

# *HHS Adult and Adolescent Antiretroviral Treatment Guidelines* September 2022 Updates

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# Disclosures

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

# Outline

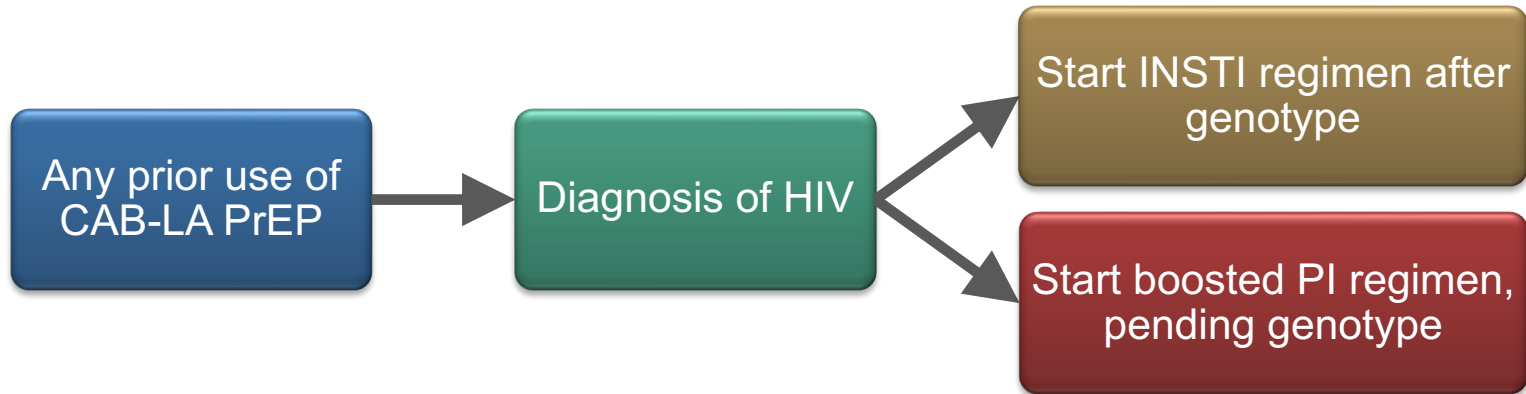
- Selecting ART after HIV diagnosis in the setting of prior cabotegravir PrEP
- New virologic threshold for drug resistance testing
- Long-acting cabotegravir/rilpivirine considerations if significant adherence or retention in care challenges
- Drug-drug interactions with tecovirimat

# **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



# Selection of ART for individuals who acquire HIV after having received long-acting cabotegravir (CAB-LA) for PrEP



# 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	Abbreviation
Bictegravir-tenofovir alafenamide-emtricitabine	BIC-TAF-FTC
Dolutegravir-abacavir-lamivudine (only if HLA-B*5701 negative and no HBV)	DTG-ABC-3TC
Dolutegravir + tenofovir alafenamide-emtricitabine	DTG + TAF-FTC
Dolutegravir + [tenofovir DF-emtricitabine <i>or</i> tenofovir DF-lamivudine]	DTG + [TDF-FTC <i>or</i> TDF-3TC]
INSTI + 1 NRTI	Abbreviation
Dolutegravir-lamivudine (except: HIV RNA >500,000 copies/mL, HBV, no genotype)	DTG-3TC

# HHS Recommended Initial Regimens for Most People with HIV

## For people who have a history of using CAB-LA PrEP

Boosted PI + 2 NRTIs	Abbreviation
Boosted darunavir + (tenofovir alafenamide or tenofovir DF) + (emtricitabine or lamivudine) (pending genotype resistance results)	(DRV/cobi or DRV + rtv) + (TAF or TDF) + (FTC or 3TC)



