HHS Adult and Adolescent Antiretroviral Treatment Guidelines
September 2022 Updates

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Disclosures

Dr. Wood has no financial conflicts of interest or disclosures.
Outline

• Selecting ART after HIV diagnosis in the setting of prior cabotegravir PrEP
• New virologic threshold for drug resistance testing
• Long-acting cabotegravir/rilpivirine considerations if significant adherence or retention in care challenges
• Drug-drug interactions with tecovirimat
Selection of Antiretroviral Therapy for Persons Diagnosed with HIV who Received Long-Acting Cabotegravir for PrEP
Selection of ART for individuals who acquire HIV after having received long-acting cabotegravir (CAB-LA) for PrEP

Any prior use of CAB-LA PrEP → Diagnosis of HIV → Integrase genotype resistance assay

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Selection of ART for individuals who acquire HIV after having received long-acting cabotegravir (CAB-LA) for PrEP

- Any prior use of CAB-LA PrEP
- Diagnosis of HIV
  - Start INSTI regimen after genotype
  - Start boosted PI regimen, pending genotype

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
### HHS Recommended Initial Regimens for Most People with HIV

For people who do not have a history of using CAB-LA PrEP

#### INSTI + 2 NRTIs

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bictegravir-tenofovir alafenamide-emtricitabine</td>
<td>BIC-TAF-FTC</td>
</tr>
<tr>
<td>Dolutegravir-abacavir-lamivudine (only if HLA-B*5701 negative and no HBV)</td>
<td>DTG-ABC-3TC</td>
</tr>
<tr>
<td>Dolutegravir + tenofovir alafenamide-emtricitabine</td>
<td>DTG + TAF-FTC</td>
</tr>
<tr>
<td>Dolutegravir + [tenofovir DF-emtricitabine or tenofovir DF-lamivudine]</td>
<td>DTG + [TDF-FTC or TDF-3TC]</td>
</tr>
</tbody>
</table>

#### INSTI + 1 NRTI

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dolutegravir-lamivudine (except: HIV RNA &gt;500,000 copies/mL, HBV, no genotype)</td>
<td>DTG-3TC</td>
</tr>
</tbody>
</table>

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
<table>
<thead>
<tr>
<th>Boosted PI + 2 NRTIs</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boosted darunavir + (tenofovir alafenamide or tenofovir DF) + (emtricitabine or lamivudine) (pending genotype resistance results)</td>
<td>(DRV/cobi or DRV + rtv) + (TAF or TDF) + (FTC or 3TC)</td>
</tr>
</tbody>
</table>

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
New Virologic Threshold for Drug Resistance Testing
The Panel now recommends drug-resistance testing for people with virologic failure and HIV- RNA levels **>200 copies/mL**

<table>
<thead>
<tr>
<th>&gt;1,000 copies/mL (AI)</th>
<th>501-1,000 copies/mL (AII)</th>
<th>201-500 copies/mL (CIII)</th>
</tr>
</thead>
</table>

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Optimal Viral Suppression

HIV RNA below lower limit of detection (e.g., <20 copies/mL)

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Virologic Failure

Inability to achieve or maintain suppression of viral replication to HIV RNA level <200 copies/mL

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Virologic Blip

After viral suppression, isolated detectable HIV RNA level, followed by a return to virologic suppression

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Low-Level Viremia

Antiretroviral Therapy Started

Low-level viremia: persistent HIV RNA level quantifiable below 200 copies/mL

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Long-acting cabotegravir/rilpivirine considerations if significant adherence or retention in care challenges
The panel recommends **against** long-acting, intramuscular CAB and RPV in people who have detectable viral load due to suboptimal adherence to ART and who have ongoing challenges with retention in HIV care, except in a clinical trial (AIII)
Long-acting cabotegravir/rilpivirine considerations if significant adherence or retention in care challenges

Any prior use of IM CAB/RPV → Virologic failure → Resistance testing, including integrase

Source: HHS Guidelines for Use of Antiretroviral Agents in Adults and Adolescents with HIV. Sept 21, 2022.
Tecovirimat and Antiretroviral Drug Interactions
<table>
<thead>
<tr>
<th>Antiretroviral</th>
<th>Orthopoxvirus (Smallpox, Monkeypox) Antiviral Tecovirimat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doravirine, Rilpivirine (oral)</td>
<td>Decreased doravirine or rilpivirine concentration (likely not clinically significant)</td>
</tr>
<tr>
<td>Rilpivirine (IM)</td>
<td>Decreased rilpivirine concentration; likely not clinically significant, but do not initiate IM cabotegravir/rilpivirine within 2 weeks of tecovirimat treatment</td>
</tr>
</tbody>
</table>
Acknowledgments

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