HIV CLINICAL RESOURCE VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE JANUARY 2019 UPDATE

Note: The recommendations in this guideline pertain to initial ART regimens for adults with HIV who are not pregnant.

Dolutegravir (DTG) Safety Statement, May 2018

On May 18, 2018, the FDA and the DHHS Antiretroviral Guidelines Panels issued statements in response to preliminary results from a study that reported increased risk of neural tube defects in babies born to mothers receiving DTG during pregnancy. The FDA issued statements in response to preliminary results from a study that reported increased risk of neural tube defects in babies born to mothers receiving DTG during pregnancy. The FDA has not issued statements in response to preliminary results from a study that reported increased risk of neural tube defects in babies born to mothers receiving DTG during pregnancy. The FDA has not issued statements in response to preliminary results from a study that reported increased risk of neural tube defects in babies born to mothers receiving DTG during pregnancy.

For more information, see: DHHS Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1–Infected Women to Reduce Perinatal HIV Transmission in the United States

ALL RECOMMENDATIONS

P.1

- Clinicians should involve their patients when deciding which ART regimen is most likely to result in adherence. (A3)
- Clinicians should perform the following when initiating ART: 1) Assessment for comorbidities and chronic co-administered medications that may affect the choice of regimen for initial therapy (A3); 2) Genotypic resistance testing should be performed at diagnosis, or at the initial visit if not done previously, for the protease (A2), reverse transcriptase (A2), and integrase (B2) genes.

Continued on P.2 →

**CONTRAINDICATED ART Regimens Based on Routine Baseline [a] Laboratory Parameters**

<table>
<thead>
<tr>
<th>Lab Parameter</th>
<th>Contraindicated ART Regimens</th>
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| Viral load ≥100,000 copies/mL | • ABC/3TC and COBI/ATV (Epzicom and Evotaz)  
• ABC/3TC and EFV (Epzicom and Sustiva)  
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• TAF/FTC/RPV (Odefsey)  
• TDF/FTC/RPV (Complera) |
| CD4 <200 cells/mm³ | • TAF/FTC/RPV (Odefsey)  
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| CrCl <50 mL/min | • ABC/3TC (Epzicom)  
• ABC/3TC/DTG (Triumeq)  
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• TAF/FTC/COBI/DRV (Symtuza)  
• TAF/FTC/COBI/EVG (Genvoya) [b]  
• TAF/FTC/RPV (Odefsey)  
• TDF/FTC/Truvada) |

Additional abbreviation: CrCl, creatinine clearance.

For AIDS clinical trials, please refer to the DHHS guideline: AIDS Clinical Trials Database: www.clinicaltrials.gov.

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SELECTING AN INITIAL ART REGIMEN

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE JANUARY 2019 UPDATE

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• TDF/FTC/Truvada) |

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Select Drug-Drug Interactions to Discuss before Initiating ART in Treatment-Naive Patients

<table>
<thead>
<tr>
<th>Drugs</th>
<th>ARV(s): Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H₂-blockers</strong></td>
<td></td>
</tr>
<tr>
<td>ATV</td>
<td>In treatment-naive patients on boosted ATV, H₂-blockers should be 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 1 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>
<tr>
<td><strong>Inhaled steroids</strong></td>
<td></td>
</tr>
<tr>
<td>COBI; RTV</td>
<td>Alternatives or dose adjustments may be needed. Consult the package inserts for drug-drug interactions between specific ARVs and ARVs.</td>
</tr>
<tr>
<td><strong>Polyvalent cations</strong></td>
<td></td>
</tr>
<tr>
<td>DTG; BIC</td>
<td>Take 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food.</td>
</tr>
<tr>
<td>RAL</td>
<td>Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable.</td>
</tr>
<tr>
<td>RAL HD</td>
<td>Magnesium- or aluminum-containing antacids are contraindicated, co-administration of calcium-containing antacids is not recommended.</td>
</tr>
<tr>
<td>EVG</td>
<td>Separate dosing by 2 hours, either before or after dose of EVG.</td>
</tr>
<tr>
<td><strong>PPIs</strong></td>
<td></td>
</tr>
<tr>
<td>ATV</td>
<td>Contraindicated with ATV in treatment-experienced patients. In treatment-naive patients, use no more than equivalent of 20 mg of omeprazole with ATV, separated by 12 hours.</td>
</tr>
<tr>
<td>RPV</td>
<td>Contraindicated.</td>
</tr>
<tr>
<td><strong>Metformin</strong></td>
<td></td>
</tr>
<tr>
<td>DTG</td>
<td>Metformin levels are significantly raised when co-administered with DTG. If used concomitantly, total daily dose of metformin should not exceed 1,000 mg without clinical evaluation of efficacy and adverse events.</td>
</tr>
<tr>
<td><strong>Ethinyl estradiol and norethindrone</strong></td>
<td></td>
</tr>
<tr>
<td>Efavirenz (EFV), Cobicistat (COBI), and Darunavir (DRV)</td>
<td>Use alternative or additional (e.g., barrier) contraceptive methods or choose alternative ART regimen.</td>
</tr>
<tr>
<td><strong>Factor Xa inhibitors</strong></td>
<td></td>
</tr>
<tr>
<td>Cobicistat (COBI) and Ritonavir (RTV)</td>
<td>Use with caution; see manufacturer’s package insert for specific dosing information.</td>
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<tr>
<td><strong>Platelet inhibitors</strong></td>
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</tr>
</tbody>
</table>

**Additional abbreviations:**
- COBI, Cobicistat; DRV, Darunavir; RTV, Ritonavir; FDC, Fixed Drug Combination.
- Cobicistat is available with TDF/FTC and RAL HD.
- Cobicistat is not available with TAF.

