



When to Initiate ART With Protocol for Rapid Initiation

August 2022

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. The recommendation regarding discussion of the small risk of teratogenicity with DTG in the first trimester and the need for birth control while using DTG has been removed. DTG has been shown to be safe throughout pregnancy. See the MCCC's statement on <i>Use of Dolutegravir in Individuals of Childbearing Capacity</i> for further discussion [Zash, et al. 2022].</p>		

Reference

Zash R, Holmes LB, Diseko M, et al. Update on neural tube defects with antiretroviral exposure in the Tsepamo Study, Botswana. AIDS; 2022 Jul 29-Aug 2; Montreal, Canada. https://www.natap.org/2022/IAC/IAC_31.htm