

Guideline Update: HHS Adult & Adolescent Antiretroviral Treatment Guidelines

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Last Updated: October 11, 2024

Disclosures

No conflicts of interest or relationships to disclose.

Guidelines for the Use of Antiretroviral Agents in Adults & Adolescents with HIV

Updated September 12, 2024

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Developed by the HHS Panel on Antiretroviral Guidelines for Adults and Adolescents—A Working Group of the NIH Office of AIDS Research Advisory Council (OARAC)

How to Cite the Adult and Adolescent Antiretroviral Guidelines:

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>. Accessed (insert date) [insert page number, table number, etc., if applicable].

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panels have a mechanism to update recommendations on a regular basis, and the most recent information is available on the Clinicalinfo website (<https://clinicalinfo.hiv.gov/>).

Key Revisions

What to Start: Initial Antiretroviral Regimens for People with HIV

Key Revision #1: Dolutegravir/abacavir/lamivudine moved from *Recommended Initial Regimens for Most People with HIV* to *Other Initial Antiretroviral Regimens for Certain Clinical Scenarios*

- Why? Need for HLA-B*5701 testing, increased risk of cardiovascular events, availability of other options

Key Revisions

What to Start: Initial Antiretroviral Regimens for People with HIV

Key Revision #2: Several regimens no longer recommended as initial therapy due to higher pill burden, more adverse effects, or lower barrier to resistance

- Includes: elvitegravir/cobicistat and raltegravir-based regimens, boosted atazanavir-based regimens, efavirenz-based regimens, rilpivirine/TDF/FTC

HHS Recommended Initial Regimens for Most People with HIV For People Who Do Not Have a History of Cabotegravir PrEP

INSTI + 2 NRTIs	Abbreviation
Bictegravir/tenofovir alafenamide/emtricitabine	BIC/TAF/FTC
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 (only if HIV RNA <500k, no HBV, have genotype results)	DTG/3TC

HHS Recommended Initial Regimens for Most People with HIV For People Who Have a History of Using Cabotegravir PrEP

Boosted PI + 2 NRTIs	Abbreviation
Boosted darunavir + (tenofovir alafenamide or tenofovir DF) + (emtricitabine or lamivudine) (pending integrase genotype resistance result)	(DRV/COBI or DRV + RTV) + (TAF or TDF) + (FTC or 3TC)

HHS Recommended Initial Regimens in Certain Clinical Situations For People Who Do Not Have a History of Using Cabotegravir PrEP

INSTI + 2 NRTIs

Dolutegravir/ABC/3TC (if HLA-B*5701 negative and no hepatitis B coinfection)

Boosted PI + 2 NRTIs

(Darunavir/cobicistat or darunavir + ritonavir) + (TAF or TDF + FTC or 3TC) or + (ABC/3TC)
(for ABC/3TC, only if HLA-B*5701 negative and no hepatitis B coinfection)

NNRTI + 2 NRTIs

Doravirine/TDF/3TC or doravirine + TAF/FTC

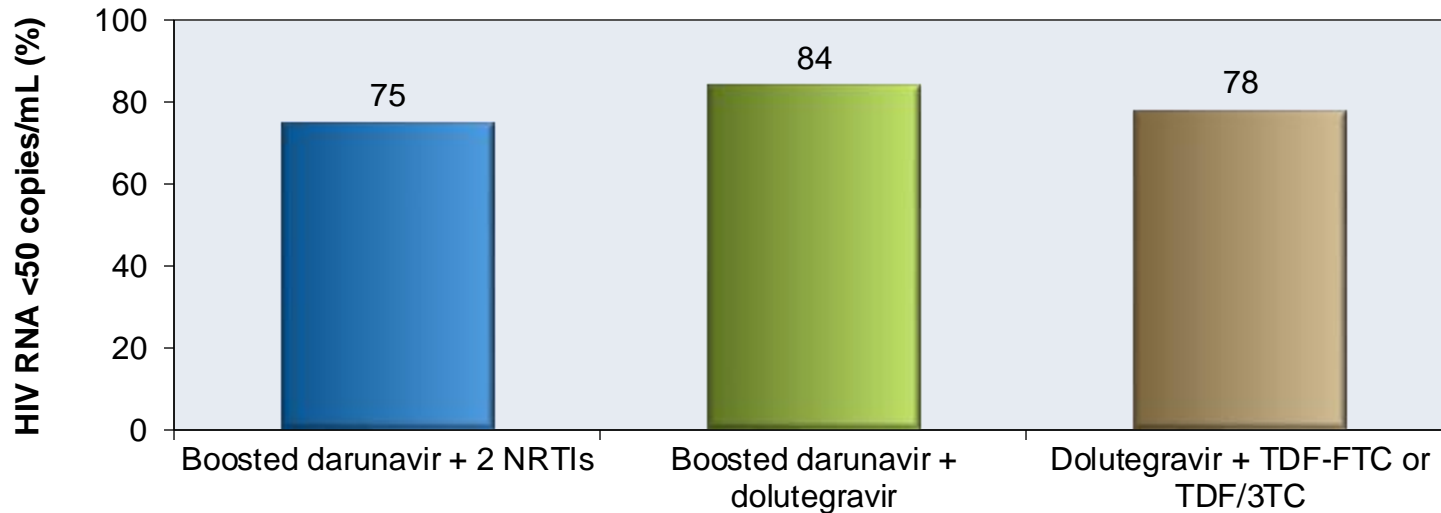
Rilpivirine/TAF/FTC (only if CD4 count >200 cells/mm³ and HIV RNA <100,000 copies/mL)

