Delstrigo

Qatar · access guide

How to access Delstrigo for HIV-1 from Qatar: 2026 pathway via Hamad Medical Corporation infectious-disease services

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

Qatar delivers HIV care through Hamad Medical Corporation (HMC), the national reference health system, and specifically through the HMC Communicable Disease Centre and Hamad General Hospital infectious-disease service. The Qatar Ministry of Public Health (MOPH) governs the regulatory and procurement pathway for antiretroviral therapy. 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 Qatar-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 HMC 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 HMC 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). One pill a day for life, the simplest possible adherence shape. 2. **Doravirine resistance profile**. Doravirine retains in-vitro activity against several common NNRTI resistance mutations including K103N, Y181C, G190A, and K101E. This differentiates doravirine from first-generation NNRTIs efavirenz and nevirapine. 3. **Favourable lipid profile** in the DRIVE-AHEAD and DRIVE-FORWARD pivotal trials versus efavirenz-based and darunavir-boosted comparators. 4. **No neuropsychiatric black-box warning**. Doravirine is not efavirenz; the historical efavirenz CNS side-effect profile (vivid dreams, depression, suicidality) is materially reduced.

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 (two-drug INSTI plus lamivudine), Triumeq (for HLA-B*5701-negative patients), and Juluca (two-drug switch regimen).

Delstrigo is NOT a pre-exposure prophylaxis (PrEP) regimen. PrEP regimens are Truvada and Descovy, prescribed in PrEP-specific pathways. Delstrigo is NOT a post-exposure prophylaxis (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 HMC infectious-disease specialist writes the prescription, the HMC 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), which preserves immune function, prevents disease progression, and is the foundation of treatment-as-prevention (U=U). Discontinuing or interrupting therapy risks viral rebound, resistance development, and (for HBV co-infected patients) severe HBV reactivation flare.

Eligibility at an HMC infectious-disease clinic

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

1. Confirmed HIV-1 infection (4th-generation antigen / antibody combination assay confirmed by HIV-1 / HIV-2 differentiation assay or HIV-1 RNA quantification). 2. For initial therapy, no prior ART history. For regimen switch, virologic suppression on a stable ART regimen for at least six months, no history of treatment failure, 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: estimated CrCl of 50 millilitres per minute or above. Delstrigo is NOT recommended for CrCl below 50; alternative regimens (tenofovir-alafenamide-based combinations or non-tenofovir backbones) are appropriate. 6. HBV co-infection screen. TDF and lamivudine have anti-HBV activity; stopping a TDF-containing regimen in a co-infected patient can cause severe HBV reactivation flare (black-box warning). HCV screen at the same visit. 7. Drug interaction screen. Strong CYP3A4 inducers are CONTRAINDICATED with Delstrigo: rifampin, rifapentine (TB-relevant), carbamazepine, phenytoin, phenobarbital, enzalutamide, mitotane, St John's wort. 8. PHQ-9 and C-SSRS mental-health screening at baseline and periodic follow-up. The mental-health burden associated with an HIV diagnosis is meaningful and independent of drug-specific neuropsychiatric pharmacology. 9. Pregnancy and lactation review for women of reproductive potential. TDF and lamivudine well established in pregnancy; doravirine has limited human pregnancy data, shared decision-making recommended. 10. Baseline metabolic and organ-function workup: CBC, comprehensive metabolic panel, fasting lipid panel, urinalysis. Bone mineral density assessment for patients with risk factors. 11. U=U education conversation documented.

The Qatar prescribing and dispense picture

HIV care in Qatar routes through HMC's Communicable Disease Centre and the Hamad General Hospital infectious-disease service. Community general-practice clinics and community pharmacies are not the standard HIV care pathway. The functional supply chain is:

1. **Prescribing infectious-disease physician**: a board-certified infectious-disease specialist at HMC. Hamad General Hospital infectious-disease service and the HMC Communicable Disease Centre are the national HIV reference points. The MOPH coordinates national procurement. 2. **Diagnostic and resistance-testing workup**: HIV-1 RNA, CD4, and genotypic resistance testing run at HMC's virology laboratory or sent to a reference laboratory. 3. **Procurement pathway**: Delstrigo procurement in Qatar depends on MOPH formulary status and HMC institutional procurement decisions. For patients managed through HMC, the procurement channel is institutional and patient-facing cost is typically zero or nominal for nationals. Where named-patient European-import supply applies, the cash-pay band depends on courier and import handling. 4. **Refill cycle**: monthly or quarterly thereafter, tied to infectious-disease follow-up visits.

The 2026 pathway, step by step

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

Week 2 to 4: Infectious-disease first visit. Confirmation of diagnosis (or review of prior data), CD4 and viral load, baseline genotype (or review of prior), 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. MOPH HIV-programme channel activated for nationals; insurance pre-authorisation submitted where required.

Week 6 to 8: First dispense at HMC pharmacy. 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. Target a 1 log10 reduction by week 4 to 8.

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 in stable suppression. Annual fasting lipid panel, annual renal function and urinalysis, periodic CD4. Annual mental-health re-screen minimum.

Cost expectation in QAR

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 Qatar patients managed through HMC and the MOPH HIV programme, end-user cost to nationals is typically zero or nominal under the national infectious-disease procurement channel.

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 QAR 94,640.

For Qatar nationals with HMC public funding, HIV ART is covered. For commercial covers (the major Doha hospital insurers), 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 QAR 200 to 1,800 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 and CD4 above 350. - **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. More frequent monitoring for diabetes, hypertension, age above 50, low body weight, NSAID use. - **Bone health**: baseline BMD assessment 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. Counselling: do not stop Delstrigo abruptly without alternative anti-HBV cover. - **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. More frequent for prior history or new symptoms. - **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. No biological, donor-derived, or animal-cell-derived component in the active ingredients.

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. Both are acceptable provided consistent-time-of-day discipline.

For pregnancy planning, TDF and lamivudine are well established in pregnancy. Doravirine has limited pregnancy data; shared decision-making is recommended. Vertical-transmission prevention with maternal ART and infant prophylaxis is standard.

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: sustained virologic suppression eliminates sexual transmission to partners.

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. Qatar 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 via emergency department or infectious-disease service. - 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 (long-acting injectable). 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 Qatar Delstrigo case we build the documentation pack, submit first-visit booking requests to HMC infectious disease, coordinate the MOPH 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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Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
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