



Pharmacokinetics and Efficacy of Dolutegravir Dispersible Tablets in Thai Children - Living with HIV Weighing 6 to below 20 kg (DTGkids)

Athiporn Premgamone¹, Suvaporn Anugulruengkitt¹, Noppadol Wacharachaisurapol^{1,2}, Chayapa Phasomsap¹,

Monta Tawan¹, Thidarat Jupimai¹, Chutima Saisaengjan¹, Yardpiroon Tawon³, Tim R Cressey³, Thanyawee Puthanakit¹

Affiliations

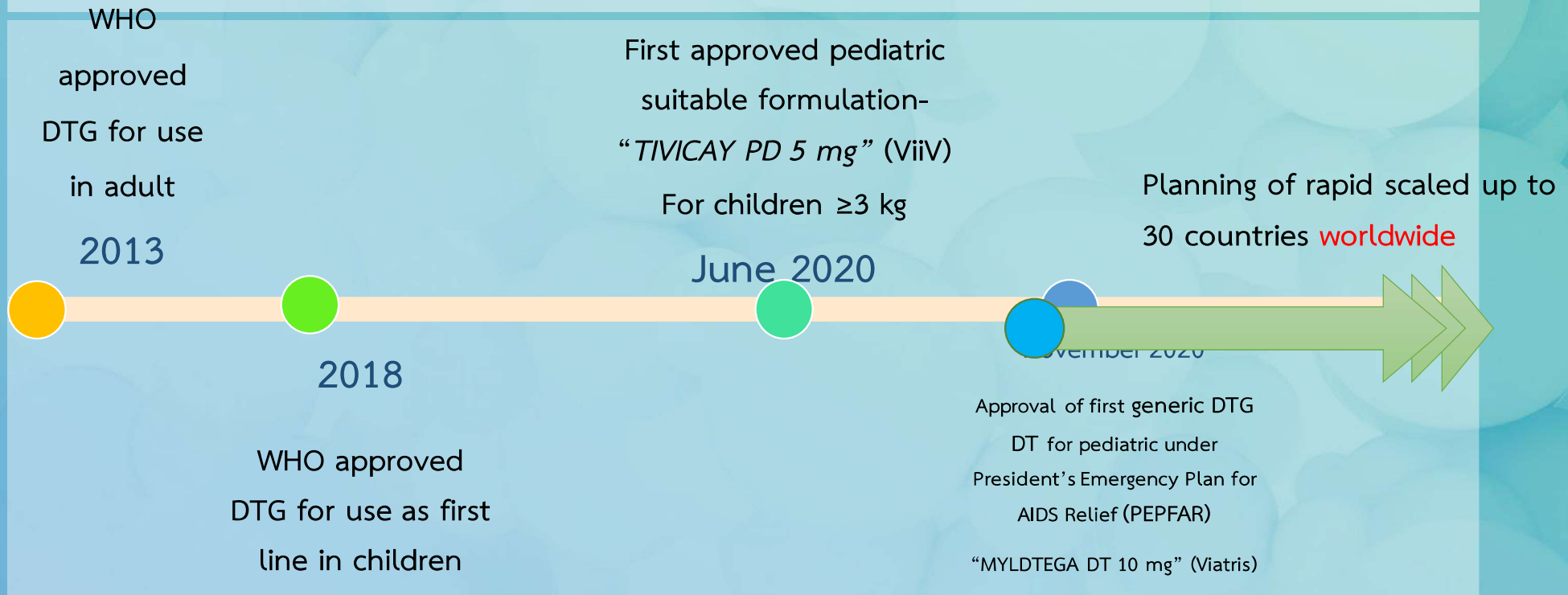
¹Division of Infectious Diseases, Department of Pediatrics and Center of Excellence for Pediatric Infectious Diseases and Vaccines, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

²Clinical Pharmacokinetics and Pharmacogenomics Research Unit, Department of Pharmacology, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

³AMS/IRD Research Collaboration, Faculty of Associated Medical Sciences, Chiang Mai University, Chiang Mai, Thailand.

