DHHS Updates HIV Guidelines

The guidelines also feature updated recommendations for older people living with HIV, transgender people and more.

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In September, the Department of Health and Human Services updated its Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV.

For people starting antiretroviral therapy, dolutegravir/abacavir/lamivudine (the drugs in Triumeq) has been removed from the list of recommended initial regimens for most people with HIV because abacavir requires hypersensitivity testing and can increase cardiovascular risk. Regimens containing boosted elvitegravir, raltegravir or boosted atazanavir as well as the rilpivirine/tenofovir disoproxil fumarate/emtricitabine combination (the drugs in Complera) are no longer recommended for first-line treatment due to a higher pill burden, more side effects or a lower barrier to resistance. People with HIV and hepatitis B virus coinfection should use drugs that are dually active against both viruses.

For those who are unable to maintain viral suppression on a daily oral regimen despite intensive adherence support, long-acting injectable cabotegravir and rilpivirine (Cabenuva) may be a feasible option. The Food and Drug Administration has approved Cabenuva only for people switching from another regimen with an undetectable viral load, but pilot studies have shown that it also works well for some people without viral suppression.

The guidelines also feature updated recommendations for people with HIV and tuberculosis, older people living with HIV (including use of statins to reduce the risk of cardiovascular disease), transgender people (including an update on interactions between antiretrovirals and gender-affirming hormone therapy), people with substance use disorders and recipients of organ or stem cell transplants. The guidelines panel emphasizes that addressing social determinants of health is essential for enhancing adherence throughout the HIV continuum of care.
