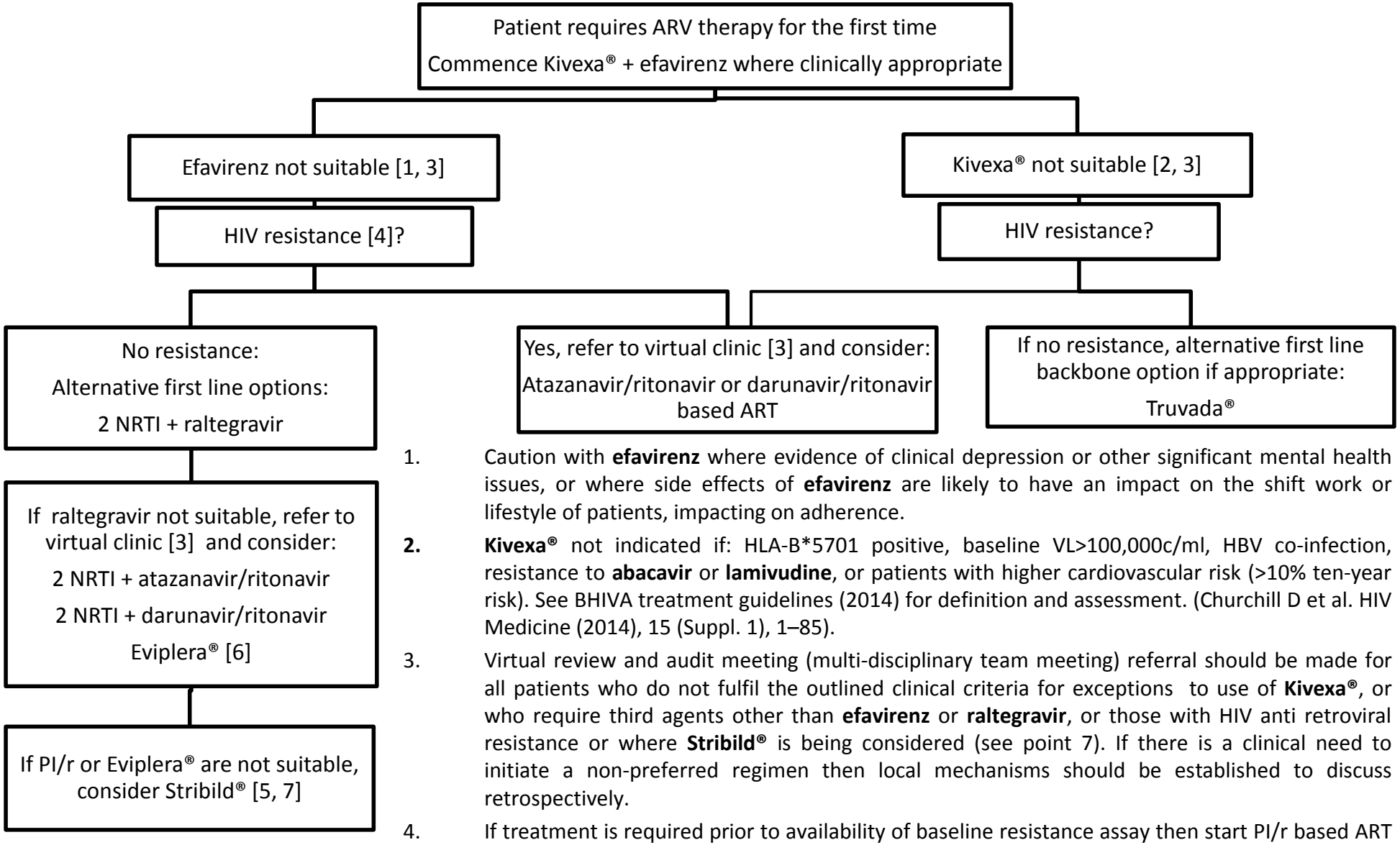
London ARV algorithm: First line therapy



1. Caution with **efavirenz** where evidence of clinical depression or other significant mental health issues, or where side effects of **efavirenz** are likely to have an impact on the shift work or lifestyle of patients, impacting on adherence.
2. **Kivexa®** not indicated if: HLA-B*5701 positive, baseline VL>100,000c/ml, HBV co-infection, resistance to **abacavir** or **lamivudine**, or patients with higher cardiovascular risk (>10% ten-year risk). See BHIVA treatment guidelines (2014) for definition and assessment. (Churchill D et al. HIV Medicine (2014), 15 (Suppl. 1), 1–85).
3. Virtual review and audit meeting (multi-disciplinary team meeting) referral should be made for all patients who do not fulfil the outlined clinical criteria for exceptions to use of **Kivexa®**, or who require third agents other than **efavirenz** or **raltegravir**, or those with HIV anti retroviral resistance or where **Stribild®** is being considered (see point 7). If there is a clinical need to initiate a non-preferred regimen then local mechanisms should be established to discuss retrospectively.
4. If treatment is required prior to availability of baseline resistance assay then start PI/r based ART and review in line with guidance when resistance assay available.
5. **Stribild®** should only be considered where **efavirenz**, **raltegravir**, **atazanavir/r, darunavir/r** or **Eviplera®** are not suitable.
6. **Eviplera® (or rilpivirine)** is not indicated where HIV VL>100,000c/ml.
7. In line with NHS England. Clinical Commissioning Policy Statement: **Stribild®** for the treatment of HIV-1 infection in adults: September 2013 Reference NHS England B06/PS/a.