



Style Guide

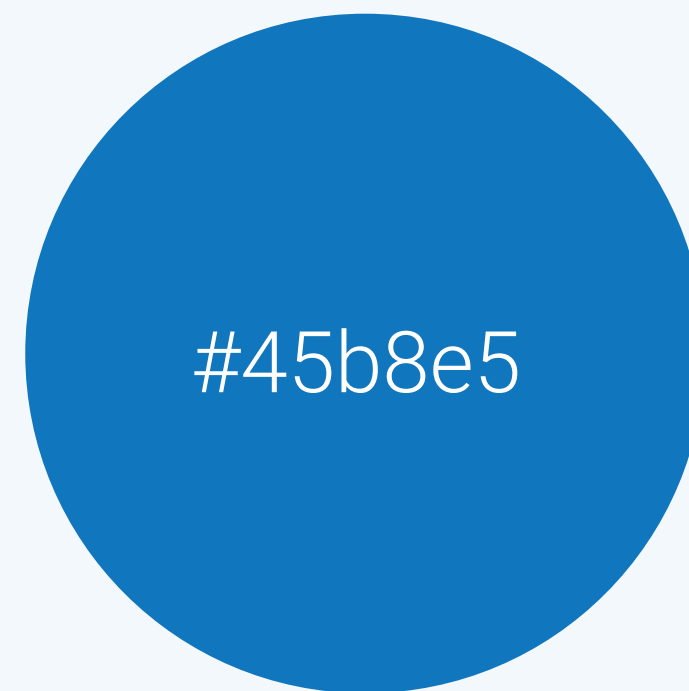
Color Palette



PRIMARY



SECONDARY



ACCENT

Typography

Quicksand

Quicksand, Header h1, font-size 38px

Quicksand, Header h2, font-size 34px

Quicksand, Header h3, font-size 30px

Quicksand, Header h4 font-size 26px

Lato light, Header h1, font-size 18px.

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

GUIDELINES

Explore federally approved HIV/AIDS medical practice guidelines

[Learn More](#)



UNDERSTANDING HIV/AIDS

Learn more about HIV/AIDS, including symptoms and treatment options

[Learn More](#)



CLINICAL TRIALS

Use this search tools to find clinical trials

Search Clinical Trials



DRUG INFORMATION

Find related information on drugs, for both consumers and professionals

[Learn More](#)

APPS

Download these tools for easy access to HIV/AIDS-related information

[Guidelines](#)

[Drug Database](#)

[Glossary](#)

NEWS

[FDA Updates Darunavir Label June 7, 2016](#)

[Drugs That Fight HIV-1 June 3, 2016](#)

[AIDSinfo Apps Access May 20, 2016](#)

[Large-Scale HIV Vaccine Trial May 18, 2016](#)

[NIH Statement on HIV Vaccine May 4, 2016](#)

[All News](#)



Quicklinks:

[Home](#)

[About Us](#)

[Contact Us](#)

[Sitemap](#)

[Privacy Policy](#)

[FOIA](#)

[Accessibility](#)

[Sponsors](#)

[Order Publications](#)

Resources:

[Widgets](#)

[APIs](#)

[RSS](#)

Download Adobe Acrobat® Reader™ to view PDF files located on this site.

Site updated: June 29, 2016



Clinical Guidelines Portal

[Home](#) > [Guidelines](#) > [Adult and Adolescent ARV Guidelines](#)







- [Adult and Adolescent ARV Guidelines](#)
- [Adult and Adolescent OI Prevention and Treatment Guidelines](#)
- [Perinatal Guidelines](#)
- [Pediatric ARV Guidelines](#)
- [Pediatric OI Prevention and Treatment Guidelines](#)
- [Guidelines on Care for HIV-Infected Residents Displaced from Disaster Areas](#)
- [Pre-exposure Prophylaxis \(PrEP\) Guidelines](#)
- [Occupational Postexposure Prophylaxis \(PEP\) Guidelines](#)
- [Nonoccupational Postexposure Prophylaxis \(nPEP\) Guidelines](#)
- [Prevention with Persons with HIV \(PWP\) Guidelines](#)
- [Laboratory Testing Guidelines](#)
- [Recommendations for Hormonal Contraception](#)
- [HIV Counseling, Testing, and Referral Guidelines](#)

