**Drug Name Abbreviations:**

- **TAF:** tenofovir disoproxil fumarate
- **FTC:** emtricitabine
- **RAL:** raltegravir
- **RTV:** ritonavir
- **RPV:** rilpivirine
- **EVG:** elvitegravir
- **EFV:** efavirenz
- **Cobicistat:** cobicistat
- **COBI:** cobicistat
- **BIC:** bictegravir
- **DTG:** dolutegravir
- **ABC:** abacavir
- **3TC:** lamivudine
- **ATV:** atazanavir
- **DRV:** darunavir
- **DDI:** dideoxynucleoside
- **DDC:** dideoxyadenosine
- **Stavudine:** dideoxyinosine
- **ZDV:** zidovudine
- **ABC/3TC:** abacavir/3TC
- **EFV/RTV:** efavirenz/RTV
- **RAL/RTV:** raltegravir/RTV
- **RAL/FPV:** raltegravir/RPV
- **COBI/ATV:** cobicistat/ATV
- **COBI/DRV:** cobicistat/DRV
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KEY POINTS

- INSTI–based regimens are generally the best choice for most patients because of tolerability and durability.
- Neither mental health nor substance use disorders are contraindications to initiating therapy, although, in some cases, delay of initiation may be appropriate (see the NYSDOH AI guideline When to Initiate ART).
- When initiating ART at the time of diagnosis (i.e., “rapid start” or “test and treat”) avoid regimens containing ABC unless results of HLA–B*5701 testing are known to be negative. Similarly, RPV is not appropriate for patients whose viral load has not been confirmed to be <100,000 copies/mL and CD4 count confirmed to be ≤200 cells/mm³.
- COBI and DTG can both cause decreased tubular excretion of creatinine and will dependably cause a slight increase in measured creatinine.
- ABC has been associated with a higher risk of myocardial infarction in some studies, although not in others. No clear causal link has been established.
- Boosted PIs and COBI–boosted EVG are associated with more hyperlipidemia than unboosted INSTIs.
- Consultation with an experienced HIV care provider is advised when a patient’s baseline viral load is very high.

**ALTERNATIVE Initial ART Regimens for Non–Pregnant Adults**

**Alphabetical list; for details see Specific Factors to Consider or drug package inserts**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Available as a Single–Tablet Formulation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAF 25 mg/FTC/RPV (Odefsey)</td>
<td>Initiate only in patients confirmed to have a CD4 cell count ≥200 cells/mm³ and viral load &lt;100,000 copies/mL</td>
<td>Carefully consider drug–drug interactions with COBI</td>
</tr>
<tr>
<td>TDF/FTC/COBI/EVG (Stribalid)</td>
<td>Initiate only in patients with CrCl ≥70 mL/min</td>
<td>Contains 25 mg of TAF, unboosted</td>
</tr>
<tr>
<td>TDF/FTC and DRV/COBI (Truvada and Prezemp)</td>
<td>Initiate only in patients with CrCl ≥70 mL/min</td>
<td>Carefully consider drug–drug interactions with COBI</td>
</tr>
<tr>
<td>TDF/FTC and DRV and RTV (Truvada and Prezista and Norvi)</td>
<td>Initiate only in patients with CrCl ≥50 mL/min.</td>
<td>Carefully consider drug–drug interactions with RTV</td>
</tr>
<tr>
<td>TDF/FTC and DTG (Truvada and Tivicay)</td>
<td>Initiate only in patients with CrCl ≥50 mL/min.</td>
<td>Documented DTG resistance after initiation in treatment-naïve patients is rare</td>
</tr>
<tr>
<td>TDF/FTC and RAL HD (Truvada and Isentress HD)</td>
<td>Initiate only in patients with CrCl ≥50 mL/min.</td>
<td>Consider bone mineral density</td>
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<tr>
<td>Available as Multi–Tablet Regimen with Once–Daily Dosing</td>
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<tr>
<td>TDF/FTC and RAL (D6x9) and Isentress</td>
<td>Initiate only in patients with CrCl ≥50 mL/min.</td>
<td>Consider bone mineral density</td>
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<td></td>
<td>TDF/FTC once daily and RAL HD 1200 mg once daily dosed as two 600 mg HD tablets</td>
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**Select Drug–Drug Interactions to Discuss before Initiating ART in Treatment–Naïve Patients**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>ARV(s): Comments</th>
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<tr>
<td>H₂–blockers</td>
<td>ATV</td>
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<tr>
<td>RPV</td>
<td>Use with caution; administer at least 12 hours before or at least 4 hours after RPV</td>
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<td>Inhaled steroids, statins</td>
<td>COBI; RTV</td>
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<td>Polyvalent cations</td>
<td>DTG</td>
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<td>RAL</td>
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<td>RAL HD</td>
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<td>PPIs</td>
<td>ATV</td>
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<td></td>
<td>RPV</td>
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<tr>
<td>Metformin</td>
<td>DTG</td>
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<tr>
<td>Ethinyl estradiol and norethindrone</td>
<td>EFV; COBI; ATV; COBI/DRV; RTV and DRV</td>
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<td>ATV; RTV and ATU</td>
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<td>Factor Xa inhibitors</td>
<td>COBI; RTV</td>
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<td>Platelet inhibitors</td>
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This pocket guide is a companion to the NYSDOH AI guideline Selecting an Initial ART Regimen. The full guideline includes the following:

- Available ART Regimens, including: Preferred (Table 1), Alternative (Table 2), and Other (Table 3)
- General Principles in Choosing an Initial ART Regimen, including Combinations to Avoid (Table 4)
- General Considerations with Initial ART Regimens
- Specific Factors to Consider and Discuss with Patients, including Select Drug–Drug Interactions (Table 5) and Alternatives to the Tablet Form of ARVs (Table 6)
- Special Considerations for Comorbid Conditions
- Pre–ART Initiation Lab Testing, including Contraindicated Regimens Based on Lab Parameters (Table 7)
- ARV Dose Adjustments for Renal and Hepatic Impairment (Table 8)

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 full guideline 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; 6) When a "rapid start" or "test and treat" initiation of ART occurs before baseline laboratory test results are available, avoid use of ala-cave until a patient’s HLA–B*5701 testing is confirmed negative; 7) Clinicians should refer to the DHHS guideline when choosing an initial regimen for individuals of childbearing potential: Recommendations for Use of Antiretroviral Drugs in Pregnant HIV–1–Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the US.

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