Initiation of antiretroviral therapy in previously untreated patients

Preferred first-line regimen:
TDF (300 mg) + 3TC (300 mg) (or FTC 200 mg) + DTG (50 mg) daily as FDC

Alternative initial ART regimens:

Regimen	Comment
TDF + 3TC (or FTC) + EFV	• EFV can be used at 600 mg or 400 mg *nocte* dose (dose associated with fewer side-effects). • Insufficient data for 400 mg dose in pregnant patients and those receiving RIF.
TDF + 3TC (or FTC) + RPV	• Cannot be used in patients receiving RIF. • RPV should not be used as initial therapy where VL > 100 000 copies/mL.
ABC + 3TC + DTG	• HLA-B*5701 testing indicated prior to prescribing ABC – consider in non-African descent; rare in African descent. • Use if renal impairment at baseline (TDF contraindicated when CrCl < 50 mL/min) or if renal impairment develops while on TDF.
• If TDF and ABC are contraindicated and Hb > 8 g/dL, then use AZT + 3TC (or FTC) as the NRTI backbone • If pure red cell aplasia develops because of 3TC/FTC, then give TDF + DTG (add AZT when Hb has recovered) (or RPV + DTG provided the VL is suppressed)	

3TC, lamivudine; ABC, abacavir; ART, antiretroviral therapy; AZT, zidovudine; CrCl, creatinine clearance rate; DTG, dolutegravir; EFV, efavirenz; FDC, fixed-dose combination; FTC, emtricitabine; Hb, haemoglobin; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; RIF, rifampicin; RPV, rilpivirine; TDF, tenofovir disoproxil fumarate; VL, viral load.