



When to Initiate ART With Protocol for Rapid Initiation

October 2021

Table 1: Preferred and Alternative Regimens for Rapid ART Initiation in Nonpregnant Adults		
Regimen	Comments	Rating
<i>Preferred Regimens</i>		
Tenofovir alafenamide/emtricitabine/bictegravir (TAF 25 mg/FTC/BIC; Biktarvy)	<ul style="list-style-type: none"> 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 <i>and</i> dolutegravir [a] (TAF 25 mg/FTC <i>and</i> DTG; Descovy <i>and</i> Tivicay)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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
<i>Regimen for Patients With Exposure to TDF/FTC as PrEP Since Their Last Negative HIV Test</i> Note: The initial ART regimen may be simplified based on results of genotypic resistance testing.		
Dolutegravir <i>and</i> darunavir/cobicistat/tenofovir alafenamide/emtricitabine [a] (DTG/DRV/COBI/TAF/FTC 10 mg/FTC; Tivicay <i>and</i> Symtuza)	<ul style="list-style-type: none"> 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

Table 1: Preferred and Alternative Regimens for Rapid ART Initiation in Nonpregnant Adults		
Regimen	Comments	Rating
<i>Medications to Avoid</i>		
<ul style="list-style-type: none"> • Abacavir (ABC) • Rilpivirine (RPV) • Efavirenz (EFV) 	<ul style="list-style-type: none"> • 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
<p>Note:</p> <p>a. See Appendix: Use of Dolutegravir in Individuals of Childbearing Capacity.</p>		