



Selecting an Initial ART Regimen

Table 2: Preferred Initial ART Regimens for Nonpregnant Adults

Table 3: Alternative Initial ART Regimens for Nonpregnant Adults

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Table 2: Preferred Initial ART Regimens for Nonpregnant Adults [a] (listed alphabetically; for specific details, see guideline section Specific Factors to Consider and Discuss With Patients and drug package inserts)		
Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Abacavir/lamivudine/dolutegravir [b,c] (ABC/3TC/DTG; Triumeq)	<ul style="list-style-type: none"> Initiate only 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. Initiate only in patients with CrCl \geq30 mL/min [d]. Consider the underlying risk of coronary heart disease. 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. 	A1
Lamivudine/dolutegravir [b,c] (3TC/DTG; Dovato)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq30 mL/min [d]. Do not use in patients with hepatitis B virus coinfection. Do not initiate before HIV resistance tests results are available. Do not initiate in patients with NRTI resistance, including the M184V/I mutation. Do not initiate in patients with baseline HIV RNA levels $>$500,000 copies/mL until additional study data 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. 	A1
Tenofovir alafenamide/emtricitabine/bictegravir [c] (TAF 25 mg/FTC/BIC; Biktarvy)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq30 mL/min [d]. Contains 25 mg of TAF, unboosted [c]. 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. Documented DTG resistance after initiation in treatment-naive patients is rare. 	A1

Table 2: Preferred Initial ART Regimens for Nonpregnant Adults [a]

 (listed alphabetically; for specific details, see guideline section [Specific Factors to Consider and Discuss With Patients](#) and drug package inserts)

Regimen	Comments	Rating
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> dolutegravir [b,c] (TAF 25 mg/FTC or TDF 300 mg/FTC <i>and</i> DTG; Descovy or Truvada <i>and</i> Tivicay)	<ul style="list-style-type: none"> • For TAF/FTC, initiate only in patients with CrCl \geq30 mL/min [d]. • Contains 25 mg of TAF, unboosted [c]. • For TDF/FTC, initiate only in patients with CrCl \geq50 mL/min [d]. • For TDF/FTC, consider bone mineral density. • 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 or tenofovir disoproxil fumarate/emtricitabine <i>and</i> raltegravir HD [c] (TAF 25 mg/FTC or TDF 300 mg/FTC <i>and</i> RAL HD; Descovy or Truvada <i>and</i> Isentress HD)	<ul style="list-style-type: none"> • For TAF/FTC, initiate only in patients with CrCl \geq30 mL/min [d]. • Contains 25 mg of TAF, unboosted [c]. • For TDF/FTC, initiate only in patients with CrCl \geq50 mL/min [d]. • For TDF/FTC, consider bone mineral density. • Administer as TAF/FTC or TDF/FTC once daily and RAL HD 1200 mg once daily, dosed as two 600 mg HD tablets. • To date, no clinical trials have been conducted with TAF and RAL; data are based on bioequivalence pharmacokinetic studies. • Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD. 	A2

Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; DHHS, U.S. Department of Health and Human Services; NRTI, nucleoside/nucleotide reverse transcriptase inhibitors; PEP, post-exposure prophylaxis.

Notes:

- a. In choosing ART regimens for individuals of childbearing potential, refer to DHHS [Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States](#).
- b. The recommendation regarding discussion of the small risk of teratogenicity with DTG in the first trimester and the need for birth control while using DTG has been removed. DTG has been shown to be safe throughout pregnancy. See the MCCC's statement on [Use of Dolutegravir in Individuals of Childbearing Capacity](#) for further discussion [Zash, et al. 2022].
- c. Substitutions:
 - In all cases, FTC and 3TC are interchangeable.
 - TAF 10 mg and TAF 25 mg are not interchangeable.
- d. For dose adjustments, see guideline section [ARV Dose Adjustments for Hepatic or Renal Impairment](#).

Reference

Zash R, Holmes LB, Diseko M, et al. Update on neural tube defects with antiretroviral exposure in the Tsepamo Study, Botswana. AIDS; 2022 Jul 29-Aug 2; Montreal, Canada. https://www.natap.org/2022/IAC/IAC_31.htm

Table 3: Alternative Initial ART Regimens for Nonpregnant Adults [a]

 (listed alphabetically; for specific details, see guideline section [Specific Factors to Consider and Discuss With Patients](#) and drug package inserts)

