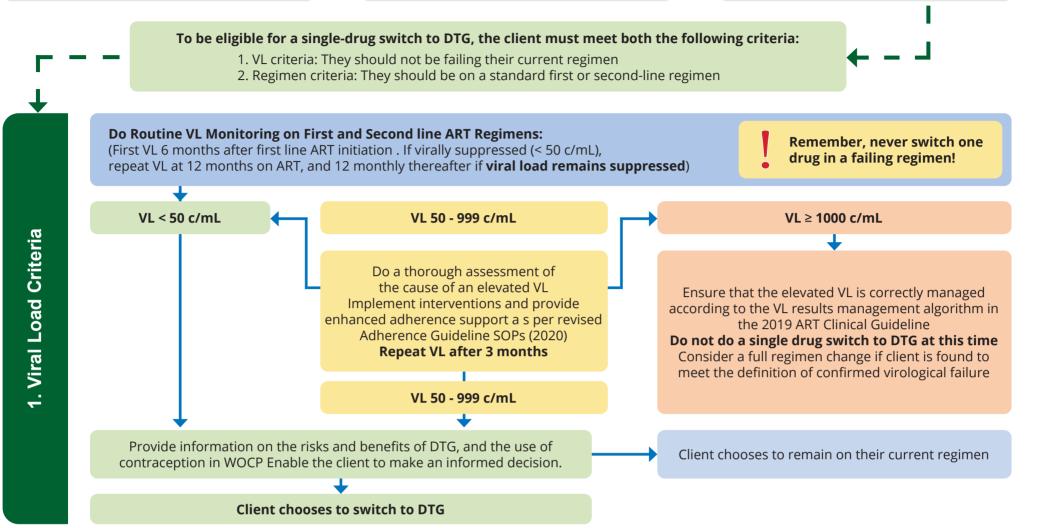
## **SWITCHING STABLE CLIENTS ON FIRST- AND SECOND-LINE ART TO DTG-CONTAINING REGIMENS**

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



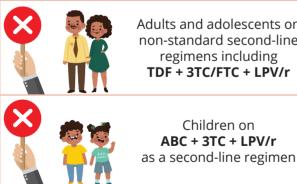
Did you know that clients on both firstand second-line regimens can have the benefits of dolutegravir?





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
First-line regimens	TDF + 3TC/FTC + EFV	Switch to TDF + 3TC/FTC + DTG
	AZT/ABC + 3TC + EFV	Switch to AZT/ABC + 3TC + DTG
	ABC + 3TC + LPV/r (Children with weight $\ge$ 20 kg and < 35 kg, or < 10 years of age)	Switch to ABC + 3TC + DTG
	ABC + 3TC + LPV/r (Children with weight $\ge$ 35 kg and age $\ge$ 10 years, and renal function normal)	Switch to TDF + 3TC + DTG
Second-line regimens	AZT + 3TC + LPV/r or ATV/r	Switch 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 TDF + 3TC/FTC + LPV/r

DTG should not be used without at least one active NRTI. 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.

DTG should not be used without at least one active NRTI. Switching LPV/r to DTG in children applies strictly to first-line regimens 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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