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

Table of contents ▶

What’s New in the Guidelines?
(Last updated: January 28, 2016; last reviewed: January 28, 2016)

-  [Section Only PDF \(127 KB\)](#)
-  [Full Guideline PDF \(1.21 MB\)](#)
-  [Recommendations Only PDF \(88.9 KB\)](#)
-  [Tables Only PDF \(563 KB\)](#)

Revisions to the April 8, 2015, version of the guidelines are largely based on findings from two large, randomized controlled trials that addressed the optimal time to initiate antiretroviral therapy (ART)—START (Strategic Timing of Antiretroviral Therapy) and TEMPRANO. Both studies demonstrated approximately a 50% reduction in morbidity and mortality among HIV-infected individuals with CD4 T lymphocyte cell (CD4) counts >500 cells/mm3 randomized to receive antiretroviral therapy (ART) immediately versus delaying initiation of ART. Key updates related to these studies and other significant changes are highlighted throughout the guidelines.

Key Updates

The following guideline sections include key updates:

Initiation of Antiretroviral Therapy (“When to Start”)

Based on the START and TEMPRANO findings, the Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel) has increased the strength and evidence rating for the recommendation on initiating ART to AI for all HIV-infected patients, regardless of CD4 count. Revisions to this section focus on the data supporting ART for all patients.

Following are the updated recommendations in this section:

- ART is recommended for all HIV-infected individuals, regardless of CD4 cell count, to reduce the morbidity and mortality associated with HIV infection (AI).
- ART is also recommended for HIV-infected individuals to prevent HIV transmission (AI).
- When initiating ART, it is important to educate patients on the benefits and considerations regarding ART, and to address strategies to optimize adherence. On a case-by-case basis, ART may be deferred because of clinical and/or psychosocial factors, but therapy should be initiated as soon as possible.

Acute and Recent (Early) HIV Infection

The recommendation for initiation of ART in patients diagnosed with acute and recent infection has been strengthened. The changes are highlighted below:

Original Recommendation:

- “Antiretroviral therapy (ART) is recommended for all individuals with HIV-1 infection and should be offered to those with early HIV-1 infection (BII).”

Updated Recommendation:

- “Antiretroviral therapy (ART) is recommended for all individuals with HIV-1 infection (AI) including those with early HIV-1 infection.”

Following are two key updates to this section:

HIV-Infected Adolescents and Young Adults

- The Panel noted that although the START and TEMPRANO study populations did not include adolescents, the recommendation to treat all HIV patients has been extrapolated to adolescents based on the expectation that they will derive benefits from early ART similar to those observed in adults.
- Recommendation that ART initiation in post-pubertal adolescents (sexual maturity rating [SMR] IV and V) be guided by the Adult and Adolescents Guidelines and therapy initiation in pre-pubertal adolescents (SMR I-III) by the Pediatric Guidelines.

HIV and the Older Patient

The updated section is focused on the current recommendation to treat all patients regardless of CD4 count. The section emphasizes that ART is especially important for older patients because they have a greater risk of serious non-AIDS complications and potentially a blunted immunologic response to ART.

What to Start: Initial Combination Regimens for the Antiretroviral-Naive Patient

The list of Recommended regimens for initial ART has been expanded to include elvitegravir/cobicistat/tenofovir alafenamide/emtricitabine for patients with estimated creatinine clearance ≥30 mL/min (AI).

More updates to the What to Start section will be forthcoming in the next revision of these Guidelines (anticipated in May or June 2016), including additional discussion of the newest recommended regimen.

Panel Roster »

Related Content

- [Patient Materials](#)
- [Clinical Trials](#)
- [Guideline Apps](#)

Additional Resources

- [Primary Care of Veterans with HIV](#)
- [National Guideline Clearinghouse](#)
- [International HIV Care, Treatment, and Prevention Guidelines](#)
- [HRSA: Clinical Care Guidelines/Protocols](#)

Resources:

- [Widgets](#)
- [APIs](#)
- [RSS](#)

Download Adobe Acrobat® Reader™ to view PDF files located on this site.

