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RE: OPTIMIZATION OF PLHIV ON ATV/R 300/100MG

Ministry of Health through National AIDS & STI Control Program (NASCOP) has over time provided guidance on treatment optimization for children, adolescents and adults living with HIV on Protease Inhibitors (PIs) in a phased manner putting into consideration research and commodity management needs. Listed below were the proposed phases for optimization of PLHIV on PIs:-

Phase 1: Optimization of Children and Adolescents Living with HIV (CALHIV) on first line PIs (Lopinavir/ritonavir, LPV/r) to DTG based regimens.

Phase 2: Optimization of Adults Living with HIV on First Line Protease Inhibitors (Lopinavir/ritonavir, LPV/r and Atazanavir/ritonavir, ATV/r) to TLD.

Phase 3: Optimization of Adults Living with HIV on 2nd Line ATV/r to DTG based regimens

Phase 4: Optimization of CALHIV on Second Line LPV/r to DTG based regimens

A committee of experts from NASCOP, KEMSA, County Governments, HIV Implementing Partners, technical experts from universities and community representatives reviewed the current HIV data from research and the commodity situation to inform the following guidance for adults and adolescents on ATV/r 300/100mg with immediate effect targeted for phase 3 i.e. Optimization of Adults Living with HIV on 2nd Line ATV/r to DTG based regimens.

1. **PLHIV Currently on ATV/r 300/100mg who are virally suppressed (<1000 copies/mL)**

   a) INSTI naive

Current Regimen	**Optimized ART Regimen**	
	≤ 30kg	**≥ 30kg**
ABC/3TC+ATV/r	ABC/3TC+DTG	TDF/3TC/DTG(FDC)
AZT/3TC+ATV/r	AZT/3TC+DTG	TDF/3TC/DTG(FDC)
TDF/3TC+ATV/r		TDF/3TC/DTG(FDC)

b) INSTI experienced

Maintain on ATV/r 300/100mg but consider transition to a superior in class PI (DRV/r 400/50mg) once available.

2. PLHIV on ATV/r 300/100mg who are not virally suppressed (>1000 copies/mL)

a) Both INSTI Naïve and INSTI experienced

Maintain on ATV/r 300/100mg, address any adherence issues by instituting the interventions for Suspected treatment failure as per ART guidelines 2022, once virally suppressed transition as above. For those with confirmed treatment failure, collect a DRT sample and switch based on the DRT results. However, given the stock out of DRT reagents, collect the DRT sample and then switch as guided below until when the results are available to guide the appropriate regimen.

Current Regimen	Optimized ART Regimen	
	≤ 30kg	≥ 30kg
ABC/3TC+ATV/r	Switch to AZT/3TC+DTG	Switch to TDF/3TC/DTG
AZT/3TC+ATV/r	Switch to ABC/3TC+DTG	Switch to TDF/3TC/DTG
TDF/3TC+ATV/r		Switch to TDF/3TC/DTG

3. PLHIV with confirmed treatment failure on TLD as first line.

Switch to a PI based second line regimen with ATV/r 300/100mg as a holding second line and transition to DRV/r 400/50mg as preferred second line once available.

NOTE

- PLHIV on dual regimen containing ATV/r 300/100mg will be retained on their regimen until a superior in class PI (DRV/r 400/50mg) is available
- PLHIV on third line regimens consisting of ATV/r 300/100mg will be transitioned on a case to case basis in consultation with the Regional TWGs.
- To avert any wastages, ART pharmacy managers should ensure the existing stocks of ATV/r are fully utilized or planned for utilization (for clients who may still require ATV/r) prior to transition of eligible clients.

- The optimization should be carried out at the scheduled appointments for clients hence there should be no active recall of clients to health facilities.

For any further clarification kindly reach out to Dr. Rose Wafula at **head@nascop.or.ke** and copy carentreatmentmanager@nascop.or.ke.

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