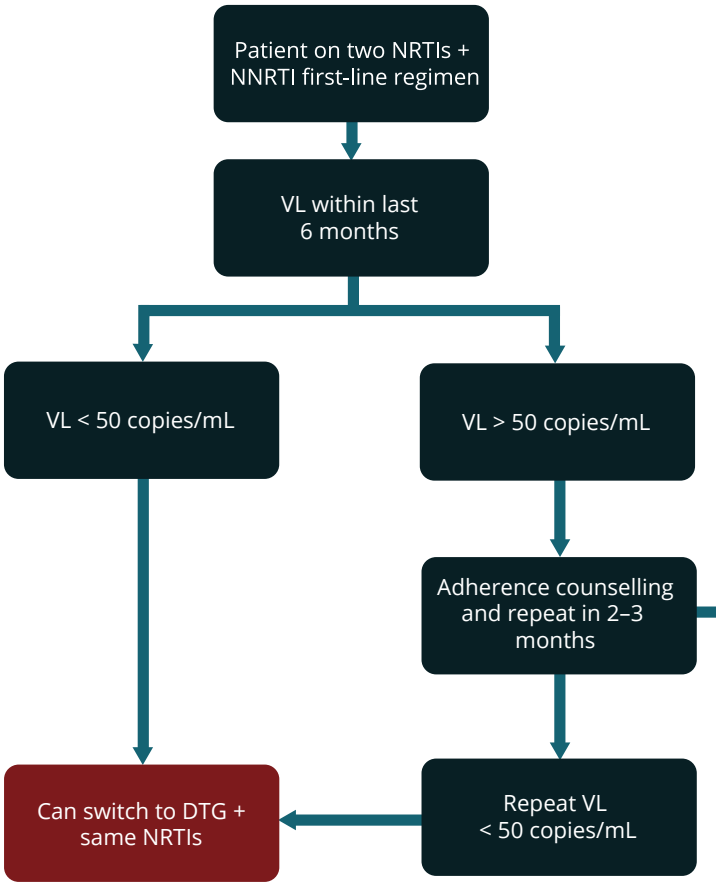
Switching patients on non-nucleoside reserve transcriptase inhibitor-based first-line regimens to a dolutegravir-based regimen: Guided by viral load



NRTIs used when failing on current (first-line) NNR-TI-based regimen	Suggested NRTIs for new regimen (second-line)§
TDF (or ABC) + 3TC (or FTC)	AZT + 3TC + DTG
AZT (or d4T) + 3TC	Perform resistance test; If fully active NRTI is available, then combine this with 3TC (or FTC) + DTG, or use TDF + FTC + DRV/r

Benefits and risks of DTG and EFV	
DTG	**EFV**
• High genetic barrier to resistance • Rapid VL suppression	• Low genetic barrier to resistance
• Side-effects mild and uncommon • Weight gain • Insomnia	• Neuropsychiatric side-effects
• No interaction with hormonal contraceptives • Interaction with RIF,‡ metformin, some anticonvulsants, polyvalent cations	• Drug interactions with contraceptives and many medicines metabolised by liver • No significant interaction with TB treatment
• Increased risk of NTDs during conception†	• Safe in pregnancy

†, Counsel WOCP regarding the risk of NTDs associated with DTG during conception in order to enable informed decision-making: determine pregnancy status; offer contraception for all women who do not wish to conceive.

‡, Double the dose of DTG (50 mg twice daily) when co-administering RIF.

§, Add TDF in second-line regimen in patients who are HBsAg-positive to avoid hepatitis flare.

3TC, lamivudine; ABC, abacavir; AZT, zidovudine; d4T, stavudine; DRV/r, ritonavir-boosted darunavir; DTG, dolutegravir; EFV, efavirenz; FTC, emtricitabine; HBsAg, hepatitis B surface antigen; NNRTI, non-nucleoside reverse transcriptase inhibitor; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; NTDs, neural-tube defects; PI, protease inhibitor; RIF, rifampicin; TB, tuberculosis; TDF, tenofovir disoproxil fumarate; VL, viral load; WOCP, women of childbearing potential.