



CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

When to Initiate Antiretroviral Therapy, With Protocol for Rapid Initiation

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Table 2: Preferred Regimens for Rapid ART Initiation in Pregnant Adults		
<i>See also: DHHS: Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States.</i>		
Regimen	Comments	Rating
Tenofovir disoproxil fumarate/ emtricitabine <i>and</i> dolutegravir [a] (TDF/FTC <i>and</i> DTG; Truvada <i>and</i> Tivicay)	<ul style="list-style-type: none"> Should not be initiated during the first trimester (<14 weeks), gestational age measured by last menstrual period. TDF/FTC should not be used in patients with creatinine clearance (CrCl) <50 mL/min; re-evaluate after baseline laboratory testing results are available. 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 disoproxil fumarate/ emtricitabine <i>and</i> atazanavir <i>and</i> ritonavir (TDF/FTC <i>and</i> ATV <i>and</i> RTV; Truvada <i>and</i> Reyataz <i>and</i> Norvir)	<ul style="list-style-type: none"> TDF/FTC should not be used in patients with CrCl <50 mL/min; re-evaluate after baseline laboratory testing results are available. Carefully consider drug-drug interactions with RTV. Scleral icterus from benign hyperbilirubinemia due to ATV may be a patient concern. The recommended dose of ATV is 300 mg once daily in the first trimester; the dose increases to 400 mg once daily in the second and third trimesters when used with either TDF or a histamine-2 receptor antagonist. This regimen can be initiated in the first trimester. 	A2
Tenofovir disoproxil fumarate/ emtricitabine <i>and</i> darunavir <i>and</i> ritonavir (TDF/FTC <i>and</i> DRV/RTV; Truvada <i>and</i> Prezista <i>and</i> Norvir)	<ul style="list-style-type: none"> Twice-daily DRV/RTV dosing (DRV 600 mg plus RTV 100 mg with food) is recommended in pregnancy. TDF/FTC should not be used in patients with CrCl <50 mL/min; re-evaluate after baseline laboratory testing results are available. Twice-daily DRV/RTV dosing (DRV 600 mg plus RTV 100 mg with food) is recommended in pregnancy. Regimen can be initiated in the first trimester. 	A2
Tenofovir disoproxil fumarate/ emtricitabine <i>and</i> raltegravir (TDF/FTC <i>and</i> RAL; Truvada <i>and</i> Isentress)	<ul style="list-style-type: none"> RAL 400 mg twice daily is recommended in pregnancy, <i>not</i> once-daily RAL HD. TDF/FTC should not be used in patients with CrCl <50 mL/min; re-evaluate after baseline laboratory testing results are available. Administer as TDF/FTC once daily and RAL 400 mg twice daily. The recommended dose of RAL is 400 mg twice daily without regard to food. This regimen can be initiated in the first trimester. 	A2
Note:		
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 Use of Dolutegravir in Individuals of Childbearing Capacity for further discussion [Zash, et al. 2022].		

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