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"> Initiate only in patients with CrCl ≥ 30 mL/min [c]. Carefully consider drug-drug interactions with COBI [Eron, et al. 2018]. Contains 10 mg TAF, boosted [b]. 	B2
Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat [b] (TAF 10 mg/FTC/EVG/COBI; Genvoya)	<ul style="list-style-type: none"> Initiate only in patients with CrCl ≥ 30 mL/min [c]. Carefully consider drug-drug interactions with COBI. Contains 10 mg of TAF, boosted with COBI [b]. Separate dosing of cation-containing (Ca⁺⁺, AL, Mg) antacids by 2 hours, either before or after dose of EVG. 	B1
Tenofovir alafenamide/emtricitabine/rilpivirine [b] (TAF 25 mg/FTC/RPV; Odefsey)	<ul style="list-style-type: none"> Initiate only in patients confirmed to have a CD4 count ≥ 200 cells/mm³ and HIV RNA level $< 100,000$ copies/mL. Avoid use of RPV in a rapid-start or test-and-treat regimen if a patient's viral load and CD4 count results are not available. Initiate only in patients with CrCl ≥ 30 mL/min [c]. Use with caution in patients with depression or a history of suicidality. To date, no clinical trials have been conducted; data are based on bioequivalence pharmacokinetic studies of TAF compared with TDF. Contraindicated with proton pump inhibitors. Use H₂-blockers with caution and separate dosing by 12 hours. Must take with food. Contains 25 mg of TAF, unboosted [b]. 	B3
Tenofovir disoproxil fumarate/lamivudine/doravirine [b] (TDF/3TC/DOR; Delstrigo)	<ul style="list-style-type: none"> Initiate only in patients with CrCl ≥ 50 mL/min [c]. Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers. Consider bone mineral density. 	B1
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Abacavir/lamivudine and doravirine [b] (ABC/3TC and DOR; Epzicom and Pifeltro) [Molina, et al. 2018]	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701. When a "rapid-start" or "test-and-treat" initiation of ART occurs before baseline laboratory test results are available, avoid use of ABC until a patient's HLA-B*5701 test is confirmed negative. Consider underlying risk of coronary heart disease. Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers. 	B2
Tenofovir alafenamide/emtricitabine and doravirine [b] (TAF 25 mg/FTC and DOR; Descovy and Pifeltro)	<ul style="list-style-type: none"> Initiate only in patients with CrCl ≥ 30 mL/min [c]. Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers. 	B2

Table 3: Alternative Initial ART Regimens for Nonpregnant Adults [a]

 (listed alphabetically; for specific details, see guideline section [Specific Factors to Consider and Discuss With Patients](#) and drug package inserts)

Regimen	Comments	Rating
<i>Available as a Multi-Tablet Regimen With Twice-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/emtricitabine <i>and</i> raltegravir [b] (TAF 25 mg/FTC or TDF 300 mg/FTC <i>and</i> RAL; Descovy or Truvada <i>and</i> Isentress)	<ul style="list-style-type: none"> • For TAF/FTC, initiate only in patients with CrCl \geq30 mL/min [c]. • For TDF/FTC, initiate only in patients with CrCl \geq50 mL/min [c]. • For TDF/FTC, consider bone mineral density. • Administer as TAF/FTC or TDF/FTC once daily and RAL 400 mg twice daily. • Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL. 	B3
<p>Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; CYP, cytochrome P450; DHHS, U.S. Department of Health and Human Services.</p> <p>Notes:</p> <p>a. In choosing ART regimens for individuals of childbearing potential, refer to DHHS Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States.</p> <p>b. Substitutions:</p> <ul style="list-style-type: none"> – In all cases, FTC and 3TC are interchangeable. – TAF 10 mg and TAF 25 mg are not interchangeable. – COBI and RTV should not be considered interchangeable because of their drug-interaction profiles. <p>c. For dose adjustments, see guideline section ARV Dose Adjustments for Hepatic or Renal Impairment.</p>		

References

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>

Molina JM, Squires K, Sax PE, et al. Doravirine versus ritonavir-boosted darunavir in antiretroviral-naive adults with HIV-1 (DRIVE-FORWARD): 48-week results of a randomised, double-blind, phase 3, non-inferiority trial. *Lancet HIV*

