

## **Written Testimony: AHCCCS – Updated Data, *Triumeq***

This document is a written testimony intended to summarize the key points below required for the Arizona Health Care Cost Containment System (AHCCCS) review of *Triumeq*® (abacavir/dolutegravir/lamivudine).

### **Updated Indication**

*Triumeq* and *Triumeq PD*, are a combination of DTG (integrase transfer inhibitor [INSTI]), ABC, and lamivudine (both nucleoside analogue reverse transcriptase inhibitors) indicated for the treatment of HIV-1 in adults and pediatric patients weighing  $\geq 10$  kg.<sup>(PI, 3.1.1)</sup> *Triumeq* and *Triumeq PD* alone is not recommended in patients with resistance-associated integrase substitutions or clinically-suspected INSTI resistance, because the dose of DTG in *Triumeq* and *Triumeq PD* is insufficient in these subpopulations.

### **Boxed Warnings (see attached Prescribing Information, Section 5, for further information)**

- Serious and sometimes fatal hypersensitivity reactions (HSRs) have occurred with ABC-containing products and is a multi-organ clinical syndrome.<sup>(PI, 2.1.1)</sup> Patients who carry the HLA-B\*5701 allele are at a higher risk and all patients should be screened prior to first use.
- Severe acute exacerbations of hepatitis B virus (HBV) have been reported in patients co-infected with HBV who have discontinued 3TC.

### **Updated Dosing**

The recommended dosage of *Triumeq* in adults is one tablet taken orally once daily, with or without food.<sup>(PI, 3.3.2)</sup>

| Pediatric Population Body Weight                        | Number of Tablets<br>(once daily) | Recommended Daily Dose                |
|---|-----------------------------------|---------------------------------------|
| <b><i>Triumeq PD</i> Tablets (10 kg to &lt;25 kg)</b>   |                                   |                                       |
| 10 kg to <14 kg   | 4                                 | 240 mg ABC, 20 mg DTG, and 120 mg 3TC |
| 14 kg to <20 kg   | 5                                 | 300 mg ABC, 25 mg DTG, and 150 mg 3TC |
| 20 kg to <25 kg   | 6                                 | 360 mg ABC, 30 mg DTG, and 180 mg 3TC |
| <b><i>Triumeq</i> Tablets (<math>\geq 25</math> kg)</b> |                                   |                                       |
| $\geq 25$ kg  | 1                                 | 600 mg ABC, 50 mg DTG, and 300 mg 3TC |

Do not interchange *Triumeq* and *Triumeq PD* on a milligram-per-milligram basis. In patients taking certain UGT1A or CYP3A inducers, an additional tablet of *Tivicay* should be taken, separated by 12 hours from *Triumeq*. Because *Triumeq* is an FDC and cannot be dose adjusted, it is not recommended in patients with creatinine clearance  $< 30$  mL/min or patients with hepatic impairment.

### **Use in Pediatrics**

- The clinical data supporting use of *Triumeq* and *Triumeq PD* in pediatric patients with HIV-1 infection weighing  $\geq 10$  kgs is derived from previously conducted pediatric trials using the individual components of *Triumeq* and *Triumeq PD*.<sup>(PI,29.1.1)</sup>

### **ARROW**

- ARROW (NCT02028676) evaluated ABC and 3TC (as either single entities or a fixed dose combination) once daily, in combination with a third antiretroviral in HIV-1 infected pediatric patients who weighed  $\geq 25$  kg.<sup>(PI,48.3.1)</sup> At week 48 and 96, 72% and 67% of patients had an HIV-1 RNA  $< 80$  copies/mL.
- One event of Grade 4 hepatitis in the once-daily cohort was considered an uncertain causality by the investigator and no additional safety issues were identified in pediatric patients compared with historical data in adults.<sup>(PI,16.5.1)</sup>

### **IMPAACT P1093**

- IMPAACT P1093 (NCT01302847) evaluated the pharmacokinetics, efficacy, safety, and tolerability of DTG, in HIV-1 infected infants, children, and adolescents ages  $\geq 4$  weeks to  $< 18$  years.<sup>(PI,48.3.1)</sup> Across all 3 cohorts, 67% (18/27) of patients weighing  $\geq 10$  kg achieved HIV-1 RNA  $< 50$  copies/mL at Week 48 (FDA Snapshot).
- Overall, the safety data in this pediatric study was similar to adults.<sup>(PI,16.6.1)</sup>

### **Treatment Guidelines**

The United States Department of Health and Human Services Panel lists “[Recommended Initial Regimens for Most People with HIV](#).”<sup>(DHHS, G-3, Table 6)</sup> Included in these 4 regimens is *Triumeq* (dolutegravir [DTG] and abacavir/lamivudine [ABC/3TC]) in patients who are HLA-B\*5701 negative). *Triumeq* is also listed as a preferred INSTI regimen as an “[Initial Antiretroviral Regimens During Pregnancy for People Who Are Antiretroviral-Naïve](#).”<sup>(DHHS, C-68, Table 4)</sup> The use of *Triumeq* requires HLA-B\*5701 testing before starting therapy. The use of DTG at conception has been associated with a small increase in the risk of NTDs, but this was not seen when DTG was started during pregnancy. However, in the most recent data from Botswana, there was no longer a significant difference in NTDs with the use of DTG-containing compared to non-DTG containing ARV regimens at conception.

Revisions to the Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection to address the recent FDA approval of *Triumeq PD* have not yet occurred. <sup>(DHHS Pediatric, vi.2.3)</sup> The Panel notes that this will be addressed in a future update.

### **References:** 1. ViiV Healthcare Local Label. 2. DHHS Guidelines. Available at:

[clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf](https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf). Updated January 20, 2022. Accessed August 4, 2022. 3. HIV Clinical Guidelines: Pediatric ARV. Available at:

<https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/pediatric-arv/guidelines-pediatric-arv.pdf>. Updated April 11, 2022. Accessed August 4, 2022.