When to Initiate Antiretroviral Therapy, With Protocol for Rapid Initiation

January 2020

Table 2: Preferred Regimens for Rapid ART Initiation in Pregnant Adults

See also: DHHS: Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infections and Interventions to Reduce Perinatal HIV Transmission in the United States.

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<th>Regimen</th>
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| Tenofovir disoproxil fumarate/ emtricitabine and dolutegravir*  
(TDF/FTC and DTG; Truvada and Tivicay)                                | • Should not be initiated during the first trimester (<14 weeks), gestational age measured by last menstrual period.  
• TDF/FTC should not be used in patients with creatinine clearance (CrCl) <50 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. | A1     |
| Tenofovir disoproxil fumarate/ emtricitabine and atazanavir and ritonavir  
(TDF/FTC and ATV and RTV; Truvada and Reyataz and Norvir)               | • TDF/FTC should not be used in patients with CrCl <50 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Carefully consider drug-drug interactions with RTV.  
• Scleral icterus from benign hyperbilirubinemia due to ATV may be a patient concern.  
• The recommended dose of ATV is 300 mg once daily in the first trimester; the dose increases to 400 mg once daily in the second and third trimesters when used with either TDF or a histamine-2 receptor antagonist.  
• This regimen can be initiated in the first trimester.                  | A2     |
| Tenofovir disoproxil fumarate/ emtricitabine and darunavir and ritonavir  
(TDF/FTC and DRV/RTV; Truvada and Prezista and Norvir)                  | • Twice-daily DRV/RTV dosing (DRV 600 mg plus RTV 100 mg with food) is recommended in pregnancy.  
• TDF/FTC should not be used in patients with CrCl <50 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Twice-daily DRV/RTV dosing (DRV 600 mg plus RTV 100 mg with food) is recommended in pregnancy.  
• Regimen can be initiated in the first trimester.                       | A2     |
| Tenofovir disoproxil fumarate/ emtricitabine and raltegravir  
(TDF/FTC and RAL; Truvada and Isentress)                                 | • RAL 400 mg twice daily is recommended in pregnancy, not once-daily RAL HD.  
• TDF/FTC should not be used in patients with CrCl <50 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Administer as TDF/FTC once daily and RAL 400 mg twice daily.  
• The recommended dose of RAL is 400 mg twice daily without regard to food.  
• This regimen can be initiated in the first trimester.                  | A2     |

*See Use of Dolutegravir in Individuals of Childbearing Capacity, February 2020.