

# Update from the DHHS Adult and Adolescent HIV Treatment Guidelines

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# Disclosures

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No conflicts of interests or relationships to disclose.

# Outline

- Treatment as Prevention
- When and What to Start
- Acute and Early HIV Infection
- Dolutegravir for Individuals of Childbearing Potential
- HIV and the Older Person
- Cost Considerations

# HIV Treatment as Prevention (TasP) and “U=U” Integration into Clinical Practice

- Key message: consistent viral load <200 copies/mL prevents transmission of HIV to sexual partners
  - Inform persons with HIV about TasP/U=U, importance of ART adherence, and risk of transmission during periods off ART
  - Persons starting ART should use another form of prevention for >6 months and until HIV RNA <200 copies/mL
  - Emphasize that ART for HIV prevention does not prevent bacterial STI's and prioritize regular STI screening

# When to Start

- Importance of screening and early diagnosis of HIV
- **Start immediately or as soon as possible in order to:**
  - Increase the uptake of ART
  - Decrease the time for linkage to care and VL suppression
  - Reduce the risk of HIV transmission
  - Improve the rate of virologic suppression
- Panel supports same-day start “when possible”
- Emphasis on immediate ART for acute or early infection

# What to Start

## Recommended Initial ART Options

### DHHS (Dec 2019)<sup>1</sup>

Recommended for Most People With HIV

BIC/FTC/TAF

DTG/ABC/3TC (if B\*5701 neg)

DTG + FTC/TAF or FTC/TDF

RAL + FTC/TAF or FTC/TDF

DTG/3TC (if VL <500k, no HBV, have baseline genotype results)

### IAS-USA (July 2018)<sup>2</sup>

Recommended Initial Regimens

BIC/FTC/TAF

DTG/ABC/3TC (if B\*5701 neg)

DTG + FTC/TAF

#### Abbreviations:

BIC – bicitgravir, DTG – dolutegravir, ABC – abacavir, 3TC – lamivudine, FTC – emtricitabine  
TDF – tenofovir disoproxil fumarate, TAF – tenofovir alafenamide

#### Sources:

1. DHHS: <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Revision Dec. 18, 2019.
2. IAS-USA: Saag MS, et al. *JAMA*. 2018;320:379-396.



# What to Start If Starting Before Genotype Resistance Result Available

DHHS (Dec 2019) If Starting ART Before Genotype Result Available
Bictegravir/FTC/TAF*
Dolutegravir + FTC/TAF or FTC/TDF
Boosted darunavir + FTC/TAF or FTC/TDF

\*Added to list of preferred options

# New Language on Weight Gain with ART

- “Data from studies showing increased weight gain with particular ARV medications, including some INSTIs and TAF, and especially in certain patient populations (i.e., women, Black people, and Hispanic people)...”
- “There are now data suggesting greater weight gain with certain INSTI-based regimens and TAF than with other ARV drugs. *The clinical significance of these findings is still unknown.*”

# Dolutegravir (DTG)

## Individuals with Childbearing Potential

- Prevalence of neural tube defects with DTG at conception 0.3%
  - Still higher than non-DTG ART: 0.1%
- Revised recommendations:
  - DTG considered an **alternative** ART for persons of childbearing potential or trying to conceive
    - Discuss risks vs. benefits
    - Preferred: RAL, ATV/r, DRV/r, with TDF or ABC + 3TC/FTC
  - DTG in **recommended** category with effective contraception

# From the Perinatal Guidelines

- **Dolutegravir (DTG):**

- Preferred for pregnant women, irrespective of trimester
- Alternative for women who are trying to conceive

# HIV and the Older Person

- Don't forget screening and diagnosis!
- ART especially important due to greater risk of serious non-AIDS complications and blunted CD4 response
- Polypharmacy, multimorbidity, and frailty are common
- Decline in neurocognitive function faster in older individuals; remember screening for HAND
- Screen for depression routinely

# Cost Considerations

- It's complicated!
- Some generic ARV's approved (TDF, TDF/3TC, ABC/3TC, EFV, EFV/TDF/3TC, for example)
  - Cost savings moderate and must weigh against increased pill burden and benefits of TAF
  - Hard to know true cost of brand-name drugs (discounts, rebates)
- “In cases where manufacturer copay assistance may be available for a brand-name ARV product but not for an equivalent generic ARV product, the generic drug prescription paradoxically may result in higher out-of-pocket costs”

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