HHS Perinatal Guidelines Update

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Disclaimer

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Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States

Developed by the HHS Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission—A Working Group of the NIH Office of AIDS Research Advisory Council (OARAC)

How to Cite the Perinatal Guidelines:


It is emphasized that concepts relevant to HIV management evolve rapidly. The Panels have a mechanism to update recommendations on a regular basis, and the most recent information is available on the Clinicalinfo website (https://clinicalinfo.hiv.gov/).
Major Updates to Initial ART Regimens For PWH During Pregnancy

Bictegravir/TAF/FTC now *alternative*

Darunavir with ritonavir and two NRTIs:
- *Preferred* if prior cabotegravir PrEP
- Otherwise *alternative*
### Recommended Initial ART Regimens During Pregnancy (ARV-Naïve)

- Dolutegravir + (TAF or TDF) + (FTC or 3TC), or
- Dolutegravir/ABC/3TC (if HLA-B*5701 negative and no chronic HBV)

However, if any history of cabotegravir exposure for PrEP, the following are preferred for initial ART due to concerns about INSTI resistance mutations:

- Darunavir/ritonavir + (TAF or TDF) + (FTC or 3TC)
- Darunavir/ritonavir + ABC/3TC (if HLA-B*5701 negative and no chronic HBV)

## Alternative ART Regimens During Pregnancy (ARV-Naïve)

<table>
<thead>
<tr>
<th>Alternative ART Regimens During Pregnancy (ARV-Naïve)</th>
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<tbody>
<tr>
<td>Bictegravir/TAF/FTC</td>
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<tr>
<td>Raltegravir + preferred dual-NRTI backbone</td>
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<tr>
<td>Atazanavir/ritonavir + preferred dual-NRTI backbone</td>
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<tr>
<td>Darunavir/ritonavir + preferred dual-NRTI backbone</td>
</tr>
<tr>
<td>Efavirenz/TDF/FTC or efavirenz/TDF/3TC or efavirenz + preferred dual-NRTI backbone</td>
</tr>
<tr>
<td>Rilpivirine/TDF/FTC or rilpivirine/TAF/FTC or rilpivirine (oral) + preferred dual-NRTI backbone</td>
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**Source:** [https://clinicalinfo.hiv.gov/en/guidelines/perinatal](https://clinicalinfo.hiv.gov/en/guidelines/perinatal)
Insufficient Data for Use as Initial Regimen During Pregnancy (ARV-Naïve)

Doravirine or doravirine/TDF/3TC
### ART Regimens Not Recommended During Pregnancy (ARV-Naïve)

<table>
<thead>
<tr>
<th>Regimen</th>
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<tbody>
<tr>
<td>Cobicistat-boosted atazanavir or darunavir or elvitegravir</td>
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<tr>
<td>Long-acting injectable cabotegravir + rilpivirine</td>
</tr>
<tr>
<td>Not recommended except for special circumstances (treatment-experienced): etravirine, fostemsavir, ibalizumab, lenacapavir, maraviroc, enfuvirtide</td>
</tr>
</tbody>
</table>

Updates on ART for PWH who are Trying to Conceive

- Insufficient data on efficacy and safety of injectable cabotegravir (CAB) and rilpivirine (RPV) during pregnancy
- Injectable CAB and RPV should be stopped at least 1 year before conception to ensure drugs are fully eliminated
- If suppressed on long-acting CAB/RPV and wish to conceive, shared decision-making important

Source: https://clinicalinfo.hiv.gov/en/guidelines/perinatal
Updates on PrEP Periconception, Antepartum & Postpartum

• Preferred PrEP for people who have receptive vaginal sex during pregnancy and breastfeeding is daily TDF/FTC

• For people who become pregnant while receiving PrEP, strongly encourage clinicians to register with the Antiretroviral Pregnancy Registry https://www.apregistry.com/

Source: https://clinicalinfo.hiv.gov/en/guidelines/perinatal
Additional Updates

• Updates to align with Adult and Adolescent Antiretroviral guidelines: HIV RNA threshold for resistance testing, CD4 count monitoring
  - Virologic failure: HIV RNA >200 copies/mL
  - CD4 monitoring: e.g., if CD4 ≥300 and VL suppressed for 2 years or more, no need to monitor CD4 during pregnancy following antenatal visit

• Bictegravir recommended for treating HIV-2 infection during pregnancy

• *Review the updates on infant feeding if you haven’t already!

Source: https://clinicalinfo.hiv.gov/en/guidelines/perinatal
• Preferred and alternative ART options during pregnancy updated and reflect growing data for bictegravir/TAF/FTC during pregnancy

• Additional updates made to guidelines to align with national PrEP guidelines and Adult & Adolescent Antiretroviral Treatment Guidelines

• Updates to infant feeding recommendations remain notable and critical to disseminate to clinicians
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