



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 <i>Selecting an Initial ART Regimen</i>)		
Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Abacavir/lamivudine/dolutegravir [b,c] (ABC/3TC/DTG; Trisemeq)	<ul style="list-style-type: none"> 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] (3TC/DTG; Dovato)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> dolutegravir [b,c] (TAF 25 mg/FTC or TDF 300 mg/FTC <i>and</i> DTG; Descovy or Truvada <i>and</i> Tivicay)	<ul style="list-style-type: none"> For TAF/FTC, initiate only in patients with CrCl \geq30 mL/min [d]. Contains 25 mg of TAF, unboosted [c]. For TDF/FTC, initiate only in patients with CrCl \geq50 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 <i>and</i> raltegravir HD [c] (TAF 25 mg/FTC or TDF 300 mg/FTC <i>and</i> RAL HD; Descovy or Truvada <i>and</i> Isentress HD)	<ul style="list-style-type: none"> For TAF/FTC, initiate only in patients with CrCl \geq30 mL/min [d]. Contains 25 mg of TAF, unboosted [c]. For TDF/FTC, initiate only in patients with CrCl \geq50 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
<p>Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; DHHS, U.S. Department of Health and Human Services; NRTI, nucleoside/nucleotide reverse transcriptase inhibitors.</p> <p>Notes:</p> <ol style="list-style-type: none"> Refer to DHHS for ART regimens for individuals of childbearing potential: <i>Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States</i>. See <i>Use of Dolutegravir in Individuals of Childbearing Capacity</i>. Substitutions: <ul style="list-style-type: none"> In all cases, FTC and 3TC are interchangeable. TAF 10 mg and TAF 25 mg are not interchangeable. For dose adjustments, refer to the NYSDOH AI guideline <i>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</i>. 		

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 <i>Selecting an Initial ART Regimen</i>)		
Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Tenofovir alafenamide/emtricitabine/darunavir/cobicistat [b] (TAF 10 mg/FTC/DRV/COBI; Symtuza)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq30 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)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq30 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
<i>Available as a Multi-Tablet Regimen With Twice-Daily Dosing</i>		
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)	<ul style="list-style-type: none"> For TAF/FTC, initiate only in patients with CrCl \geq30 mL/min [c]. For TDF/FTC, initiate only in patients with CrCl \geq50 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: <ol style="list-style-type: none"> Refer to DHHS for ART regimens for individuals of childbearing potential: <i>Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States</i>. Substitutions: <ul style="list-style-type: none"> 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. For dose adjustments, refer to the NYSDOH AI guideline <i>Selecting an Initial ART Regimen</i> > <i>Table 9: Recommended Dose Adjustments for Use of Selected Fixed-Dose Combination Antiretroviral Medications in Patients With Hepatic or Renal Impairment</i>. 		

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>