Delstrigo

Kuwait · access guide

How to access Delstrigo for HIV-1 from Kuwait: 2026 pathway via the Infectious Diseases Hospital and the Kuwait MoH infectious-disease network

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Kuwait delivers HIV care through the Ministry of Health and the Drug and Food Control Administration combined with infectious-disease services at the national reference centre and the major hospitals. The Infectious Diseases Hospital Kuwait is the national HIV reference centre. Amiri Hospital, Sheikh Jaber Hospital, and Mubarak Al-Kabeer Hospital also operate infectious-disease services. Delstrigo (doravirine / lamivudine / tenofovir disoproxil fumarate) is Merck's once-daily fixed-dose single-tablet regimen for adult HIV-1 treatment, approved by FDA in August 2018 and by EMA in November 2018. For a Kuwait-resident adult with confirmed HIV-1 infection who is starting antiretroviral therapy or who is virologically suppressed on a current regimen and considering a switch to a doravirine-based regimen, the operational question is which infectious-disease specialist, which procurement channel for Delstrigo in 2026, what the workup looks like, and how the monitoring schedule fits into the patient's life.

This page is concierge documentation written for a patient already in conversation with an Infectious Diseases Hospital or other Kuwait infectious-disease physician who wants the operational reality laid out plainly. Reserve Meds is not the prescriber. We coordinate the documentation pack and the logistical pathway around the clinical decision your treating physician makes with you.

Why Delstrigo, and why now

Delstrigo is a fixed-dose combination single tablet of doravirine 100 mg (second-generation NNRTI), lamivudine 300 mg (NRTI), and tenofovir disoproxil fumarate 300 mg (nucleotide RTI). One tablet, once daily, with or without food.

The clinical positioning sits on four points:

1. **Once-daily single-tablet regimen** (STR). 2. **Doravirine resistance profile**. Retains in-vitro activity against several common NNRTI resistance mutations including K103N, Y181C, G190A, K101E. 3. **Favourable lipid profile** in the DRIVE-AHEAD and DRIVE-FORWARD pivotal trials. 4. **No neuropsychiatric black-box warning**. The historical efavirenz CNS side-effect profile is materially reduced with doravirine.

Delstrigo is one of several modern STRs in 2026 alongside Biktarvy (INSTI-based, often preferred as first-line in international guidelines), Symtuza (boosted-PI-based), Dovato, Triumeq (for HLA-B*5701-negative patients), and Juluca.

Delstrigo is NOT a PrEP regimen. PrEP regimens are Truvada and Descovy. Delstrigo is NOT a PEP regimen. Delstrigo is exclusively for the treatment of established HIV-1 infection in adults.

What Delstrigo is, in plain language

One tablet a day. Same time each day. With food or without. Room-temperature storage. No injection, no infusion. The infectious-disease specialist writes the prescription, the hospital pharmacy fills it through the institutional supply channel, the patient takes Delstrigo at home, returns for periodic labs and infectious-disease follow-up, and continues indefinitely on sustained virologic suppression.

Treatment duration is lifelong. The clinical goal is sustained virologic suppression (HIV-1 RNA less than 50 copies per millilitre), the foundation of treatment-as-prevention (U=U).

Eligibility at a Kuwait infectious-disease clinic

For Kuwait-resident patients, the infectious-disease services apply the FDA, EMA, WHO, and IAS-USA criteria:

1. Confirmed HIV-1 infection. 2. For initial therapy, no prior ART history. For regimen switch, virologic suppression on a stable ART regimen for at least six months, no known resistance to doravirine, lamivudine, or tenofovir. 3. Baseline genotypic resistance testing. 4. Baseline HIV-1 RNA viral load and CD4 count. 5. Renal function: CrCl of 50 millilitres per minute or above. Alternative regimens for CrCl below 50. 6. HBV and HCV co-infection screen. HBV flare risk on discontinuation is a black-box warning. 7. Drug interaction screen. Strong CYP3A4 inducers (rifampin, rifapentine, carbamazepine, phenytoin, phenobarbital, enzalutamide, mitotane, St John's wort) are CONTRAINDICATED. 8. PHQ-9 and C-SSRS mental-health screening at baseline and periodic follow-up. 9. Pregnancy and lactation review for women of reproductive potential. 10. Baseline metabolic and organ-function workup: CBC, comprehensive metabolic panel, fasting lipid panel, urinalysis. BMD where indicated. 11. U=U education conversation documented.

