London ARV algorithm: First line therapy

Patient requires ARV therapy for the first time
Commence Kivexa® + efavirenz where clinically appropriate

Efavirenz not suitable [1, 3]

HIV resistance [4]?

No resistance:
Alternative first line options:
2 NRTI + raltegravir

If raltegravir not suitable, refer to virtual clinic [3] and consider:
2 NRTI + atazanavir/ritonavir
2 NRTI + darunavir/ritonavir
Eviplera® [6]

If PI/r or Eviplera® are not suitable, consider Stribild® [5, 7]

Kivexa® not suitable [2, 3]

HIV resistance?

Yes, refer to virtual clinic [3] and consider:
Atazanavir/ritonavir or darunavir/ritonavir based ART

If no resistance, alternative first line backbone option if appropriate:
Truvada®

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.