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**Ref No:** MOH/NASCOP/C&T/VOL.II (58)

Date: 15<sup>th</sup> April 2024

All County Directors for Health

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**Ms. Mary Mwiti**  
Chief Executive Officer  
Council of Governors  
Delta House  
**NAIROBI**



Dear *Ms. Mwiti*

**RE: GUIDANCE FOR TRANSITION OF ADULTS AND ADOLESCENTS LIVING WITH HIV ON LOPINAVIR/RITONAVIR 200mg/50mg**

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The Ministry of Health, through the Division of National AIDS and STI Control Program (NASCOP) in collaboration with relevant stakeholders continues to lead the health sector response to HIV/ AIDS and STIs' through, among others, policy formulation and provision of High-quality HIV/STI services.

The Kenya HIV Prevention and Treatment Guidelines, 2022 Edition recommends ART regimens which will be used in treatment of children, adolescents and adults living with HIV. However, research and commodity management needs keep informing decisions to review these ART regimen recommendations. In this respect, a committee of experts with wide stakeholder representation reviewed the current HIV data from research and the commodity situation and developed the outlined ART regimen recommendations.

The guidance outlined below provides the recommended ART regimens for adults and adolescents on LPV/r 200/50mg with effect from **1<sup>st</sup> May 2024**.



**1. Transition of PLHIV Currently on LPV/r 200/50mg who are virally suppressed (<1,000 copies/mL)**

Current Regimen	Optimized ART Regimen	
	≤ 30kg	≥ 30kg
ABC/3TC+LPV/r	ABC/3TC+DTG	TDF/3TC/DTG(FDC)  Or ABC/3TC/DTG for those with renal insufficiency (Creatinine Clearance 30-50 ml/min)
AZT/3TC+LPV/r	AZT/3TC+DTG	TDF/3TC/DTG(FDC)
TDF/3TC+LPV/r		TDF/3TC/DTG(FDC)

**2. Transition of PLHIV on LPV/r 200/50mg who are not virally suppressed (>1,000 copies/mL)**

Current Regimen	Optimized ART Regimen	
	≤ 30kg	≥ 30kg
ABC/3TC+LPV/r	Switch to AZT/3TC+DTG*	Switch to TDF/ 3TC + DTG*  Or ABC/3TC/DTG for those with renal insufficiency (Creatinine Clearance 30-50 ml/min)
AZT/3TC+LPV/r	Switch to AZT/3TC+DTG*	Switch to TDF/ 3TC + DTG*
TDF/3TC+LPV/r		Switch to TDF/ 3TC + DTG*

\* A DRT sample shall be collected (the switch will be given preference even in the absence of DRT analysis) which can be used to further guide on the ART regimen once available.

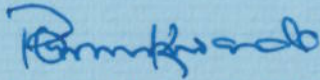


## NOTE

- PLHIV on third line regimens consisting of LPV/r 200/50mg will be transitioned on a case to case basis in consultation with the Regional TWGs.
- Further communication on other products discussed and earmarked for transition will be made available as necessary and therefore there should be **no other transitions** apart from those listed above unless there is an accompanying guidance from the program

For any clarification, kindly reach out Dr. Rose Wafula, Head NASCOP at [head@nascop.or.ke](mailto:head@nascop.or.ke).

Yours *Sincerely*



Dr. Patrick Amoth, EBS

**Ag. DIRECTOR GENERAL FOR HEALTH**