



Rapid ART Initiation

February 2023

Table 1: Preferred and Alternative Regimens for Rapid ART Initiation in Nonpregnant Adults

Regimen	Comments	Rating
<i>Preferred Regimens for Patients Not on PrEP</i>		
Tenofovir alafenamide/emtricitabine/bictegravir (TAF 25 mg/FTC/BIC; Biktarvy)	<ul style="list-style-type: none"> TAF/FTC/BIC is available as a single-tablet formulation, taken once daily. TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available. This regimen contains 25 mg of TAF, unboosted. Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after BIC; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. 	A1
Tenofovir alafenamide/emtricitabine and dolutegravir [a] (TAF 25 mg/FTC and DTG; Descovy and Tivicay)	<ul style="list-style-type: none"> TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available. This regimen contains 25 mg of TAF, unboosted. Administer as 2 tablets once daily. 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. Documented DTG resistance after initiation in treatment-naive patients is rare. 	A1
Tenofovir alafenamide/emtricitabine/darunavir/cobicistat (TAF 10 mg/FTC/DRV/COBI; Symtuza)	<ul style="list-style-type: none"> TAF/FTC/DRV/COBI is available as a single-tablet formulation, taken once daily. This regimen contains 10 mg TAF, boosted. TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available. Pay attention to drug-drug interactions. 	A2
<i>Regimen for Patients Who Have Taken TDF/FTC as PrEP Since Their Last Negative HIV Test [b]</i>		
Tenofovir alafenamide/emtricitabine and dolutegravir [a] (TAF 25 mg/FTC and DTG; Descovy and Tivicay)	<ul style="list-style-type: none"> TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available. Documented DTG resistance after initiation in treatment-naive patients is rare. 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. TDF may be substituted for TAF; TDF/FTC is available as a single tablet (brand name Truvada). 3TC may be substituted for FTC; 3TC/TDF is available as a single tablet (brand name Cimduo). 	A1

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<i>Regimen for Patients Who Have Taken CAB LA as PrEP Within the Previous 14 Months</i>		
Tenofovir alafenamide/emtricitabine/darunavir/cobicistat (TAF 10 mg/FTC/DRV/COBI; Symtuza)	<ul style="list-style-type: none"> TAF/FTC/DRV/COBI is available as a single-tablet formulation, taken once daily. This regimen contains 10 mg TAF, boosted. TAF/FTC should not be used in patients with CrCl <30 mL/min; re-evaluate after baseline laboratory testing results are available. Pay attention to drug-drug interactions. 	A2
<i>Medications to Avoid</i>		
<ul style="list-style-type: none"> Abacavir (ABC) Rilpivirine (RPV) Efavirenz (EFV) Dolutegravir/lamivudine (DTG/3TC) 	<ul style="list-style-type: none"> ABC should be avoided unless a patient is confirmed to be HLA-B*5701 negative. RPV should be administered only in patients with a confirmed CD4 count ≥ 200 cells/mm³ and an HIV RNA level <100,000 copies/mL. EFV is not as well tolerated as other ARVs, and NNRTIs have higher rates of resistance than other classes. DTG/3TC requires baseline resistance testing and is not recommended when HBV status is unknown. 	A3
<p>Abbreviations: 3TC, lamivudine; ABC, abacavir; ART, antiretroviral therapy; ARV, antiretroviral medication; BIC, bictegravir; CAB LA, long-acting injectable cabotegravir; COBI, cobicistat; CrCl, creatinine clearance; DRV, darunavir; DTG, dolutegravir; EFV, efavirenz; FTC, emtricitabine; HBV, hepatitis B virus; NNRTI, non-nucleoside reverse transcriptase inhibitor; PrEP, pre-exposure prophylaxis; RPV, rilpivirine; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.</p> <p>Notes:</p> <p>a. See Use of Dolutegravir in Individuals of Childbearing Capacity.</p> <p>b. The initial ART regimen may be simplified based on results of genotypic resistance testing.</p>		