The Kuwait prescribing and dispense picture

HIV care in Kuwait routes through the Infectious Diseases Hospital Kuwait (the national HIV reference centre), Amiri Hospital infectious-disease service, Sheikh Jaber Hospital, and Mubarak Al-Kabeer Hospital. Community general-practice and community pharmacies are not the standard HIV care pathway. The functional supply chain is:

1. **Prescribing infectious-disease physician**: a board-certified specialist at the Infectious Diseases Hospital or another Kuwait MoH tertiary hospital. The Infectious Diseases Hospital is the national reference centre for HIV care. 2. **Diagnostic and resistance-testing workup**: HIV-1 RNA, CD4, and genotype run at the Infectious Diseases Hospital reference laboratory or sent to a partnered laboratory. 3. **Procurement pathway**: Delstrigo procurement in Kuwait depends on Kuwait MoH Drug and Food Control Administration registration status and MoH HIV programme formulary. For nationals managed through the MoH HIV programme, procurement is institutional and patient-facing cost is typically zero or nominal. Where named-patient European-import supply applies, cash-pay band depends on courier and import handling. 4. **Refill cycle**: monthly or quarterly thereafter, tied to infectious-disease follow-up visits.

For complex or refractory cases that exceed local capacity, Kuwait MoH Foreign Medical Treatment funding has historically supported cross-border referrals to KFSHRC Riyadh or HMC Doha or international tertiary centres.

The 2026 pathway, step by step

Week 0 to 2: Reserve Meds builds the documentation pack with the patient. Prior testing, prior CD4 and viral load, prior ART history (switch patients), prior genotype, current medications, identification. We coordinate first-visit booking with the chosen Kuwait infectious-disease service.

Week 2 to 4: Infectious-disease first visit. Diagnosis confirmation or review, CD4 and viral load, baseline genotype or review, renal function, HBV / HCV screening, lipid panel, urinalysis, PHQ-9 / C-SSRS, pregnancy review, drug-interaction screen.

Week 4 to 6: Regimen-selection conversation. Where Delstrigo is the appropriate choice, prescription written. MoH HIV programme channel activated for nationals; insurance pre-authorisation submitted where required for expatriate residents.

Week 6 to 8: First dispense. Delstrigo started one tablet once daily. Mental-health screening repeated at 2 to 4 weeks for any early-onset symptoms.

Week 12: First on-treatment viral load.

Week 24: Confirmation of virologic suppression (less than 50 copies per millilitre). CD4, renal function, lipid panel, urinalysis.

Ongoing: One tablet once daily, monthly or quarterly pharmacy refill, infectious-disease follow-up every 3 to 6 months in stable suppression. Quarterly viral load in the first year, then every 6 months. Annual fasting lipid panel, annual renal function and urinalysis, periodic CD4. Annual mental-health re-screen minimum.

Cost expectation in KWD

US WAC list price for Delstrigo in 2026 is approximately USD 1,950 to USD 2,150 per 30-day supply, with annual list-price cost approximately USD 24,000 to USD 26,000 per patient.

For Kuwaiti patients managed through the MoH HIV programme, end-user cost to nationals is typically zero or nominal.

For patients on the named-patient European-import pathway, the indicative cash-pay band is USD 22,000 to USD 30,000 per year. At indicative 2026 cross rates, the annual cost at USD 26,000 is approximately KWD 7,975.

For Kuwaiti nationals with MoH HIV programme coverage, ART is covered. For commercial covers (expatriate residents), ART coverage is the norm in most plans but specific Delstrigo coverage varies; the prescribing team's insurance liaison runs pre-authorisation where required. Out-of-pocket exposure for a covered patient is generally a co-payment band in the KWD 15 to 150 per month range, not the full list price.

