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AIDS
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ART of PLWH

Jose Arribas for the HIV Treatment EACS guidelines panel

Disclosure Information

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Speaker's Bureau:

Board Member/Advisory Panel: Janssen. MSD

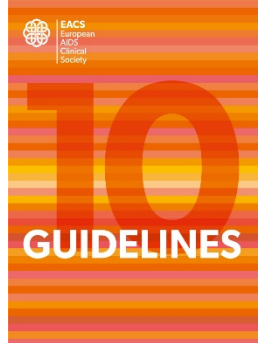
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HIV Treatment

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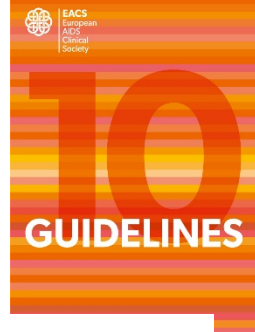
Opportunistic Infections and Drug-Drug Interactions panels. WAVE - Women Against Viruses in Europe

Guidelines Chair Manuel Battegay & Guidelines Coordinator: Lene Ryom



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Initial Combination Regimen for ART-naïve Adult PLWH



Initial Combination Regimen for ART-naïve Adult PLWH

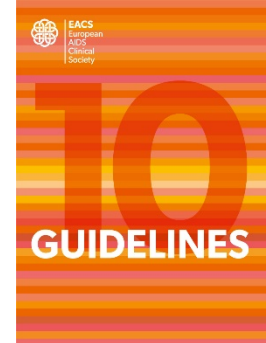
Before selecting an ART regimen, it is critical to review:

- If a woman **wishes to conceive**: Antiretroviral drugs not recommended in women who wish to conceive
- If a woman is **pregnant**: Antiretroviral regimen for ART-naïve pregnant women
- If the person has an **opportunistic infection**: Initiation of ART regimen in persons with opportunistic infections
- If the person has **TB**: Antiretroviral regimens in TB/HIV co-infection
- If the person has potential **treatment limiting comorbidities**: Comorbidity section, dose adjustment for renal and liver impairment
- If the person is treated with **other medications**: Drug-drug interactions
- If the person has **Swallowing Difficulties**: Administration of ARVs in PLWH with swallowing difficulties



Initial Combination Regimen for ART-naïve Adult PLWH

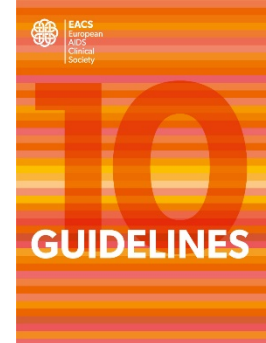
Uniform layout for naïve adult,
pregnancy and TB



Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	HLA-B*57:01 negative HBsAg negative	I (ABC: HLA-B*57:01, cardiovascular risk)
TAF/FTC or TDF/FTC or TDF/3TC + DTG		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) III Weight increase
TAF/FTC/BIC		
TAF/FTC or TDF/FTC or TDF/3TC + RAL qd or bid		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) IV (RAL: dosina)



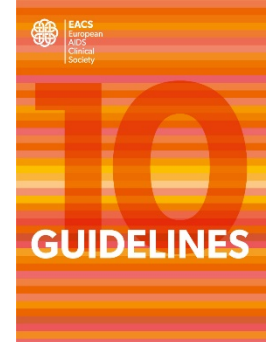
Initial Combination Regimen for ART-naïve Adult PLWH



Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	HLA-B*57:01 negative HBsAg negative	I (ABC: HLA-B*57:01, cardiovascular risk)
TAF/FTC or TDF/FTC or TDF/3TC + DTG		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) III Weight increase
TAF/FTC/BIC		
TAF/FTC or TDF/FTC or TDF/3TC + RAL qd or bid		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) IV (RAL: dosina)



