ART Initiation

When to start & which regimen — specialist-initiated

CLINICAL PATHWAY

Start ART as soon as practical after diagnosis, almost regardless of CD4 count. Initiation and PBS prescribing sit with an HIV specialist (S100 prescriber); the GP's role is to identify, support and co-manage. This sheet reflects the current ASHM/US DHHS hierarchy — Triumeq is no longer first-line preferred.

WHEN TO START

- Newly diagnosed: start as soon as practical after diagnosis, regardless of CD4 count, once the patient is ready
- CD4 <200: urgent specialist referral — high risk of opportunistic infection while untreated
- AIDS-defining illness: urgent specialist co-management; timing of ART relative to the acute illness is specialist-led
- Pregnancy: urgent specialist referral regardless of gestation — ART reduces mother-to-child transmission substantially
- HIV with active TB: specialist-led timing to manage IRIS risk and drug interactions between regimens

PRE-ART CHECKS WITH SPECIALIST

- Resistance genotype before regimen selection
- HLA-B*5701 status if abacavir is being considered
- Hepatitis B status — affects regimen choice and stop-risk on discontinuation
- IRIS risk assessment, especially with low CD4 or active TB
- Pregnancy status, contraception, mental health and adherence support needs

PREFERRED FIRST-LINE REGIMENS

- **Biktarvy** (bictegravir/TAF/FTC): a commonly preferred single-tablet 3-drug regimen; high barrier to resistance
- **DTG-based 3-drug:** dolutegravir + TAF or TDF + FTC/3TC — a preferred option, high barrier to resistance
- **Dovato** (dolutegravir/3TC, 2-drug): a preferred option for selected patients — avoid if HIV RNA >500,000, HBV co-infection, or before genotype results
- **Triumeq** (dolutegravir/abacavir/3TC): no longer first-line preferred under current guidance — reserve for selected scenarios (e.g. established tolerance, HLA-B*5701-negative)
- **Cabenuva** (long-acting injectable cabotegravir/rilpivirine): a specialist-initiated maintenance option once stable and virally suppressed

PBS, ACCESS & HELPLINE

ART is PBS Section 100-prescribed by an HIV specialist; GP shared care continues once stable. Confirm current PBS listings and authority requirements at pbs.gov.au. ASHM helpline 1800 022 226 for clinician support.

■ SAFETY

- Triumeq has moved from preferred to a reserved/selected-scenario option under current guidance — confirm regimen choice against the specialist's current local protocol
- Don't start abacavir-containing regimens without a known HLA-B*5701-negative result
- Check hepatitis B status before starting or stopping any TDF/TAF/3TC-containing regimen — abrupt cessation can flare HBV

■ RED FLAGS / REFER

- Any newly diagnosed patient → HIV specialist referral for ART initiation, as soon as practical
- CD4 <200, an AIDS-defining illness, pregnancy, or HIV with active TB → urgent specialist referral
- Adherence difficulty, virological failure, or treatment side-effects on an existing regimen → specialist review