



## NORTHWEST AIDS EDUCATION AND TRAINING CENTER

# Update on ART Initiation Guidelines

Brian R. Wood, MD

Medical Director, NW AETC ECHO

Assistant Professor of Medicine, University of Washington

Presentation prepared by: Presenter

Last Updated: 11/7/13

# Objective

- 1) Review latest treatment guidelines for ART-naïve individuals
- 2) Compare INSTI regimens that are now listed as preferred agents

# Case

- 62-year-old man recently diagnosed with HIV
- H/o syphilis treated 4 years ago, hypertension
- CD4 count 640 cells/mm<sup>3</sup>, HIV RNA 1,230 copies/mL
- Baseline genotype with no resistance-associated mutations
- Reports inconsistent condom use with HIV-negative partner
- **When would you offer ART?**
- **Which regimen(s) would you suggest?**

# HHS Guidelines: 2013

## Initiating ART in Treatment-Naïve Patients

### Recommendation Based on CD4 Cell Count

<350 cells/mm<sup>3</sup>: Strongly Recommend Initiating Therapy (**AI**)

350-500 cells/mm<sup>3</sup>: Strongly Recommend Initiating Therapy (**AII**)

>500 cells/mm<sup>3</sup>: Recommend Initiating Therapy (**BIII**)

### Recommendation Based on Transmission Risk or Clinical Factors

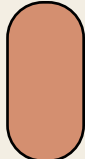
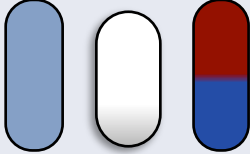
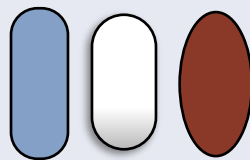
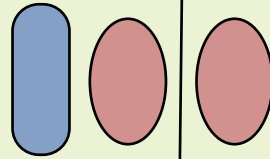
Transmission risk: Perinatal (**AI**), Heterosexual (**AI**), Other Risk Groups (**AIII**)

Clinical AIDS (**AI**), Chronic HBV (**AII**), HIVAN (**AII**)

Age >50 (**BIII**), Early Infection (**BII**), Chronic HCV (**BII**)






# HHS Guidelines: February 2013

## Preferred Regimens for ARV-Naïve Patients

Class	Therapy	Pill Burden
<b>NNRTI-Based</b>	Efavirenz-Tenofovir-Emtricitabine <b>(AI)</b>	
<b>PI-Based</b>	Ritonavir + Atazanavir + Tenofovir-Emtricitabine <b>(AI)</b>	
	Darunavir + Ritonavir + Tenofovir-Emtricitabine <b>(AI)</b>	
<b>INSTI-Based</b>	Raltegravir + Tenofovir-Emtricitabine <b>(AI)</b>	

# HHS Guidelines Update: October 2013

## Additional Preferred Regimens for ARV-Naïve Patients

Class	Therapy	Pill Burden
<b>INSTI-Based</b>	Tenofovir-emtricitabine-cobicistat-elvitegravir <b>(AI)</b>	
	Tenofovir-emtricitabine + dolutegravir <b>(AI)</b>	 
	Abacavir-lamivudine + dolutegravir <b>(AI)</b>	 

# Comparison of INSTI Preferred Regimens

	TDF-FTC + RAL	TDF-FTC-COBI- ELV	TDF-FTC + DTG	ABC-3TC + DTG
Comparators in RCT's	TDF-FTC-EFV	TDF-FTC-EFV, TDF-FTC + ATZ/r	2 NRTI + DRV/r, 2 NRTI + RAL	TDF-FTC-EFV, 2 NRTI + DRV/r, 2 NRTI + RAL
Follow-up data	>5 years	144 weeks	48-96 weeks	48-96 weeks
Post-marketing experience	6 years	1 year	Minimal	Minimal
Meal considerations	None	Take with meal	None	None
CYP 3A4 considerations	None	COBI-potent inhibitor, ELV- substrate	DTG-minor substrate	DTG-minor substrate
Renal considerations	Dose adjust TDF and FTC if CrCl <50	Not recommended if CrCl <70	Dose adjust TDF and FTC if CrCl <50	Dose adjust 3TC if CrCl <50

# Case Follow-Up

- 62-year-old man with recent diagnosis of HIV
- Discussed risks/benefits of ART and different regimens
- Started tenofovir-emtricitabine-rilpivirine
- Viral load now suppressed and doing well