Monitoring on therapy

- **HIV-1 RNA viral load**: baseline, 2 to 4 weeks, 12 weeks, 24 weeks, then every 3 to 6 months in stable suppression. - **CD4 count**: baseline and at 3 to 6 month intervals in the first one to two years; less frequently in sustained suppression. - **Renal function**: creatinine, calculated CrCl, urinalysis with urine protein-to-creatinine ratio and urine glucose at baseline, 3 to 6 months in the first year, then annually. - **Bone health**: baseline BMD where indicated. Calcium and vitamin D supplementation for documented deficiency. - **LFTs**: baseline and periodically; more frequent in HBV / HCV co-infection. HBV DNA quantification in HBV co-infected patients. - **Fasting lipid panel**: baseline, 3 to 6 months in the first year, then annually. - **Mental health**: PHQ-9 and C-SSRS baseline, 3 months, at least annually. - **Adherence**: self-report, refill history, viral load suppression as the three operational anchors. - **Drug-interaction re-screen**: each follow-up visit and any time a new medication is added.

Religious, ethical, and family-logistics framing

Delstrigo is a small-molecule oral tablet. The Merck Delstrigo formulation does not list animal-derived gelatin in the tablet coating; patients with specific halal-certification requirements may ask the dispensing pharmacy to confirm excipient sourcing for the current lot.

The lifelong-therapy framing is compatible with classical Islamic jurisprudence on the use of medicine to preserve life. Ramadan dosing is straightforward: the treating physician can advise on suhoor or iftar timing.

For pregnancy planning, TDF and lamivudine are well established in pregnancy. Doravirine has limited pregnancy data; shared decision-making is recommended.

Stigma, dignity, disclosure, and the residency conversation

HIV is a chronic, manageable, transmissible viral infection. People living with HIV on effective ART have life expectancy approaching the general population. Treatment is personal health, public health, and partner protection.

The U=U principle (undetectable equals untransmittable) is endorsed by WHO, IAS-USA, BHIVA, and US DHHS treatment guidelines.

Disclosure to partners, family, or employers is a personal decision with medical, social, and legal dimensions. Reserve Meds does not give disclosure advice. The recommended pathway is the conversation with the treating infectious-disease physician and, where indicated, with a social worker, counsellor, or local lawyer. The medical record is confidential within the treating institution.

Residency and employment considerations are real and vary by patient circumstance. Kuwait operates visa medical-screening protocols at visa issuance and renewal that have historically included HIV testing in most cases, with implications that vary over time. Reserve Meds does not provide legal advice. The recommended language for the patient conversation is: consult your treating infectious-disease physician about the social, employment, and residency considerations specific to your situation.

The clinical relevance of HIV is the same regardless of how the patient was infected. The Reserve Meds page set does not assume any particular sexual orientation, transmission route, or behavioural context.

When Delstrigo is not the right call

- PrEP. Use Truvada or Descovy in a PrEP-specific pathway. - PEP after potential HIV exposure within the last 72 hours. Use a PEP-specific triple-drug regimen. - CrCl below 50 millilitres per minute. Alternative regimens (Biktarvy, Symtuza, Dovato, Genvoya) are appropriate. - Documented baseline resistance to doravirine, lamivudine, or tenofovir. - Need for strong CYP3A4 inducers that cannot be stopped or substituted. - Significant hepatic impairment (Child-Pugh C); data are limited. - HIV-2 infection or dual HIV-1 / HIV-2 infection. Doravirine is HIV-1 only. - Paediatric patients. Delstrigo is not FDA-approved for paediatric use.

Alternatives in 2026: Biktarvy, Symtuza, Dovato, Triumeq, Juluca, Genvoya, Cabenuva. The choice belongs to the treating infectious-disease physician.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber, not the dispensing pharmacy, and not a legal or immigration adviser. On a Kuwait Delstrigo case we build the documentation pack, submit first-visit booking requests to the chosen Kuwait infectious-disease service, coordinate the MoH HIV programme channel activation or insurance pre-authorisation as applicable, set up the first 30-day dispense through the appropriate procurement channel, organise the baseline-plus-week-12-plus-week-24 monitoring schedule, and stay with the case through the first year of dosing with handoff to the local infectious-disease specialist for ongoing surveillance. Clinical decisions remain with your treating infectious-disease physician. Disclosure, residency, and employment considerations are conversations with your treating physician and, where indicated, with a local lawyer.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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