Initial Combination Regimen for ART-naïve Adult PLWH



Out of the recommended regimens in PLWH starting ART, we favour the use of an unboosted INSTI with a high genetic barrier (DTG or BIC) as preferred third agent. Tailoring antiretroviral regimens for each individual is essential as other classes of third agents (e.g. PI/b) might be indicated in the presence of resistance

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	HLA-B*57:01, cardiovascular risk	
TAF/FTC or TDF/FTC or TDF/3TC + DTG		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) III Weight increase
TAF/FTC/BIC		
TAF/FTC or TDF/FTC or TDF/3TC + RAL qd or bid		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) IV (RAL: dosina)

New recommendation favouring unboosted INSTI with high genetic barrier as third agent



Initial Combination Regimen for ART-naïve Adult PLWH

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	HLA-B*57:01 negative HBsAg negative	I (ABC: HLA-B*57:01, cardiovascular risk)
TAF/FTC or TDF/FTC or TDF/3TC + DTG		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) III Weight increase
TAF/FTC/BIC		
TAF/FTC or TDF/FTC or TDF/3TC + RAL qd or bid		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) IV (RAL: dosing)
1 NRTI + INSTI		
DTG + 3TC	HBsAg negative HIV-VL < 500,000 copies/mL CD4 count > 200 cells/μL	
2 NRTIs + NNRTI		
TAF/FTC or TDF/FTC or TDF/3TC + DOR TDF/3TC/DOR		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) V (DOR: HIV-2)
TAF/FTC or TDF/FTC or TDF/3TC + RPV TAF/FTC/RPV TDF/FTC/RPV	CD4 count > 200 cells/μL HIV-VL < 100,000 copies/mL Not on proton pump inhibitor With food	II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VI (RPV: HIV-2)
2 NRTIs + PI/r or PI/c		
TAF/FTC or TDF/FTC or TDF/3TC + DRV/c or DRV/r TAF/FTC/DRV/c	With food	II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VII (DRV/r: cardiovascular risk)

NEW



Initial Combination Regimen for ART-naïve Adult PLWH

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	HLA-B*57:01 negative HBsAg negative	I (ABC: HLA-B*57:01, cardiovascular risk)
TAF/FTC or TDF/FTC or TDF/3TC + DTG		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) III Weight increase
TAF/FTC/BIC		
TAF/FTC or TDF/FTC or TDF/3TC + RAL qd or bid		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) IV (RAL: dosing)
1 NRTI + INSTI		
DTG + 3TC	HBsAg negative HIV-VL < 500,000 copies/mL CD4 count > 200	
2 NRTIs + NNRTI		
TAF/FTC or TDF/FTC or TDF/3TC + DOR TDF/3TC/DOR		II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) V (DOR: HIV-2)
TAF/FTC or TDF/FTC or TDF/3TC + RPV TAF/FTC/RPV TDF/FTC/RPV	CD4 count > 200 cells/μL HIV-VL < 100,000 copies/mL Not on proton pump inhibitor With food	II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VI (RPV: HIV-2)
2 NRTIs + PI/r or PI/c		
TAF/FTC or TDF/FTC or TDF/3TC + DRV/c or DRV/r TAF/FTC/DRV/c	With food	II (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VII (DRV/r: cardiovascular risk)

NEW



Switch strategies for virologically suppressed persons

Dual therapies

Dual therapies supported by large randomized clinical trials or meta-analyses

DTG + RPV
3TC + DTG
3TC + DRV/b
3TC + ATV/b

NEW

In clinical trials, these strategies have not been associated with more virological rebounds than triple therapy. There were a few cases of resistance development on DTG + RPV.

