Diagnosis and Management of HIV-2 in Adults

October 2021

Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]
(listed alphabetically; for specific details, see drug package inserts; for full recommendations on initiating ART in patients with HIV, see the NYSDOH AI guideline *Selecting an Initial ART Regimen*)

Regimen	Comments	Rating
Available as a Single-Tablet Formulation		
Abacavir/lamivudine/dolutegravir [b,c] (ABC/3TC/DTG; Triumeq)	• Initiate ***only*** in patients confirmed to be negative for HLA-B*5701, including when a "rapid-start" or "test-and-treat" initiation of ART occurs before baseline laboratory test results are available. • Initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Consider underlying risk of coronary heart disease. • 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.	A1
Lamivudine/dolutegravir [b,c] (DTG/3TC; Dovato)	• Initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Do not use in patients with hepatitis B virus coinfection. • Do not initiate before HIV resistance tests results are available. • Do not initiate in patients with NRTI resistance, including the M184V/I mutation. • Do not initiate in patients with baseline HIV RNA levels >500,000 copies/mL until additional study data 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.	A1
Tenofovir alafenamide/emtricitabine/ bictegravir [c] (TAF 25 mg/FTC/BIC; Biktarvy)	• Initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Contains 25 mg of TAF, unboosted [c]. • 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. • Documented DTG resistance after initiation in treatment-naive patients is rare.	A1

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Regimen	Comments	Rating
Available as a Multi-Tablet Regimen With Once-Daily Dosing		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine *and* dolutegravir [b,c] (TAF 25 mg/FTC or TDF 300 mg/FTC *and* DTG; Descovy or Truvada *and* Tivicay)	• For TAF/FTC, initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Contains 25 mg of TAF, unboosted [c]. • For TDF/FTC, initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • For TDF/FTC, 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. • Documented DTG resistance after initiation in treatment-naive patients is rare.	A1
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine *and* raltegravir HD [c] (TAF 25 mg/FTC or TDF 300 mg/FTC *and* RAL HD; Descovy or Truvada *and* Isentress HD)	• For TAF/FTC, initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Contains 25 mg of TAF, unboosted [c]. • For TDF/FTC, initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • For TDF/FTC, consider bone mineral density. • Administer as TAF/FTC or TDF/FTC once daily and RAL HD 1200 mg once daily, dosed as two 600 mg HD tablets. • To date, no clinical trials have been conducted with TAF and RAL; data are based on bioequivalence pharmacokinetic studies. • Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD.	A2

Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; DHHS, U.S. Department of Health and Human Services; NRTI, nucleoside/nucleotide reverse transcriptase inhibitors.

Notes:

a. Refer to DHHS for ART regimens for individuals of childbearing potential: *Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States.*
b. See *Use of Dolutegravir in Individuals of Childbearing Capacity.*
c. Substitutions:
   - In all cases, FTC and 3TC are interchangeable.
   - TAF 10 mg and TAF 25 mg are not interchangeable.
d. For dose adjustments, refer to the NYSDOH AI guideline *Selecting an Initial ART Regimen > Table 9: Recommended Dose Adjustments for Use of Selected Fixed-Dose Combination Antiretroviral Medications in Patients With Hepatic or Renal Impairment.*

Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]
(listed alphabetically; for specific details, see drug package inserts; for full recommendations on initiating ART in patients with HIV, see the NYSDOH AI guideline *Selecting an Initial ART Regimen*)

Regimen	Comments	Rating
Available as a Single-Tablet Formulation		
Tenofovir alafenamide/emtricitabine/ darunavir/cobicistat [b] (TAF 10 mg/FTC/DRV/COBI; Symtuza)	• Initiate ***only*** in patients with CrCl ≥30 mL/min [c]. • Carefully consider drug-drug interactions with COBI [Eron, et al. 2018]. • Contains 10 mg TAF, boosted [b].	B2
Tenofovir alafenamide/emtricitabine/ elvitegravir/cobicistat [b] (TAF 10 mg/FTC/EVG/COBI; Genvoya)	• Initiate ***only*** in patients with CrCl ≥30 mL/min [c]. • Carefully consider drug-drug interactions with COBI. • Contains 10 mg of TAF, boosted with COBI [b]. • Separate dosing of cation-containing (Ca++, AL, Mg) antacids by 2 hours, either before or after dose of EVG.	B1
Available as a Multi-Tablet Regimen With Twice-Daily Dosing		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine *and* raltegravir [b] (TAF 25 mg/FTC or TDF 300 mg/FTC *and* RAL; Descovy or Truvada *and* Isentress)	• For TAF/FTC, initiate ***only*** in patients with CrCl ≥30 mL/min [c]. • For TDF/FTC, initiate ***only*** in patients with CrCl ≥50 mL/min [c]. • For TDF/FTC, consider bone mineral density. • Administer as TAF/FTC or TDF/FTC once daily and RAL 400 mg twice daily. • Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL.	B3

Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; CYP, cytochrome P450; DHHS, U.S. Department of Health and Human Services.

Notes:

a. Refer to DHHS for ART regimens for individuals of childbearing potential: *Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States.*
b. Substitutions:
   - In all cases, FTC and 3TC are interchangeable.
   - TAF 10 mg and TAF 25 mg are not interchangeable.
   - COBI and RTV should not be considered interchangeable because of their drug-interaction profiles.
c. For dose adjustments, refer to the NYSDOH AI guideline *Selecting an Initial ART Regimen > Table 9: Recommended Dose Adjustments for Use of Selected Fixed-Dose Combination Antiretroviral Medications in Patients With Hepatic or Renal Impairment.*

Reference

Eron JJ, Orkin C, Gallant J, et al. A week-48 randomized phase-3 trial of darunavir/cobicistat/emtricitabine/tenofovir alafenamide in treatment-naive HIV-1 patients. *AIDS* 2018;32(11):1431-1442. [PMID: 29683855] https://pubmed.ncbi.nlm.nih.gov/29683855