Background and Rationale

- Dolutegravir (DTG) based ART is a preferred regimen due to its excellent antiviral efficacy, high genetic barrier to resistance, less S/E, and once-daily dosing regimen thus facilitating better drug compliance.
- DTG was recommended as first-line ART for children and adults worldwide



DTG pharmacokinetic properties

Trough Concentration
(C_{trough} or C_{24h})

= parameter for predicting antiviral efficacy of DTG at steady state (Adult $C_{trough} = 0.83$ mg/L)

EC90 = concentration at which 90% of the maximal viral load reduction was obtained in a 10-day monotherapy study (0.32 mg/L)

Film-Coated Tablet (FCT) vs Dispersible tablet :

- DT has 60-80% greater bioavailability than FCT.
- Recommended DT cannot be directly compared to those using FCT



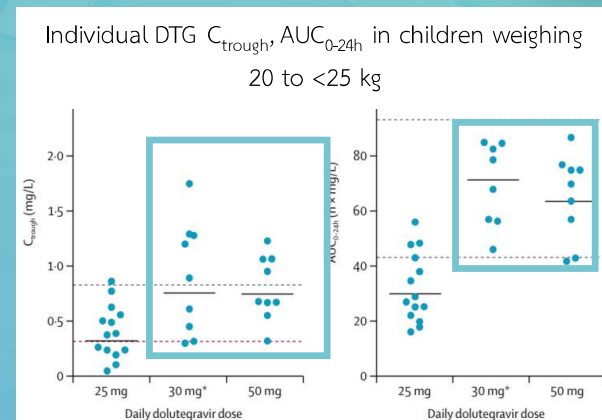
Pharmacokinetic study (PK) of DTG in children: ≥ 20 kg

DTG formulation for children weight ≥ 20 kg

- Children weighing ≥ 20 kg can take either once daily

50 mg FCT \longleftrightarrow 30 mg DT

Both dose and preparation provided similar PK and comparable efficacy to adults.



Bollen PDJ, et al. The Lancet HIV 2020;7:e533-e44.

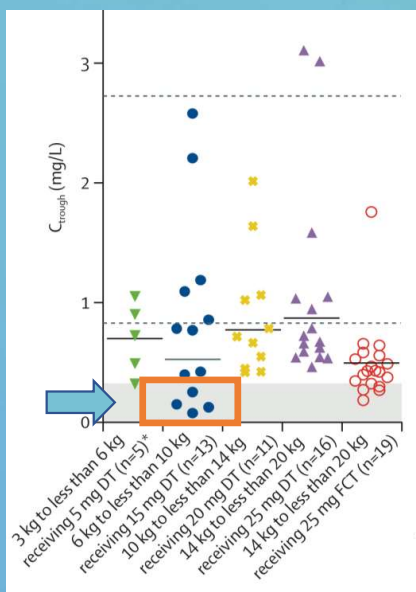
Background and Rationale

FDA recommended doses DTG-DT for children age ≥ 4 wk and BW 3 to < 20 kg

BW (kg)	3 to <6	6 to <10	10 to <14	14 to <20
DTG DT (mg)*	5	15	20	25

DTG DT pharmacokinetics studies in CLHIV weight 3 to < 20 kg

- The ODYSSEY substudy
- IMPAACT P1093



The ODYSSEY trial DTG PK

The smallest weight band (WB 6 to <10 kg): DTG DT 15 mg once daily

- GM trough concentration (C_{24h}) was 36% lower than adult reference (0.53 vs 0.83 mg/L) 31% did not achieve EC90 of 0.32 mg/L

Rationale of this study

- To add the knowledge of the pharmacokinetic profile of generic formulation of DTG dispersible tablet which will be widely accessible in Thailand and Worldwide.
- PK profiles would be within the reference PK ranges

Study objectives

- Primary objective was to evaluate the steady-state pharmacokinetics parameter (PK) and efficacy of generic DTG DT
 - C_{trough} or $C_{24\text{h}}$ (trough concentration) * *
 - $AUC_{0-24\text{h}}$
 - C_{max}
- Secondary objectives were to evaluate efficacy and safety endpoint
 - Proportion of participants with HIV VL <200 copies/mL
 - Incidence of serious and severe adverse events (grade 3 or more) associated with DTG.