# **New Virologic Threshold for Drug Resistance Testing**

# Indication for Drug-Resistance Testing Based on HIV RNA Level

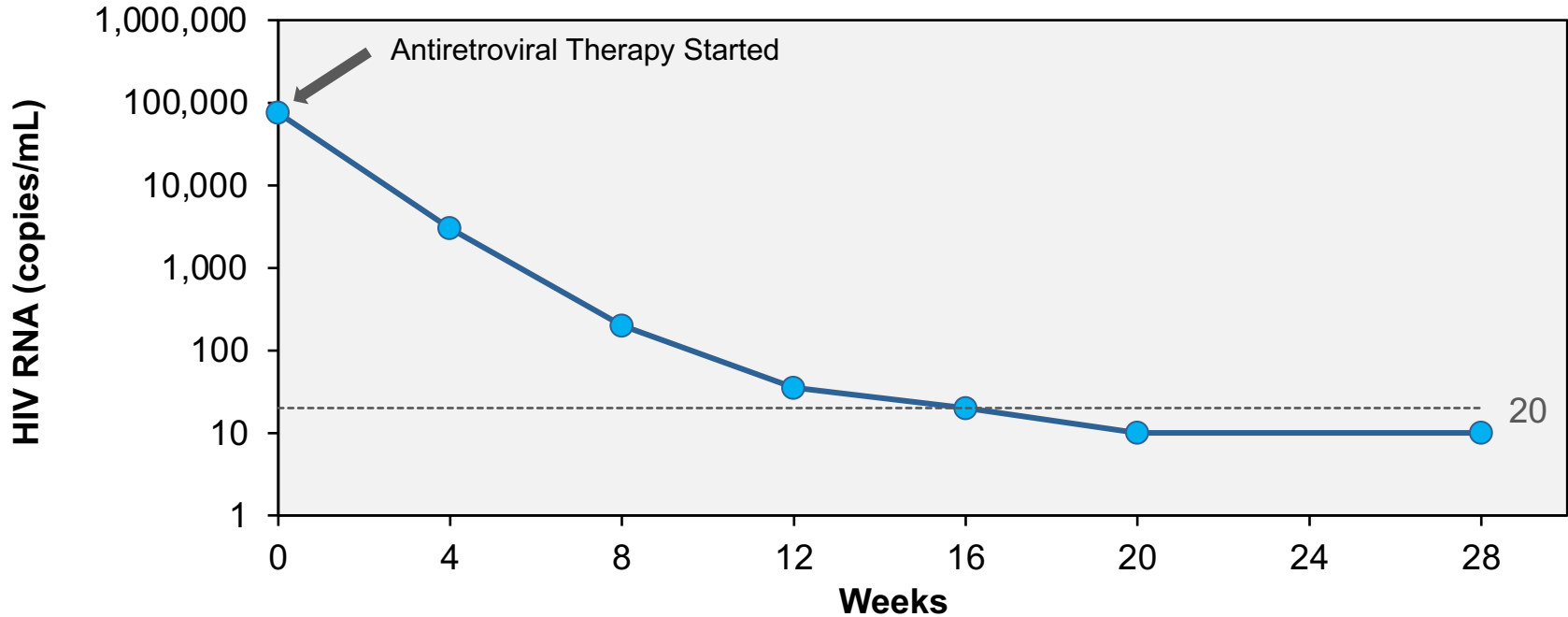
The Panel now recommends drug-resistance testing for people with virologic failure and HIV- RNA levels **>200 copies/mL**

>1,000 copies/mL  
(AI)

501-1,000 copies/mL  
(AII)

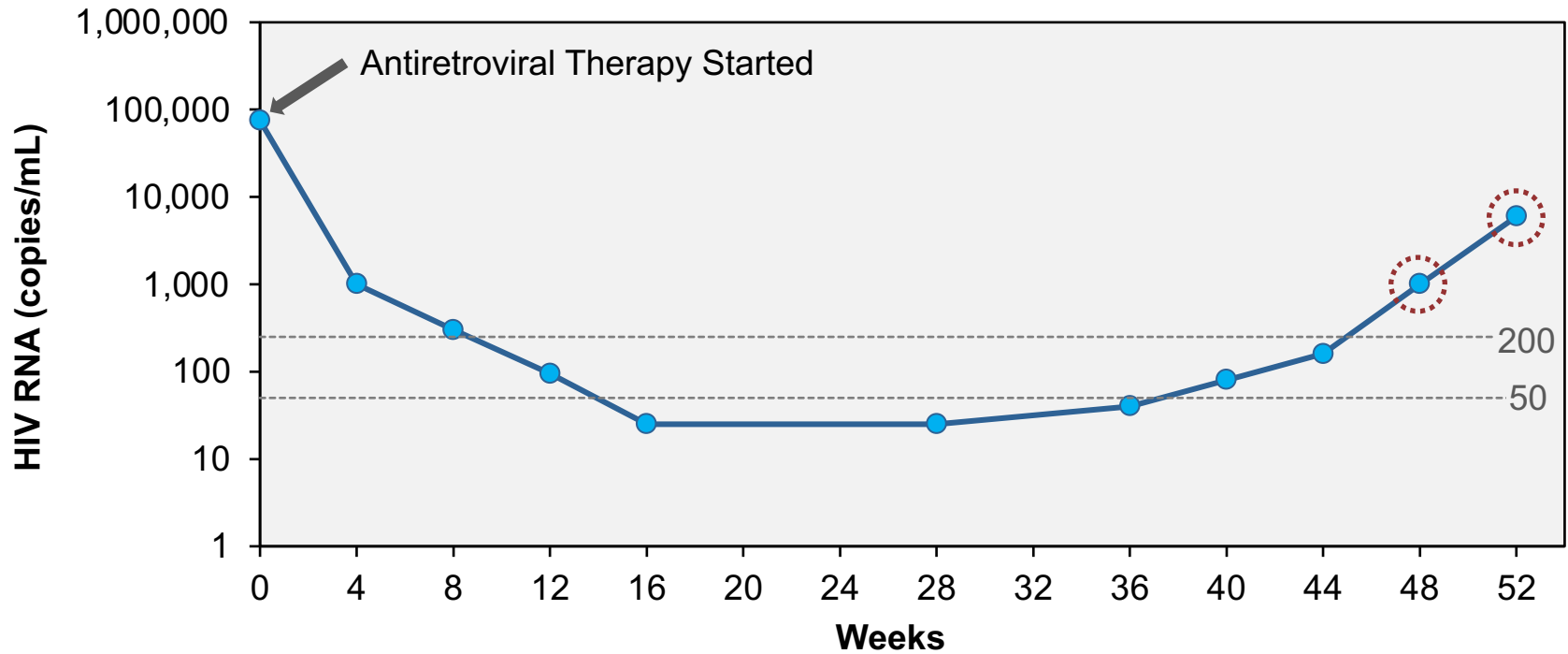
201-500 copies/mL  
(CIII)