Dual therapy options supported only by small trials:

DRV/b+ RPV

In persons with suppression of HIV-VL < 50 copies/mL for the past 6 months these dual therapy strategies should only be given if there is

- a) no historical resistance and
- b) absence of chronic HBV co-infection

Strategies not recommended

- a. Monotherapy with a PI/b
- b. Monotherapy with DTG
- c. Dual or triple NRTIs combinations
- d. Specific two-drug combination, i.e. 1 NRTI + 1 NNRTI or 1 NRTI + 1 unboosted PI, 1 NRTI + RAL, MVC + RAL, PI/b + MVC, ATV/b + RAL
- e. Intermittent therapy, sequential or prolonged treatment interruptions



Antiretroviral regimen for ART-naïve pregnant women

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	Initiate after 8 weeks of pregnancy HLA-B*57:01 negative HBsAg negative	
TDF/FTC or TDF/3TC + DTG	Initiate after 8 weeks of pregnancy	
TDF/FTC or TDF/3TC + RAL 400 mg bid		III (Tenofovir salts) IV (RAL in pregnancy, bid dosing)
2 NRTIs + PI/r		
TDF/FTC or TDF/3TC + DRV/r 600 mg/100 mg bid	With food	III (Tenofovir salts) V (DRV dosing) VI (COBI boosting)

Whole section has been updated with treatment guidance regarding different scenarios

Table 1. Antiretroviral drugs not recommended in women who wish to conceive

Table 2. Antiretroviral drugs not recommended in women who become pregnant while on ART

Table 3. Antiretroviral regimen for ART-naïve pregnant women

Labour



Antiretroviral regimen for ART-naïve pregnant women

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI (PREFERRED)		
ABC/3TC + DTG ABC/3TC/DTG	Initiate after 8 weeks of pregnancy HLA-B*57:01 negative HBsAg negative	I (ABC: HLA-B*57:01, may delay starting ART) II (DTG: neural tube defects risk during periconception)
TDF/FTC or TDF/3TC + DTG	Initiate after 8 weeks of pregnancy	III (Tenofovir salts) II (DTG: neural tube defects risk during periconception)
TDF/FTC or TDF/3TC + RAL 400 mg bid		III (Tenofovir salts) IV (RAL in pregnancy, bid dosing)
2 NRTIs + PI/r		
TDF/FTC or TDF/3TC + DRV/r 600 mg/100 mg bid	With food	III (Tenofovir salts) V (DRV dosing) VI (COBI boosting)

Antiretroviral regimens in TB/HIV co-infection

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens with rifampicin		
2 NRTIs + NNRTI		
TDF/FTC or TDF/3TC + EFV TDF/FTC/EFV	At bed time or 2 hours before dinner	
ABC/3TC + EFV	HLA-B*57:01 negative HBsAg negative HIV-VL < 100,000 copies/mL At bed time or 2 hours before dinner	
Alternative regimens with rifampicin		
2 NRTIs + INSTI		
TDF/FTC or TDF/3TC + DTG bid		I (tenofovir salts) IV (DTG: dosing)
TDF/FTC or TDF/3TC + RAL bid		I (tenofovir salts) V (RAL: dosing)
ABC/3TC + RAL bid	HBsAg negative HLA-B*57:01 negative	III (ABC: HLA-B*57:01) V (RAL: dosing)

New tables have been included (ART in TB/HIV co-infection and DDIs)



Antiretroviral regimens in TB/HIV co-infection

Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens with rifampicin		
2 NRTIs + NNRTI		
TDF/FTC or TDF/3TC + EFV TDF/FTC/EFV	At bed time or 2 hours before dinner	I (tenofovir salts) II (EFV: suicidality. HIV2 or HIV-1 group 0)
ABC/3TC +EFV	HLA-B*57:01 negative HBsAg negative HIV-VL < 100,000 copies/mL At bed time or 2 hours before dinner	III (ABC: HLA-B*57:01) II (EFV: suicidality. HIV-2 or HIV-1 group 0)
Alternative regimens with rifampicin		
2 NRTIs + INSTI		
TDF/FTC or TDF/3TC + DTG bid		I (tenofovir salts) IV (DTG: dosing)
TDF/FTC or TDF/3TC + RAL bid		I (tenofovir salts) V (RAL: dosing)
ABC/3TC + RAL bid	HBsAg negative HLA-B*57:01 negative	III (ABC: HLA-B*57:01) V (RAL: dosing)