

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

Regimen	Comments
<i>Preferred Regimens</i>	
<p>Tenofovir alafenamide/emtricitabine/bictegravir (TAF 25 mg/FTC/BIC; Biktarvy)</p>	<ul style="list-style-type: none"> ▪ Available as a single-tablet formulation, taken once daily. ▪ TAF/FTC should not be used in patients with a creatinine clearance (CrCl) <30 mL/min; re-evaluate after baseline laboratory testing results are available. ▪ Contains 25 mg of TAF, unboosted. ▪ Take magnesium- or aluminum-containing antacids 2 hours before or 6 hours after BIC; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food.
<p>Tenofovir alafenamide/emtricitabine <i>and</i> dolutegravir (TAF 25 mg/FTC <i>and</i> DTG; Descovy <i>and</i> Tivicay)</p>	<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. ▪ Contains 25 mg of TAF, unboosted. ▪ Two tablets once daily. ▪ Take magnesium- or aluminum-containing antacids 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. ▪ See DTG safety statement, below.
<p>Tenofovir alafenamide/emtricitabine/darunavir/cobicistat (TAF 10 mg/FTC/DRV/COBI; Symtuza)</p>	<ul style="list-style-type: none"> ▪ Available as a single-tablet formulation, taken once daily. ▪ 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.
<i>Alternative Regimen</i>	
<p>Tenofovir alafenamide/emtricitabine <i>and</i> raltegravir (TAF 25 mg/FTC <i>and</i> RAL HD; Descovy <i>and</i> Isentress HD)</p>	<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. ▪ To date, no clinical trials have been conducted with TAF and RAL; data are based on bioequivalence pharmacokinetic studies. ▪ Contains 25 mg of TAF, unboosted.

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	<ul style="list-style-type: none"> ▪ Administer as TAF/FTC 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.
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Regimen for Patients With Exposure to TDF/FTC as PrEP Since Their Last Negative HIV Test

Note: The initial ART regimen may be simplified based on results of genotypic resistance testing.

<p>Dolutegravir <i>and</i> darunavir/cobicistat/tenofovir alafenamide/emtricitabine (DTG/DRV/COBI/TAF/FTC 10 mg/FTC; Tivicay <i>and</i> Symtuza)</p>	<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-naïve patients is rare. ▪ Take magnesium- or aluminum-containing antacids 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food. ▪ Tenofovir disoproxil fumarate (TDF) may be substituted for TAF; TDF/FTC is available as a single tablet (brand name, Truvada). ▪ Lamivudine (3TC) may be substituted for FTC. ▪ 3TC/TDF is also available as a single tablet. ▪ See DTG safety statement, below.
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Medications to Avoid

<ul style="list-style-type: none"> ▪ Abacavir (ABC) ▪ Rilpivirine (RPV) ▪ Efavirenz (EFV) 	<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 confirmed to have a CD4 cell count ≥ 200 cells/mm³ <i>and</i> a viral load <100,000 copies/mL. ▪ EFV is not as well tolerated as other antiretroviral medications, and nonnucleoside reverse transcriptase inhibitors have higher rates of resistance.
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