

# Selecting an Initial ART Regimen

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CLINICAL  
GUIDELINES  
PROGRAM

**Table 1: Preferred Initial ART Regimens for Nonpregnant Adults**

**Table 2: Alternative Initial ART Regimens for Nonpregnant Adults**

**Table 3: Other Initial ART Regimens Not Included as Preferred or Alternative for Nonpregnant Adults**

<b>Table 1: Preferred Initial ART Regimens for Nonpregnant Adults [a]</b> (listed alphabetically; for specific details, see guideline section <a href="#">Specific Factors to Consider and Discuss With Patients</a> and drug prescribing information)		
<b>Regimen</b>	<b>Comments</b>	<b>Rating</b>
<i>Available as a Single-Tablet Formulation</i>		
Lamivudine/dolutegravir [b,c] (3TC/DTG; Dovato)	<ul style="list-style-type: none"><li>Do not initiate in patients with CrCl &lt;30 mL/min [d].</li><li>Do not use in patients with HBV coinfection.</li><li>Do not initiate before HIV resistance tests results are available.</li><li>Do not initiate in patients with relevant NRTI resistance mutations, including the M184V/I mutation.</li><li>Documented DTG resistance after initiation in treatment-naive patients is rare.</li><li>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.</li></ul>	A1
Tenofovir alafenamide/ emtricitabine/bictegravir [c] (TAF 25 mg/FTC/BIC; Biktarvy)	<ul style="list-style-type: none"><li>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [d].</li><li>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.</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,c] (TAF 25 mg/FTC or TDF 300 mg/FTC and DTG; Descovy or Truvada and Tivicay)	<ul style="list-style-type: none"><li>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [d].</li><li>TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl &lt;50 mL/min [d].</li><li>For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours.</li><li>For TDF/FTC, use with caution in patients with or at risk for osteoporosis.</li><li>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.</li><li>Documented DTG resistance after initiation in treatment-naive patients is rare.</li></ul>	A1
<b>Abbreviations:</b> 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.		
<b>Notes:</b>		
<ol style="list-style-type: none"><li>In choosing ART regimens for individuals of childbearing potential, refer to DHHS <a href="#">Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States</a>.</li><li>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].</li><li>Substitutions:<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></li><li>For dose adjustments, see guideline section <a href="#">ARV Dose Adjustments for Hepatic or Renal Impairment</a>.</li></ol>		

**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 prescribing information)

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>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [c].</li> <li>Carefully consider drug-drug interactions with COBI [Eron(a), et al. 2018].</li> </ul>	B2
Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat [b] (TAF 10 mg/FTC/EVG/COBI; Genvoya)	<ul style="list-style-type: none"> <li>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [c].</li> <li>Carefully consider drug-drug interactions with COBI.</li> <li>Separate dosing of cation-containing (calcium, aluminum, magnesium) antacids by 2 hours, either before or after dose of EVG.</li> </ul>	B1
Tenofovir alafenamide/emtricitabine/rilpivirine [b] (TAF 25 mg/FTC/RPV; Odefsey)	<ul style="list-style-type: none"> <li>Initiate <b>only</b> in patients confirmed to have a CD4 count <math>\geq 200</math> cells/mm<math>^3</math> and HIV RNA level &lt;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.</li> <li>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [c].</li> <li>Use with caution in patients with depression or a history of suicidality.</li> <li>To date, no clinical trials have been conducted for initial therapy; data are based on bioequivalence pharmacokinetic studies of TAF compared with TDF.</li> <li>Contraindicated with proton pump inhibitors.</li> <li>Use H<sub>2</sub>-blockers with caution and separate dosing by 12 hours.</li> <li>Must take with food.</li> </ul>	B3
Tenofovir disoproxil fumarate/lamivudine/doravirine [b] (TDF/3TC/DOR; Delstrigo)	<ul style="list-style-type: none"> <li>Do not initiate in patients with CrCl &lt;50 mL/min [c].</li> <li>Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers.</li> <li>Use with caution in patients with or at risk for osteoporosis.</li> </ul>	B1
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine and doravirine [b] (TAF 25 mg/FTC and DOR; Descovy and Pifelro)	<ul style="list-style-type: none"> <li>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [c].</li> <li>Contraindicated when coadministered with drugs that are strong CYP3A enzyme inducers.</li> </ul>	B2
<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>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [c].</li> <li>TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl &lt;50 mL/min [c].</li> <li>For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours.</li> <li>For TDF/FTC, use with caution in patients with or at risk for osteoporosis.</li> <li>Administer as TAF/FTC or TDF/FTC once daily and RAL 400 mg twice daily.</li> <li>Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL.</li> </ul>	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 prescribing information)

