When to Initiate Antiretroviral Therapy, With Protocol for Rapid Initiation

January 2020

Table 1: Preferred and Alternative Regimens for Rapid ART Initiation in Nonpregnant Adults

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Comments</th>
<th>Rating</th>
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<tr>
<td><strong>Preferred Regimens</strong></td>
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</table>
| Tenofovir alafenamide/emtricitabine/bictegravir (TAF 25 mg/FTC/BIC; Biktarvy) | • Available as a single-tablet formulation, taken once daily.  
• TAF/FTC should not be used in patients with a creatinine clearance (CrCl) <30 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Contains 25 mg of TAF, unboosted.  
• Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after BIC; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. | A1 |
| Tenofovir alafenamide/emtricitabine and dolutegravir* (TAF 25 mg/FTC and DTG; Descovy and Tivicay) | • TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Contains 25 mg of TAF, unboosted.  
• Two tablets once daily.  
• 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 alafenamide/emtricitabine/darunavir/cobicistat (TAF 10 mg/FTC/DRV/COBI; Symtuza) | • Available as a single-tablet formulation, taken once daily.  
• Contains 10 mg TAF, boosted.  
• TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Pay attention to drug-drug interactions. | A2 |
| **Alternative Regimen** | | |
| Tenofovir alafenamide/emtricitabine and raltegravir (TAF 25 mg/FTC and RAL HD; Descovy and Isentress HD) | • TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available.  
• To date, no clinical trials have been conducted with TAF and RAL; data are based on bioequivalence pharmacokinetic studies.  
• Contains 25 mg of TAF, unboosted.  
• Administer as TAF/FTC once daily and RAL HD 1200 mg once daily, dosed as two 600 mg HD tablets.  
• Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD. | B1 |
<table>
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<tr>
<th>Regimen for Patients With Exposure to TDF/FTC as PrEP Since Their Last Negative HIV Test</th>
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<td>Note: The initial ART regimen may be simplified based on results of genotypic resistance testing.</td>
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<td><strong>Regimen</strong></td>
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| Dolutegravir* and darunavir/cobicistat/tenofovir alafenamide/emtricitabine (DTG/DRV/COBI/TAF/FTC 10 mg/FTC; Tivicay and Symtuza) | • TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available.  
• Documented DTG resistance after initiation in treatment-naive patients is rare.  
• 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.  
• Tenofovir disoproxil fumarate (TDF) may be substituted for TAF; TDF/FTC is available as a single tablet (brand name, Truvada).  
• Lamivudine (3TC) may be substituted for FTC.  
• 3TC/TDF is also available as a single tablet. | A3 |
| **Medications to Avoid** | | |
| Abacavir (ABC)  
Rilpivirine (RPV)  
Efavirenz (EFV) | • ABC should be avoided unless a patient is confirmed to be HLA-B*5701 negative.  
• RPV should be administered only in patients confirmed to have a CD4 cell count ≥200 cells/mm³ and a viral load <100,000 copies/mL.  
• EFV is not as well tolerated as other antiretroviral medications, and nonnucleoside reverse transcriptase inhibitors have higher rates of resistance. | A3 |

*See Use of Dolutegravir in Individuals of Childbearing Capacity, May 2021.*