

# SWITCHING STABLE CLIENTS ON FIRST- AND SECOND-LINE ART TO DTG-CONTAINING REGIMENS

DTG has **significant benefits** over other antiretrovirals, and **all clients** should be assessed to determine their eligibility for DTG

Did you know that clients on both **first- and second-line regimens** can have the benefits of dolutegravir?

Determine if the client is eligible for a single-drug switch to DTG

To be eligible for a single-drug switch to DTG, the client must meet both the following criteria:

1. VL criteria: They should not be failing their current regimen
2. Regimen criteria: They should be on a standard first or second-line regimen

## 1. Viral Load Criteria

**Do Routine VL Monitoring on First and Second line ART Regimens:**  
(First VL 6 months after first line ART initiation. If virally suppressed (< 50 c/mL), repeat VL at 12 months on ART, and 12 monthly thereafter if viral load remains suppressed)

**Remember, never switch one drug in a failing regimen!**

VL < 50 c/mL

VL 50 - 999 c/mL

VL ≥ 1000 c/mL

Do a thorough assessment of the cause of an elevated VL  
Implement interventions and provide enhanced adherence support as per revised Adherence Guideline SOPs (2020)  
**Repeat VL after 3 months**

VL 50 - 999 c/mL

Ensure that the elevated VL is correctly managed according to the VL results management algorithm in the 2019 ART Clinical Guideline  
**Do not do a single drug switch to DTG at this time**  
Consider a full regimen change if client is found to meet the definition of confirmed virological failure


Provide information on the risks and benefits of DTG, and the use of contraception in WOCBP. Enable the client to make an informed decision.

Client chooses to remain on their current regimen





Client chooses to switch to DTG

## 2. Regimen Criteria

The following regimens are eligible for a single drug switch to DTG (if VL criteria are met):

	Current regimen eligible for a single-drug switch	New DTG-containing regimen
 <b>First-line regimens</b>	TDF + 3TC/FTC + EFV	<b>Switch</b> to TDF + 3TC/FTC + DTG
	AZT/ABC + 3TC + EFV	<b>Switch</b> to AZT/ABC + 3TC + DTG
	ABC + 3TC + LPV/r (Children with weight ≥ 20 kg and < 35 kg, or < 10 years of age)	<b>Switch</b> to ABC + 3TC + DTG
	ABC + 3TC + LPV/r (Children with weight ≥ 35 kg and age ≥ 10 years, and renal function normal)	<b>Switch</b> to TDF + 3TC + DTG
<b>Second-line regimens</b>	AZT + 3TC + LPV/r or ATV/r	<b>Switch</b> to AZT + 3TC + DTG

The following regimens are NOT eligible for a single drug switch to DTG:

	 Adults and adolescents on non-standard second-line regimens including <b>TDF + 3TC/FTC + LPV/r</b>	<b>DTG should not be used without at least one active NRTI.</b> Patients on tenofovir (TDF)/emtricitabine (FTC) + LPV/r are more complex as they will have had a mix of treatment exposures. Clients on second-line regimens other than standard AZT, 3TC and LPV/r should not be considered for a single drug switch to DTG, as we cannot be sure that they have at least one active NRTI in their NRTI backbone.
	 Children on <b>ABC + 3TC + LPV/r</b> as a second-line regimen	<b>DTG should not be used without at least one active NRTI.</b> Switching LPV/r to DTG in children applies strictly to <b>first-line regimens</b> only. If ABC + 3TC + LPV/r is used as a second-line regimen, both NRTIs in the regimen may be inactive. If DTG is considered within a second-line regimen, expert guidance should be sought to ensure that at least 1 NRTI is active.

If **LPV/r drug shortages** necessitate a regimen change, these clients should be switched from LPV/r to **atazanavir/ritonavir (ATV/r)**. If there is insufficient stock of ATV/r, their LPV/r should be switched to **darunavir/ritonavir (DRV/r)**, or discuss with an expert

*This guideline may change pending results from trials assessing 2nd line strategies.*

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