



HIV Treatment

HIV Treatment Recommendations

HIV treatment both halts disease progression and prevents transmission of the virus during sex and from mother to child. Treatment initiation used to be based on CD4 T-cell counts, but current guidelines recommend that everyone diagnosed with HIV should start antiretroviral (ARV) therapy as soon as possible.

The goal of treatment is to reduce viral load to an undetectable level, known as viral suppression. Controlling HIV requires medications from two or more different ARV classes to prevent the virus from developing resistance.

Standard ARV regimens for people who are starting treatment generally consist of two [nucleoside/nucleotide reverse transcriptase inhibitors](#) (NRTIs) along with an [integrase inhibitor](#) (INSTI) or a boosted [protease inhibitor](#) (PI) or a [non-nucleoside reverse transcriptase inhibitor](#) (NNRTI). Some regimens include a single NRTI plus one of the other drug classes.

The following recommendations are from the [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#), which are developed and regularly updated by the U.S. Department of Health and Human Services.

Recommended Initial Regimens for Most People with HIV

These regimens are drug combinations that effectively maintain viral load suppression, are generally well tolerated with few side effects and are easy to take. These regimens include one INSTI plus one or two NRTIs. Some of the drugs and drug combinations listed below are available as generics. Generic versions may mean taking more pills, but the regimen should be no less effective and the cost may be lower.

- Biktarvy (bictegravir + tenofovir alafenamide¹ + emtricitabine)
- Triumeq (dolutegravir + abacavir + lamivudine)²
- Tivicay (dolutegravir) PLUS ONE OF THE FOLLOWING:
 - Descovy (emtricitabine + tenofovir alafenamide¹)

- Truvada (emtricitabine + tenofovir disoproxil fumarate¹)
- Generic emtricitabine + tenofovir disoproxil fumarate
- Temixys (lamivudine + tenofovir disoproxil fumarate¹)
- Cimduo (lamivudine + tenofovir disoproxil fumarate¹)
- Isestress (raltegravir) PLUS ONE OF THE FOLLOWING:
 - Descovy (emtricitabine + tenofovir alafenamide¹)
 - Truvada (emtricitabine + tenofovir disoproxil fumarate¹)
 - Generic emtricitabine + tenofovir disoproxil fumarate
 - Temixys (lamivudine + tenofovir disoproxil fumarate¹)
 - Cimduo (lamivudine + tenofovir disoproxil fumarate¹)
- Dovato (dolutegravir + lamivudine)³

¹ Tenofovir alafenamide (TAF) and tenofovir disoproxil fumarate (TDF) are two forms of tenofovir approved by the Food and Drug Administration. TAF has fewer bone and kidney toxicities than TDF, while TDF is associated with lower lipid levels and less weight gain. Safety, cost and access are among the factors to consider when choosing between these drugs. For more on the differences between TAF and TDF, [click here](#).

² Only for individuals who are HLA-B*5701 negative and without chronic hepatitis B virus (HBV) coinfection

³ Except for individuals with HIV RNA >500,000 copies/mL, HBV coinfection, or in whom ARVs are to be started before the results of HIV genotypic resistance testing or HBV testing are available.

To read the full Guidelines and a list of recommended initial regimens in certain clinical situations, click [here](#).

While choosing your HIV medications may be confusing, the experts responsible for writing the guidelines make it very clear that selecting a regimen should be based on the individual needs of the person living with HIV. Be sure to talk to your healthcare provider about any concerns you may have. Here are some things to consider:

- Effectiveness: Is the regimen powerful enough to keep my viral load undetectable?
- Safety: What are the short- and long-term side effects of the medications?
- Convenience: What is the dosing schedule for the regimen?
- Interactions: How do the meds work with other drugs that I'm taking?

The DHHS recommends the use of drug resistance testing—even for people starting treatment—to help figure out which medications should be included in an HIV treatment regimen. A person can be infected with drug-resistant strains of HIV or develop drug resistance after starting ARVs, which may limit treatment options. To learn more about HIV drug resistance and drug-resistance testing, [click here](#).

It is important that you take the correct dose of your medications every time you're supposed to take them in order to prevent drug resistance and keep your HIV in check. To learn more about treatment adherence, [click here](#).

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