TO VIEW COMPLETE GUIDELINE USE QR CODE

Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of the guideline.

See www.hivguidelines.org/adult-hiv-diagnosis-treatment/selecting-initial-art for additional tables:

- Other ART Regimens that Are Not Preferred or Alternative for Non-Pregnant Adults
- Alternatives to Tablet Form of ART Medications
- Contraindicated ART Regimens Based on Routine Baseline Laboratory Parameters
- ARV Dose Adjustments for Renal and Hepatic Failure

More tables on the inside

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Selecting an Initial Antiretroviral Therapy (ART) Regimen.

Guideline Contents:
- Available ART Regimens
- General Principles in Choosing an Initial ART Regimen
- General Considerations with Initial ART Regimens
- Specific Factors to Consider and Discuss with Patients
- Special Considerations for Comorbid Conditions
- Pre-ART—Initiation Laboratory Testing
- ARV Dose Adjustments for Renal and Hepatic Impairment

The full guideline is available at www.hivguidelines.org.
**Available as a Single-Tablet Formulation**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAF 25 mg/FTC/RPV (Odefsey)</td>
<td>• Initiate only in patients with CrCl ≥30 mL/min. • Carefully consider drug–drug interactions with COBI. • Consider bone mineral density.</td>
</tr>
<tr>
<td>TDF/FTC/COBI/EVG (Stribild)</td>
<td>• Initiate only in patients with CrCl ≥70 mL/min. • Carefully consider drug–drug interactions with COBI. • Contains 25 mg of TAF, unboosted.</td>
</tr>
</tbody>
</table>

**Available as Multi-Tablet Regimen with One–Daily Dosing**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDF/FTC and DRV/COBI (Truvada and Prezcobix)</td>
<td>• Initiate only in patients with CrCl ≥70 mL/min. • Carefully consider drug–drug interactions with COBI. • Consider bone mineral density.</td>
</tr>
<tr>
<td>TDF/FTC and DRV and RTV (Truvada and Prezista and Norvir)</td>
<td>• Initiate only in patients with CrCl ≥50 mL/min. • Carefully consider drug–drug interactions with RTV. • Consider bone mineral density.</td>
</tr>
<tr>
<td>TDF/FTC and DTG (Truvada and Tivicay)</td>
<td>• Initiate only in patients with CrCl ≥50 mL/min. • No documented DTG resistance after initiation in treatment-naïve patients to date. • Consider bone mineral density.</td>
</tr>
<tr>
<td>TDF/FTC and RAL HD (Truvada and Isentress HD)</td>
<td>• Initiate only in patients with CrCl ≥50 mL/min. • Consider bone mineral density. • TDF/FTC once daily and RAL HD 1200 mg once daily dosed as two 600 mg HD tablets.</td>
</tr>
</tbody>
</table>

**Available as Multi-Tablet Regimen with Twice–Daily Dosing**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAF 25 mg/FTC and RAL (Truvada and Isentress)</td>
<td>• Initiate only in patients with CrCl ≥50 mL/min. • Consider bone mineral density. • TDF/FTC once daily and RAL twice daily.</td>
</tr>
</tbody>
</table>

**Notes:** 1) In all cases, FTC and 3TC are interchangeable when not being used in fixed-dose combinations; 2) Because of their drug–interaction profiles, COBI and RTV should not be considered interchangeable; 3) TAF 10 mg and TAF 25 mg are not interchangeable; 4) Refer to Table 9: ARV Dose Adjustments for Renal and Hepatic Impairment for adjustment based on renal or hepatic function; 5) When dosing RAL once daily use the HD formulation of 600 mg tablets dosed at 1200 mg.

**Food Requirements for Antiretroviral Medications (ARVs)**

Because patients may have a strong preference for taking medication with or without food, it is important to discuss which pills must be taken on an empty stomach, which must be taken with food, and which can be taken with or without food, as listed below.