Site updated: June 29, 2016



Quicklinks:

- [Home](#)
- [About Us](#)
- [Contact Us](#)
- [Sitemap](#)
- [Privacy Policy](#)
- [FOIA](#)
- [Accessibility](#)
- [Sponsors](#)
- [Order Publications](#)



Clinical Guidelines Portal

Home > Guidelines > Adult and Adolescent ARV Guidelines

Q Search Guidelines

Adult and Adolescent ARV Guidelines
Adult and Adolescent OI Prevention and Treatment Guidelines

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

Table of contents ▶

- What’s New in the Guidelines?
Panel Roster
Financial Disclosure
Introduction
Baseline Evaluation
Laboratory Testing
Treatment Goals
Initiation of Antiretroviral Therapy
What to Start
What Not to Use
- Management of the Treatment-Experienced Patient
Special Patient Populations
Considerations for Antiretroviral Use in Patients with Coinfections
Limitations to Treatment Safety and Efficacy
Drug Interactions
Preventing HIV Transmission
Conclusion
Appendix A: Key to Acronyms
Appendix B: Drug Characteristics Tables

HIV Counseling, Testing, and Referral Guidelines

has increased the strength and evidence rating for the recommendation on initiating ART to AI for all HIV-infected patients, regardless of CD4 count. Revisions to this section focus on the data supporting ART for all patients.

Following are the updated recommendations in this section:

- ART is recommended for all HIV-infected individuals, regardless of CD4 cell count, to reduce the morbidity and mortality associated with HIV infection (AI).
- ART is also recommended for HIV-infected individuals to prevent HIV transmission (AI).
- When initiating ART, it is important to educate patients on the benefits and considerations regarding ART, and to address strategies to optimize adherence. On a case-by-case basis, ART may be deferred because of clinical and/or psychosocial factors, but therapy should be initiated as soon as possible.

Acute and Recent (Early) HIV Infection

The recommendation for initiation of ART in patients diagnosed with acute and recent infection has been strengthened. The changes are highlighted below:

Original Recommendation:

- “Antiretroviral therapy (ART) is recommended for all individuals with HIV-1 infection and should be offered to those with early HIV-1 infection (BII).”

Updated Recommendation:

- “Antiretroviral therapy (ART) is recommended for all individuals with HIV-1 infection (AI) including those with early HIV-1 infection.”

Following are two key updates to this section:

HIV-Infected Adolescents and Young Adults

- The Panel noted that although the START and TEMPRANO study populations did not include adolescents, the recommendation to treat all HIV patients has been extrapolated to adolescents based on the expectation that they will derive benefits from early ART similar to those observed in adults.
- Recommendation that ART initiation in post-pubertal adolescents (sexual maturity rating [SMR] IV and V) be guided by the Adult and Adolescents Guidelines and therapy initiation in pre-pubertal adolescents (SMR I-III) by the Pediatric Guidelines.

HIV and the Older Patient

The updated section is focused on the current recommendation to treat all patients regardless of CD4 count. The section emphasizes that ART is especially important for older patients because they have a greater risk of serious non-AIDS complications and potentially a blunted immunologic response to ART.

What to Start: Initial Combination Regimens for the Antiretroviral-Naive Patient

The list of Recommended regimens for initial ART has been expanded to include elvitegravir/cobicistat/tenofovir alafenamide/emtricitabine for patients with estimated creatinine clearance ≥30 mL/min (AI).

More updates to the What to Start section will be forthcoming in the next revision of these Guidelines (anticipated in May or June 2016), including additional discussion of the newest recommended regimen.

Panel Roster >>

Related Content

Patient Materials
Clinical Trials
Guideline Apps

Additional Resources

Primary Care of Veterans with HIV
National Guideline Clearinghouse
International HIV Care, Treatment, and Prevention Guidelines
HRSA: Clinical Care Guidelines/Protocols



Quicklinks:

- Home
About Us
Contact Us
- Sitemap
Privacy Policy
FOIA
- Accessibility
Sponsors
Order Publications

Resources:

Widgets
APIs
RSS

Download Adobe Acrobat® Reader™ to view PDF files located on this site.

Site updated: June 29, 2016