Abbreviations: ABC = abacavir, 3TC = lamivudine, TAF = tenofovir alafenamide, TDF = tenofovir disoproxil fumarate, FTC = emtricitabine

Virologic Failure

Added Option After Virologic Failure on NNRTI-Based Regimen

- Key revision: after virologic failure with NNRTI + 2 NRTIs, dolutegravir + boosted darunavir added as an option based on data from D²EFT:



Virologic Failure

Added Statements About Long-Acting Cabotegravir/Rilpivirine

- Some people with HIV cannot reach or maintain viral suppression on oral ART despite intensive adherence support
- Long-acting injectable cabotegravir/rilpivirine has been used in this situation with some success, but long-term efficacy data are limited
- Based on very limited data, Panel recommends use of LA CAB/RPV on a case-by-case basis in select individuals with persistent virologic failure

Hepatitis B Coinfection

Key Updates

- Pegylated interferon no longer recommended
- Screen for hepatitis D infection in all people with HIV/hepatitis B
- When switching to NRTI-sparing or NRTI-limiting ARV regimens:
 - Screen for HBV before the switch
 - Vaccinate if non-immune
 - Ensure active anti-hepatitis B agent in new regimen if hepatitis B coinfection (TAF, TDF, or entecavir)

Latent Tuberculosis Treatment-Antiretroviral Options

Key Update: Dolutegravir BID Option with 1HP

PREFERRED Latent Tuberculosis Treatment-Antiretroviral Options (Per CDC)			
Regimen	TB Med(s)	Duration, Dosing	ART Anchor Drug Option*
3HP	INH & rifaPentine	<u>3</u> months, weekly	Efavirenz 600 mg daily Raltegravir 400 mg twice-daily Dolutegravir 50 mg daily
3HR	INH & Rifampin	<u>3</u> months, daily	Efavirenz 600 mg daily Raltegravir <u>800 mg</u> twice-daily Dolutegravir 50 mg <u>twice-daily</u>

*TDF/FTC, ABC/3TC, or TAF/FTC can be the NRTI backbone. Rifampentine may lower concentrations of TAF; if used, monitor viral load carefully. **For individuals suppressed on 50 mg daily, increase to 50 mg twice-daily during and for 2 weeks after completing 1HP.

Latent Tuberculosis Treatment-Antiretroviral Options

Key Update: Dolutegravir BID Option with 1HP

ALTERNATIVE Latent Tuberculosis Treatment-Antiretroviral Options (Per CDC)			
Regimen	TB Med(s)	Duration, Dosing	ART Anchor Drug Option*
9H or 6H	INH	<u>9</u> or <u>6</u> months, daily	No change to ART
4R	<u>R</u> ifampin	<u>4</u> months, daily	Efavirenz 600 mg daily Raltegravir <u>800 mg</u> twice-daily Dolutegravir 50 mg <u>twice-daily</u>
1HP	INH & rifa <u>P</u> entine	<u>1</u> month, daily	Efavirenz 600 mg daily Dolutegravir 50 mg <u>twice-daily</u> **

*TDF/FTC, ABC/3TC, or TAF/FTC can be the NRTI backbone. Rifapentine may lower concentrations of TAF; if used, monitor viral load carefully. **For individuals suppressed on 50 mg daily, increase to 50 mg twice-daily during and for 2 weeks after completing 1HP.

New Section

Transplantation for People with HIV

- People with HIV who are eligible for solid organ transplant or hematopoietic cell transplant should have equitable access to transplant
- People with HIV should be managed by a multidisciplinary team before, during, and after transplant
- Transplant candidates with HIV should be up-to-date on their vaccination schedule
- In preparation for transplant, review the ARV history, prior drug resistance, adherence, and potential for drug-drug interactions

Summary

- List of “What to Start” ART options simplified and no longer includes dolutegravir/abacavir/lamivudine
- Dolutegravir plus boosted darunavir dual ART added as an option after virologic failure on an NNRTI plus 2 NRTI regimen
- Updates emphasize the importance of screening for hepatitis B prior to ART switch, especially if switching off TAF or TDF
- Important updates to sections on coinfections, new section on transplantation for people with HIV, and other key revisions

Acknowledgments

The production of this **National HIV Curriculum** Mini-Lecture was supported by Grant U1OHA32104 from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the University of Washington IDEA Program and do not necessarily represent the official views of HRSA or HHS.