### ALTERNATIVE Initial ART Regimens for Nonpregnant Adults (listed alphabetically)

**Regimen (rating) Comments**

| TAF 10 mg/FTC/COBI/DRV (B2) [Symtuzla] | Initiate only in patients with CrCl ≥30 mL/min. Carefully consider drug-drug interactions with COBI. Contains 10 mg TAF, boosted. |
| TAF 10 mg/FTC/COBI/EVG (B1) [Genvoya] | Initiate only in patients with CrCl ≥30 mL/min. Carefully consider drug-drug interactions with COBI. Contains 10 mg TAF, boosted. Separate dosing of antacids by 2 hours, either before or after dose of EVG. |
| TAF 25 mg/FTC/RPV (B3) [Odefsey] | Initiate only in patients confirmed to have a CD4 cell count <200 cells/mm³ and viral load <100,000 copies/mL. When a "rapid-start" or "test-and-treat" initiation of ART occurs before a patient’s viral load and CD4 count are available, avoid use of RPV. Initiate only in patients with CrCl ≥30 mL/min. Use with caution in patients with depression or a history of suicidality. To date, no clinical trials have been conducted; data are based on bioequivalence pharmacokinetic studies of TAF compared with TDF. Contraindicated with PPIs. Use H₂-blockers with caution and separate dosing by 12 hours. Must take with food. Contains 25 mg of TAF, unboosted. |
| TDF/FTC/DOR (B1) [Delstrigo] | Initiate only in patients with CrCl ≥30 mL/min. Contraindicated when co-administered with drugs that are strong cytochrome P450 (CYP3A) enzyme inducers. Consider bone mineral density. |
| TDF/FTC and DRV (B1) [Truvada and Triiicay] | Initiate only in patients with CrCl ≥30 mL/min. Documented DTG resistance after initiation in treatment-naive patients is rare. Consider bone mineral density. 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. |
| TDF/FTC and RAL HD (B1) [Truvada and Isentress HD] | Initiate only in patients with CrCl ≥250 mL/min. Consider bone mineral density. Magnesium- or aluminum-containing antacids are contraindicated; co-administration of calcium-containing antacids is not recommended with RAL HD. |

**Available as Multi-Tablet Regimen with Once-Daily Dosing**

| ABC/3TC and DOR (B2) [Epzicom and Pifeltro] | Initiate only in patients confirmed to be negative for HLA-B*57/01. When a "rapid-start" or "test-and-treat" initiation of ART occurs before baseline laboratory test results are available, avoid use of ABC until a patient’s HLA-B*57/01 test is confirmed negative. Consider underlying risk of coronary heart disease. Contraindicated when co-administered with drugs that are strong cytochrome P450 (CYP3A) enzyme inducers. |
| TAF 25 mg/FTC and DOR (B1) [Descovy and Pifeltro] | Initiate only in patients with CrCl ≥250 mL/min. Contraindicated when co-administered with drugs that are strong CYP3A enzyme inducers. |

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

| TDF/FTC and DOR (B1) [Truvada and Isentress HD] | Initiate only in patients with CrCl ≥250 mL/min. Consider bone mineral density. Administer as TDF/FTC once daily and RAL HD 1200 mg once daily, dosed as two 600 mg HD tablets. Magnesium- or aluminum-containing antacids are contraindicated; co-administration of calcium-containing antacids is not recommended with RAL HD. |
| TAF 25 mg/FTC and RAL (B3) [Descovy and Isentress HD] | Initiate only in patients with CrCl ≥250 mL/min. Administer as ABC/3TC once daily and RAL 400 mg twice daily. Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL. |

**Additional abbreviations:**
- COBI, Cobicistat; DRV, Darunavir; RTV, Ritonavir; FDC, Fixed Drug Combination.
- Cobicistat is available with TDF/FTC and RAL HD.
- Cobicistat is not available with TAF.
- TDF/FTC and DRV (B1) [Truvada and Triiicay]: Available as a Single-Tablet Formulation.
- TDF/FTC and RAL HD (B1) [Truvada and Isentress HD]: Available as a Single-Tablet Formulation.
- TAF 10 mg/FTC/COBI/DRV (B2) [Symtuzla]: Available as a Single-Tablet Formulation.
- TAF 10 mg/FTC/COBI/EVG (B1) [Genvoya]: Available as a Single-Tablet Formulation.
- TAF 25 mg/FTC/RPV (B3) [Odefsey]: Available as a Single-Tablet Formulation.
- TDF/FTC/DOR (B1) [Delstrigo]: Available as a Single-Tablet Formulation.
- TDF/FTC and DRV (B1) [Truvada and Triiicay]: Available as a Single-Tablet Formulation.
- TDF/FTC and RAL HD (B1) [Truvada and Isentress HD]: Available as a Single-Tablet Formulation.
- TAF 25 mg/FTC and DOR (B1) [Descovy and Pifeltro]: Available as a Single-Tablet Formulation.
- TAF 25 mg/FTC and RAL (B3) [Descovy and Isentress HD]: Available as a Single-Tablet Formulation.

**Recomendations for Use of Antiretroviral Drugs in Pregnant HIV+ infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States:**

- Substitutions: 1) In all cases, FTC and 3TC are interchangeable; 2) TAF 10 mg and TAF 25 mg are not interchangeable; 3) COBI and RTV should not be considered interchangeable because of their drug interaction profiles.
- Dose adjustments: Refer to Table 8: ARV Dose Adjustments for Renal and Hepatic Impairment in the full guidelines.