Table 1: Preferred Initial ART Regimens for Nonpregnant Adults
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Table 1: 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
Available as a Single-Tablet Formulation		
Lamivudine/dolutegravir [b,c] (3TC/DTG; Dovato)	• Initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Do not use in patients with HBV coinfection. • Do not initiate before HIV resistance tests results are available. • Do not initiate in patients with relevant NRTI resistance mutations, 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)	• Initiate ***only*** in patients with CrCl ≥30 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.	A1
Available as a Multi-Tablet Regimen With Once-Daily Dosing		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/ emtricitabine *and* dolutegravir [b,c] (TAF 25 mg/FTC or TDF 300 mg/FTC *and* DTG; Descovy or Truvada *and* Tivicay)	• For TAF/FTC, initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • Contains 25 mg of TAF, unboosted [c]. • For TDF/FTC, initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • For TDF/FTC, use with caution in patients with or at risk for osteoporosis. • 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

Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; DHHS, U.S. Department of Health and Human Services; HBV, hepatitis B virus; NRTI, nucleoside/nucleotide reverse transcriptase inhibitors.

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.

Table 2: 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
Available as a Single-Tablet Formulation		
Tenofovir alafenamide/emtricitabine/ darunavir/cobicistat [b] (TAF 10 mg/FTC/DRV/COBI; Symtuza)	• 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 [c].	B2
Tenofovir alafenamide/emtricitabine/ elvitegravir/cobicistat [b] (TAF 10 mg/FTC/EVG/COBI; Genvoya)	• 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 (calcium, aluminum, magnesium) antacids by 2 hours, either before or after dose of EVG.	B1
Tenofovir alafenamide/emtricitabine/ rilpivirine [b] (TAF 25 mg/FTC/RPV; Odefsey)	• Initiate ***only*** in patients confirmed to have a CD4 count ≥200 cells/mm^3 *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 for initial therapy; data are based on bioequivalence pharmacokinetic studies of TAF compared with TDF. • Contraindicated with proton pump inhibitors. • Use H_2-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)	• Initiate ***only*** in patients with CrCl ≥50 mL/min [c]. • Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers. • Use with caution in patients with or at risk for osteoporosis.	B1
Available as a Multi-Tablet Regimen With Once-Daily Dosing		
Tenofovir alafenamide/emtricitabine *and* doravirine [b] (TAF 25 mg/FTC *and* DOR; Descovy *and* Pifeltro)	• Initiate ***only*** in patients with CrCl ≥30 mL/min [c]. • Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers.	B2
Available as a Multi-Tablet Regimen With Twice-Daily Dosing		
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)	• For TAF/FTC, initiate ***only*** in patients with CrCl ≥30 mL/min [c]. • For TDF/FTC, initiate ***only*** in patients with CrCl ≥50 mL/min [c]. • For TDF/FTC, use with caution in patients with or at risk for osteoporosis. • 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

Table 2: 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)		
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/ emtricitabine *and* raltegravir HD [b] (TAF 25 mg/FTC or TDF 300 mg/FTC *and* RAL HD; Descovy or Truvada *and* Isentress HD)	• For TAF/FTC, initiate ***only*** in patients with CrCl ≥30 mL/min [c]. • Contains 25 mg of TAF, unboosted [b]. • For TDF/FTC, initiate ***only*** in patients with CrCl ≥50 mL/min [c]. • For TDF/FTC, use with caution in patients with or at risk for osteoporosis. • Administer as TAF/FTC or TDF/FTC once daily and RAL HD 1,200 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; CYP, cytochrome P450; DHHS, U.S. Department of Health and Human Services.

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. Substitutions:
   – 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.
c. For dose adjustments, see guideline section ARV Dose Adjustments for Hepatic or Renal Impairment.

Table 3: Other Initial 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**
Available as a Single-Tablet Formulation		
Abacavir/lamivudine/dolutegravir [b] (ABC/3TC/DTG; Triumeq)	• Initiate ***only*** in patients confirmed to be negative for HLA-B*5701. ABC-containing regimens are not recommended for rapid-start or test-and-treat initiation of ART. • Initiate ***only*** in patients with CrCl ≥30 mL/min [d]. • ABC is likely associated with CVD, even among individuals with low-to-moderate atherosclerotic CVD. • 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.	B1
Tenofovir disoproxil fumarate/ emtricitabine/efavirenz [c] (TDF/FTC/EFV; Atripla)	• Initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • Use with caution in patients with depression or a history of suicidality. • Use with caution in patients with or at risk for osteoporosis.	B1

Table 3: Other Initial 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 disoproxil fumarate/ emtricitabine/rilpivirine [c] (TDF/FTC/RPV; Complera)	• Initiate ***only*** in patients confirmed to have a CD4 count ≥200 cells/mm^3 *and* HIV RNA level <100,000 copies/mL [e]. • Initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • Use with caution in patients with depression or a history of suicidality. • Contraindicated with PPIs. • Use H_2-blockers with caution and separate dosing by 12 hours. • Must take with food. • Use with caution in patients with or at risk for osteoporosis.	B1
Available as a Multi-Tablet Regimen With Once-Daily Dosing		
Tenofovir alafenamide/emtricitabine *and* efavirenz [c] (TAF 25 mg/FTC *and* EFV; Descovy *and* Sustiva)	• Initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • Use with caution in patients with depression or a history of suicidality. • Contains 25 mg of TAF, unboosted [c].	B3
Available as a Multi-Tablet Regimen With Twice-Daily Dosing		
Tenofovir disoproxil fumarate/ emtricitabine *and* raltegravir [c] (TDF/FTC *and* RAL; Truvada and Isentress)	• Initiate ***only*** in patients with CrCl ≥50 mL/min [d]. • Use with caution in patients with or at risk for osteoporosis. • 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

Abbreviations: ART, antiretroviral therapy; CrCl, creatinine clearance; CVD, cardiovascular disease; DHHS, U.S. Department of Health and Human Services; PPI, proton pump inhibitor..

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 [Zash, et al. 2022]. See the MCCC's statement on Use of Dolutegravir in Individuals of Childbearing Capacity for further discussion.
c. Substitutions:
   – 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.
d. For dose adjustments, see guideline section ARV Dose Adjustments for Hepatic or Renal Impairment.
e. When a rapid-start or test-and-treat initiation of ART occurs before viral load and CD4 count are available, avoid use of RPV.

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

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