



## Diagnosis and Management of HIV-2 in Adults

**Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2**

**Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2**

June 2023

<b>Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]</b> (listed alphabetically; for specific details, see drug package inserts; for full recommendations on initiating ART in patients with HIV-1, see the NYSDOH AI guideline <a href="#">Selecting an Initial ART Regimen</a> )		
Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Abacavir/lamivudine/dolutegravir [b] (ABC/3TC/DTG; Truimeq)	<ul style="list-style-type: none"> <li>Initiate <b>only</b> in patients confirmed to be negative for HLA-B*5701, including when a “rapid-start” or “test-and-treat” initiation of ART occurs before baseline laboratory test results are available.</li> <li>Initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>Consider underlying risk of coronary heart disease.</li> <li>Documented DTG resistance after initiation in treatment-naive patients is rare.</li> <li>Mg- or Al-containing antacids may be taken 2 hours before or 6 hours after DTG; Ca-containing antacids or iron supplements may be taken simultaneously if taken with food.</li> </ul>	A1
Tenofovir alafenamide/emtricitabine/bictegravir [b] (TAF 25 mg/FTC/BIC; Biktarvy)	<ul style="list-style-type: none"> <li>Initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>Contains 25 mg of TAF, unboosted [b].</li> <li>Mg- or Al-containing antacids may be taken 2 hours before or 6 hours after BIC; Ca-containing antacids or iron supplements may be taken simultaneously if taken with food.</li> </ul>	A1
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine and dolutegravir [b] (TAF 25 mg/FTC or TDF 300 mg/FTC and DTG; Descovy or Truvada and Tivicay)	<ul style="list-style-type: none"> <li>For TAF/FTC, initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>Contains 25 mg of TAF, unboosted [b].</li> <li>For TDF/FTC, initiate <b>only</b> in patients with CrCl <math>\geq 50</math> mL/min [c].</li> <li>For TDF/FTC, consider bone mineral density.</li> <li>Documented DTG resistance after initiation in treatment-naive patients is rare.</li> <li>Mg- or Al-containing antacids may be taken 2 hours before or 6 hours after DTG; Ca-containing antacids or iron supplements may be taken simultaneously if taken with food.</li> </ul>	A1
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine and raltegravir [b] (TAF 25 mg/FTC or TDF 300 mg/FTC and RAL HD; Descovy or Truvada and Isentress HD)	<ul style="list-style-type: none"> <li>For TAF/FTC, initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>Contains 25 mg of TAF, unboosted [b].</li> <li>For TDF/FTC, initiate <b>only</b> in patients with CrCl <math>\geq 50</math> mL/min [c].</li> <li>For TDF/FTC, consider bone mineral density.</li> <li>Administer as TAF/FTC or TDF/FTC once daily and RAL HD 1,200 mg once daily, dosed as two 600 mg HD tablets.</li> <li>To date, no clinical trials have been conducted with TAF and RAL; data are based on bioequivalence pharmacokinetic studies.</li> <li>Mg- or Al-containing antacids are contraindicated; coadministration of Ca-containing antacids is not recommended with RAL HD.</li> </ul>	A2

**Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]**  
(listed alphabetically; for specific details, see drug package inserts; for full recommendations on initiating ART in patients with HIV-1, see the NYSDOH AI guideline [Selecting an Initial ART Regimen](#))

Regimen	Comments	Rating
<p><b>Abbreviations:</b> Al, aluminum; ART, antiretroviral therapy; Ca, calcium; CrCl, creatinine clearance; Mg, magnesium.</p> <p><b>Notes:</b></p> <p>a. For recommended ART regimens in pregnant patients with HIV-2, see <a href="#">Table 3: ART Regimens for Initial Treatment of Pregnant Adults With HIV-2</a>.</p> <p>b. Substitutions:</p> <ul style="list-style-type: none"> <li>– In all cases, FTC and 3TC are interchangeable.</li> <li>– TAF 10 mg and TAF 25 mg are not interchangeable.</li> </ul> <p>c. For dose adjustments, refer to tNYSDOH AI guideline <a href="#">Selecting an Initial ART Regimen &gt; ARV Dose Adjustments for Hepatic or Renal Impairment</a>.</p>		

**Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2 [a]**  
(listed alphabetically; for specific details, see drug package inserts; for full recommendations on initiating ART in patients with HIV-1, see the NYSDOH AI guideline [Selecting an Initial ART Regimen](#))

Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Tenofovir alafenamide/emtricitabine/darunavir/cobicistat [b] (TAF 10 mg/FTC/DRV/COBI; Symtuza)	<ul style="list-style-type: none"> <li>• Initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>• Carefully consider drug-drug interactions with COBI [Eron, et al. 2018].</li> <li>• Contains 10 mg TAF, boosted with COBI [b].</li> </ul>	B2
Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat [b] (TAF 10 mg/FTC/EVG/COBI; Genvoya)	<ul style="list-style-type: none"> <li>• Initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>• Carefully consider drug-drug interactions with COBI.</li> <li>• Contains 10 mg of TAF, boosted with COBI [b].</li> <li>• Separate dosing of Al-, Ca-, and Mg-containing antacids by 2 hours, either before or after EVG.</li> </ul>	B1
<i>Available as a Multi-Tablet Regimen With Twice-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine and raltegravir [b] (TAF 25 mg/FTC or TDF 300 mg/FTC and RAL; Descovy or Truvada and Isentress)	<ul style="list-style-type: none"> <li>• For TAF/FTC, initiate <b>only</b> in patients with CrCl <math>\geq 30</math> mL/min [c].</li> <li>• For TDF/FTC, initiate <b>only</b> in patients with CrCl <math>\geq 50</math> mL/min [c].</li> <li>• For TDF/FTC, consider bone mineral density.</li> <li>• Administer as TAF/FTC or TDF/FTC once daily and RAL 400 mg twice daily.</li> <li>• Al- or Mg-containing antacids are contraindicated; Ca-containing antacids are acceptable with RAL.</li> </ul>	B3
<p><b>Abbreviations:</b> Al, aluminum; ART, antiretroviral therapy; Ca, calcium; CrCl, creatinine clearance; Mg, magnesium.</p> <p><b>Notes:</b></p> <p>a. For recommended ART regimens in pregnant patients with HIV-2, see <a href="#">Table 3: ART Regimens for Initial Treatment of Pregnant Adults With HIV-2</a>.</p> <p>b. Substitutions:</p> <ul style="list-style-type: none"> <li>– In all cases, FTC and 3TC are interchangeable.</li> <li>– TAF 10 mg and TAF 25 mg are not interchangeable.</li> <li>– COBI and ritonavir should not be considered interchangeable because of their drug-interaction profiles.</li> </ul> <p>c. For dose adjustments, refer to the NYSDOH AI guideline <a href="#">Selecting an Initial ART Regimen &gt; ARV Dose Adjustments for Hepatic or Renal Impairment</a>.</p>		

## Reference

Eron JJ, Orkin C, Gallant J, et al. A week-48 randomized phase-3 trial of darunavir/cobicistat/emtricitabine/tenofovir alafenamide in treatment-naive HIV-1 patients. *AIDS* 2018;32(11):1431-42. [PMID: 29683855]  
<https://pubmed.ncbi.nlm.nih.gov/29683855>