2018;5(5):e211-20. [PMID: 29592840] <https://pubmed.ncbi.nlm.nih.gov/29592840>

Table 4: Other ART Regimens Not Included as Preferred or Alternative for Nonpregnant Adults [a] (listed alphabetically; for specific details, see guideline section Specific Factors to Consider and Discuss With Patients and drug package inserts)		
Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Tenofovir disoproxil fumarate/ emtricitabine/efavirenz [b] (TDF/FTC/EFV; Atripla)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq50 mL/min [c]. Use with caution in patients with depression or a history of suicidality. Consider bone mineral density. 	B1
Tenofovir disoproxil fumarate/ emtricitabine/rilpivirine [b] (TDF/FTC/RPV; Complera)	<ul style="list-style-type: none"> Initiate only in patients confirmed to have a CD4 count \geq200 cells/mm³ and HIV RNA level $<$100,000 copies/mL [d]. Initiate only in patients with CrCl \geq50 mL/min [c]. Use with caution in patients with depression or a history of suicidality. Contraindicated with PPIs. Use H₂-blockers with caution and separate dosing by 12 hours. Must take with food. Consider bone mineral density. 	B1
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Abacavir/lamivudine and atazanavir and ritonavir [b,e] (ABC/3TC and ATV and RTV; Epzicom and Reyataz and Norvir)	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701 [b,e]. Initiate only in patients with viral load $<$100,000 copies/mL. Carefully consider drug-drug interactions with RTV. Consider underlying risk of coronary heart disease. In treatment-naïve patients on boosted ATV, H₂-blockers should be taken simultaneously with ATV/RTV and food. If simultaneous dosing with food is not possible, ATV/RTV should be taken at least 10 hours <i>after</i> the H₂-blocker. H₂-blocker doses should not exceed the equivalent of 40 mg famotidine twice daily for ART-naïve patients or 20 mg famotidine twice daily for ART-experienced patients. Use no more than the equivalent of 20 mg of omeprazole with ATV; administer PPIs at least 12 hours before ATV/RTV. When combined with antacids, ATV should be given 2 hours before or 1 to 2 hours after antacids and buffered medications. Scleral icterus from benign hyperbilirubinemia may be a concern. 	C1
Abacavir/lamivudine and darunavir/ cobicistat [b,e] (ABC/3TC and DRV/COBI; Epzicom and Prezcobix)	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701 [b,e]. Carefully consider drug-drug interactions with COBI. Consider underlying risk of coronary heart disease. 	B3
Abacavir/lamivudine and darunavir and ritonavir [b,e] (ABC/3TC and DRV and RTV; Epzicom and Prezista and Norvir)	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701 [b,e]. Carefully consider drug-drug interactions with RTV. Consider underlying risk of coronary heart disease. 	B2
Abacavir/lamivudine and efavirenz [b,e] (ABC/3TC and EFV; Epzicom and Sustiva)	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701 [b,e]. Initiate only in patients with viral load $<$100,000 copies/mL. Use with caution in patients with depression or a history of suicidality. Consider underlying risk of coronary heart disease. 	C1

Table 4: Other ART Regimens Not Included as Preferred or Alternative for Nonpregnant Adults [a]
(listed alphabetically; for specific details, see guideline section [Specific Factors to Consider and Discuss With Patients](#) and drug package inserts)

Regimen	Comments	Rating
Tenofovir alafenamide/emtricitabine <i>and</i> efavirenz [b] (TAF 25 mg/FTC <i>and</i> EFV; Descovy <i>and</i> Sustiva)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq50 mL/min [c]. Use with caution in patients with depression or a history of suicidality. Contains 25 mg of TAF, unboosted [b]. 	B3
Abacavir/lamivudine <i>and</i> raltegravir HD [b,e] (ABC/3TC <i>and</i> RAL HD; Epzicom <i>and</i> Isentress HD)	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701 [b,e]. Consider underlying risk of coronary heart disease. Administer as ABC/3TC once daily and RAL HD 1200 mg once daily, dosed as two 600 mg HD tablets. Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD. 	B3
<i>Available as a Multi-Tablet Regimen With Twice-Daily Dosing</i>		
Tenofovir disoproxil fumarate/emtricitabine <i>and</i> raltegravir [b] (TDF/FTC <i>and</i> RAL; Truvada <i>and</i> Isentress)	<ul style="list-style-type: none"> Initiate only in patients with CrCl \geq50 mL/min [c]. Consider bone mineral density. TDF/FTC once daily and RAL 400 mg twice daily. Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL. 	B1
Abacavir/lamivudine <i>and</i> raltegravir [b,e] (ABC/3TC <i>and</i> RAL; Epzicom <i>and</i> Isentress)	<ul style="list-style-type: none"> Initiate only in patients confirmed to be negative for HLA-B*5701 [b,e]. Consider underlying risk of coronary heart disease. Administer as ABC/3TC once daily and RAL 400 mg twice daily. Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL. 	B1
<p>Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; DHHS, U.S. Department of Health and Human Services; PPI, proton pump inhibitor.</p> <p>Notes:</p> <p>a. In choosing ART regimens for individuals of childbearing potential, refer to DHHS Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States.</p> <p>b. Substitutions:</p> <ul style="list-style-type: none"> In all cases, FTC and 3TC are interchangeable. TAF 10 mg and TAF 25 mg are not interchangeable. COBI and RTV should not be considered interchangeable because of their drug-interaction profiles. <p>c. For dose adjustments, see guideline section ARV Dose Adjustments for Hepatic or Renal Impairment.</p> <p>d. When a “rapid-start” or “test-and-treat” initiation of ART occurs before viral load and CD4 count are available, avoid use of RPV.</p> <p>e. When a “rapid-start” or “test-and-treat” initiation of ART occurs before baseline laboratory test results are available, avoid use of ABC until HLA-B*5701 is confirmed negative.</p>		