (missing/switch = failure) and 97% (100/103) in the Observed group (all patients on DTG/3TC).  $^{2,10}$ 

107

(82)

104

(79)

36

Treatment

initiated

within

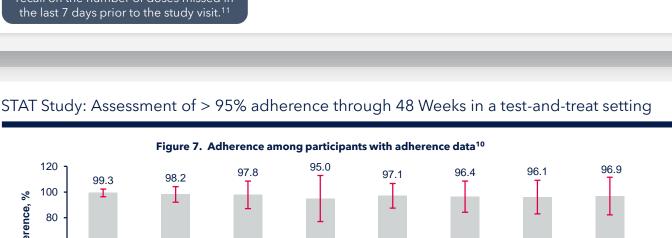
14 days of

diagnosis

New

diagnosis

of HIV-1



96

(73)

48

102

(78)

PΙ Important safety information is found in the Prescribing Information.

> Dovato MI Letter Dovato Prescribing Information PΙ View Letter **View PDF**

# ViiV US Medical Portal

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**FOOTNOTES:** a-10% non-inferiority margin for individual studies; bThe difference between the number of pills available and the number of pills returned; cEstimated using pill count data. dMissing/switch/discontinuation = failure; eNot accounting for discontinuations for non-virologic reasons; fMissing/switch = failure; 9Number of participants with adherence data and percentage of study population of 131 participants. **ABBREVIATIONS:** 3TC = lamivudine; ART = Antiretroviral therapy; BL = baseline; CVW = confirmed virologic withdrawal; DTG = dolutegravir; FTC = emtricitabine; FDA = US Food and Drug Administration; HIV-1 = human immunodeficiency virus-1; INSI = Integrase strand transfer inhibitor; ITT = intent-to-treat; ITT-E = intention-to-treat exposed; NRTI = nucleoside reverse transcriptase

inhibitor; RNA = ribonucleic acid; TDF = tenofovir disoproxil fumarate; VL = viral load; SAE = serious adverse event;

11. Data on File. Study 212355 (NCT03945981). ViiV Healthcare Study Register. Study entry at: https://www.viiv-

response was developed according to the principles of evidence-based medicine and, therefore,

**REFERENCES:** 1. Fernvik E, et al. EACS 2021, Online & London, UK. PE2/63.

- 2. Rolle CP, et al. IAS 2021; Virtual. Poster PEB182. 3. Cahn P, et al. The Lancet. 2019;393(10167):143-155.
- 4. Cahn P, et al. J Acquir Immune Defic Syndr. 2020;83(3):310-318. 5. Cahn P, et al. HIV Glasgow 2020, Glasgow, UK. Poster P018.

SD = standard deviation; SVW = suspected virologic withdrawal

- 6. Underwood et al. CROI 2020; Boston, MA. Poster 483. 7. P Cahn et al. AIDS 2022;36(1):39-48
- 8. Underwood M, et al. CROI 2020. Poster 3359. 9. Rolle CP, et al. ACTHIV 2020, Chicago, Illinois. Poster. 10. Data on file. Adherence in the STAT study. REF-132718.
- studyregister.com/study/212355.
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