Regimen	Comments	Rating
Tenofovir alafenamide/emtricitabine or tenofovir disoproxil fumarate/ emtricitabine <i>and</i> raltegravir HD [b] (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"> <li>Do not initiate a tenofovir-based regimen in patients with CrCl &lt;30 mL/min [c].</li> <li>TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl &lt;50 mL/min [c].</li> <li>For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours.</li> <li>For TDF/FTC, use with caution in patients with or at risk for osteoporosis.</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>Magnesium- or aluminum-containing antacids are contraindicated; coadministration of calcium-containing antacids is not recommended with RAL HD.</li> </ul>	A2

**Abbreviations:** ART, antiretroviral therapy; CrCl, creatinine clearance; CYP, cytochrome P450; DHHS, U.S. Department of Health and Human Services.

**Notes:**

- 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](#).
- 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.
- 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 prescribing information)

Regimen	Comments	Rating
<i>Available as a Single-Tablet Formulation</i>		
Abacavir/lamivudine/dolutegravir [b] (ABC/3TC/DTG; Triumeq)	<ul style="list-style-type: none"> <li>Initiate <b>only</b> in patients confirmed to be negative for HLA-B*5701. Do not use regimen for rapid-start or test-and-treat initiation of ART.</li> <li>Do not initiate in patients with CrCl &lt;30 mL/min [d].</li> <li>ABC is likely associated with CVD, even among individuals with low-to-moderate atherosclerotic CVD.</li> <li>Documented DTG resistance after initiation in treatment-naïve patients is rare.</li> <li>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.</li> </ul>	B1
Tenofovir disoproxil fumarate/ emtricitabine/efavirenz [c] (TDF/FTC/EFV; Atripla)	<ul style="list-style-type: none"> <li>Do not initiate in patients with CrCl &lt;50 mL/min [d].</li> <li>Use with caution in patients with depression or a history of suicidality.</li> <li>Use with caution in patients with or at risk for osteoporosis.</li> </ul>	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 prescribing information)

Regimen	Comments	Rating
Tenofovir disoproxil fumarate/ emtricitabine/rilpivirine [c] (TDF/FTC/RPV; Complera)	<ul style="list-style-type: none"> <li>Initiate <b>only</b> in patients confirmed to have a CD4 count <math>\geq 200</math> cells/mm<math>^3</math> and HIV RNA level <math>&lt; 100,000</math> copies/mL [e].</li> <li>Do not initiate in patients with CrCl <math>&lt; 50</math> mL/min [d].</li> <li>Use with caution in patients with depression or a history of suicidality.</li> <li>Contraindicated with PPIs.</li> <li>Use H<sub>2</sub>-blockers with caution and separate dosing by 12 hours.</li> <li>Must take with food.</li> <li>Use with caution in patients with or at risk for osteoporosis.</li> </ul>	B1
<i>Available as a Multi-Tablet Regimen With Once-Daily Dosing</i>		
Tenofovir alafenamide/emtricitabine and efavirenz [c] (TAF 25 mg/FTC and EFV; Descovy and Sustiva)	<ul style="list-style-type: none"> <li>Do not initiate a tenofovir-based regimen in patients with CrCl <math>&lt; 30</math> mL/min.</li> <li>Use with caution in patients with depression or a history of suicidality.</li> </ul>	B3
<i>Available as a Multi-Tablet Regimen With Twice-Daily Dosing</i>		
Tenofovir disoproxil fumarate/ emtricitabine and raltegravir [c] (TDF/FTC and RAL; Truvada and Isentress)	<ul style="list-style-type: none"> <li>Do not initiate a tenofovir-based regimen in patients with CrCl <math>&lt; 30</math> mL/min [d].</li> <li>TAF/FTC is strongly preferred over TDF/FTC in patients with CrCl <math>&lt; 50</math> mL/min [c].</li> <li>For TDF/FTC in patients with CrCl 30 to 49 mL/min: 1 tablet every 48 hours.</li> <li>Use with caution in patients with or at risk for osteoporosis.</li> <li>TDF/FTC once daily and RAL 400 mg twice daily.</li> <li>Magnesium- or aluminum-containing antacids are contraindicated; calcium-containing antacids are acceptable with RAL.</li> </ul>	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:**

- 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](#).
- 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].
- 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.
- For dose adjustments, see guideline section [ARV Dose Adjustments for Hepatic or Renal Impairment](#).
- 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(a) JJ, Orkin C, Gallant J, et al. A week-48 randomized phase-3 trial of darunavir/cobicistat/emtricitabine/tenofovir alafenamide in treatment-naïve HIV-1 patients. *AIDS* 2018;32(11):1431–42. [PMID: 29683855]  
<https://pubmed.ncbi.nlm.nih.gov/29683855>

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](https://www.natap.org/2022/IAC/IAC_31.htm)