# Optimal Viral Suppression



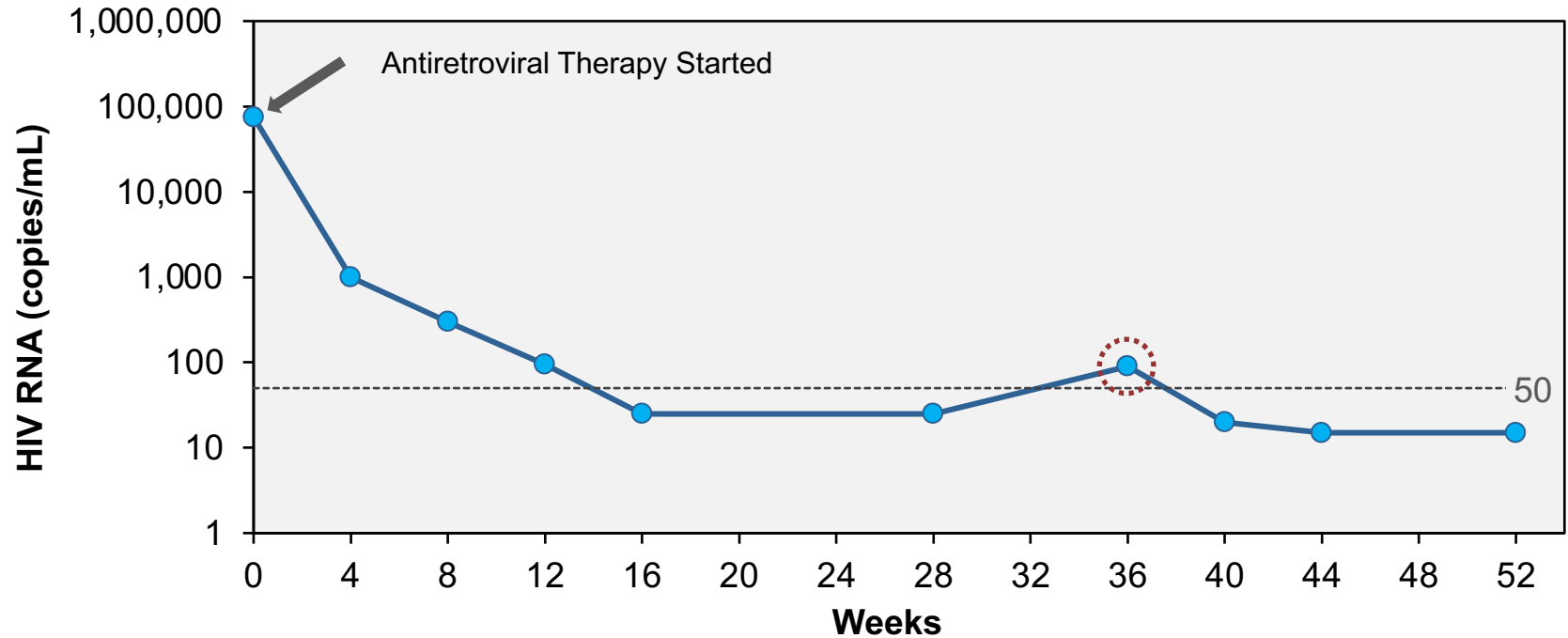
HIV RNA below lower limit of detection (e.g., <20 copies/mL)