- ARVs that must be taken with or without food:
  - 3TC
  - ABC
  - DTG
  - FTC

- ARVs that must be taken with food:
  - ATV/COBI
  - ATV and RTV
  - DRV/COBI
  - DRV and RTV

**Drug name abbreviations:** abacavir (ABC), atazanavir (ATV), cobicistat (COBI), darunavir (DRV), delavirdine (DEG), efavirenz (EFV), elvitegravir (EVG), emtricitabine (FTC), lamivudine (3TC), raltegravir (RAL), rilpivirine (RPV), ritonavir (RTV), tenofovir alafenamide (TAF), tenofovir disoproxil fumarate (TDF)

**Select Drug–Drug Interactions to Discuss before Initiating ART in Treatment-Naïve Patients**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>ARVs (s): Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATV</td>
<td>In treatment-naïve patients on boosted ATV, H₂–blockers should be either taken simultaneously with ATV or, if simultaneous dosing is not possible, separated from ATV by 10 hours; prescribe no more than 20 mg of famotidine or equivalent for one dose and no more than 40 mg twice daily of famotidine or equivalent for daily dose.</td>
</tr>
<tr>
<td>RPV</td>
<td>Use with caution; administer at least 12 hours before or at least 4 hours after RPV.</td>
</tr>
</tbody>
</table>

**Inhaled steroids, statins**

COBI; RTV: Alternatives or dose adjustments may be needed.

**Polypotent cations [a]**

DTG: Take 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food.

**PPIs**

ATV: Contraindicated with ATV in treatment-experienced patients; in treatment-naïve patients, use no more than equivalent of 20 mg of omeprazole with ATV, separated by 12 hours.

**EVG** Separate dosing by 2 hours, either before or after dose of EVG.

**Metformin**

DTG: Metformin levels are significantly raised when co-administered with DTG. The dose of metformin should not exceed 1000 mg.

**Ethynyl estradiol and norethindrone [b]**

EFV; COBI/ATV; COBI/DV; RTV and DRV: Use alternative or additional (e.g., barrier) contraceptive methods or choose alternative ART regimen.

**Factor Xa inhibitors**

COBI; RTV:
- Apixaban: Reduce dose by 50% if patient is on 5 mg twice daily; avoid use if the indicated dose is 2.5 mg twice daily (based on age, weight, creatinine).
- Dabigatran: No adjustment needed if CrCl ≥50 mL/min; avoid if CrCl <50 mL/min.
- Rivaroxaban: Avoid use.

**Platelet inhibitors**

COBI; RTV:
- Clopidogrel: Avoid use.
- Prasugrel: No adjustment needed.
- Ticagrelor: Avoid use.

**Drug name abbreviations:** atazanavir (ATV), cobicistat (COBI), darunavir (DRV), delavirdine (DEG), efavirenz (EFV), elvitegravir (EVG), emtricitabine (FTC), lamivudine (3TC), raltegravir (RAL), rilpivirine (RPV), ritonavir (RTV)

- a. Aluminum, calcium, magnesium, or iron in some antacids or vitamin preparations.
- b. For emergency contraception, other oral combinations, and patch, ring, or injectable formulations, please refer to package insert for specific ARV for dosing instructions and safety information.

**CONTRAINDICATED ART Regimens Based on Routine Baseline Laboratory Parameters**

<table>
<thead>
<tr>
<th>Lab Parameter</th>
<th>Contraindicated ART Regimens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral load ≤100,000 copies/mL</td>
<td>ABC/3TC and COBI/ATV, ABC/3TC and EFV, ABC/3TC and RTV and ATV, and DRV, TDF/FTC/RPV, TDF/FTC/RPV</td>
</tr>
<tr>
<td>CD4 &lt;200 cells/mm³</td>
<td>TAF/FTC/RPV, TDF/FTC/RPV</td>
</tr>
<tr>
<td>CD4 &lt;200 cells/mm³</td>
<td>TAF/FTC/RPV, TDF/FTC/RPV</td>
</tr>
<tr>
<td>CrCl &lt;70 mL/min</td>
<td>TDF/FTC and COBI/ATV, TDF/FTC and COBI, TDF/FTC and COBI/DRV, TDF/FTC/Cobi/EVG</td>
</tr>
<tr>
<td>CrCl &lt;50 mL/min</td>
<td>ABC/3TC, ABC/3TC/DTG, TDF/FTC/EFV, TDF/FTC/RPV</td>
</tr>
<tr>
<td>CrCl &lt;30 mL/min</td>
<td>TAF/FTC, TAF/FTC/COBI/EVG, TAF/FTC/RPV, TDF/FTC</td>
</tr>
</tbody>
</table>

**Drug name abbreviations:** abacavir (ABC), atazanavir (ATV), cobicistat (COBI), darunavir (DRV), delavirdine (DEG), efavirenz (EFV), elvitegravir (EVG), emtricitabine (FTC), lamivudine (3TC), raltegravir (RAL), rilpivirine (RPV), ritonavir (RTV), tenofovir alafenamide (TAF), tenofovir disoproxil fumarate (TDF)

* For renal adjustment of FDCs and single-tablet regimens while on therapy, see Table 8 in the full guideline.