# Virologic Failure



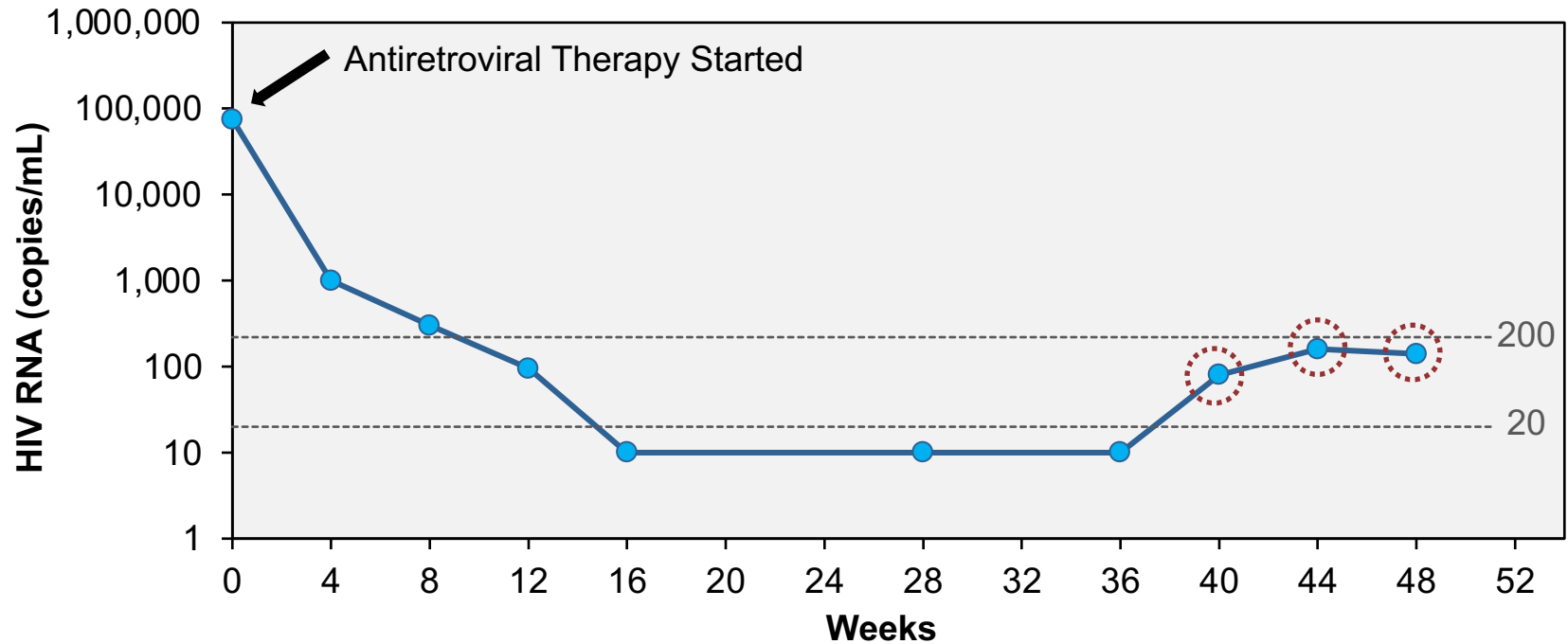
Inability to achieve or maintain suppression of viral replication to HIV RNA level <200 copies/mL

# Virologic Blip



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

# Low-Level Viremia



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

# **Long-acting cabotegravir/rilpivirine considerations if significant adherence or retention in care challenges**

# 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



# Tecovirimat and Antiretroviral Drug Interactions

# Updated Drug-Drug Interaction Tables

<b>Antiretroviral</b>	<b>Orthopoxvirus (Smallpox, Monkeypox) Antiviral Tecovirimat</b>
Doravirine, Rilpivirine (oral)	Decreased doravirine or rilpivirine concentration (likely not clinically significant)
Rilpivirine (IM)	Decreased rilpivirine concentration; likely not clinically significant, but do not initiate IM cabotegravir/rilpivirine within 2 weeks of tecovirimat treatment

# Acknowledgments

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