Switching Children on PI-containing Regimens to DTG-containing Regimens



Child (< 10 years, or weight < 30 kg) on a **PI-containing regimen**
(who have never used a DTG-containing regimen in the past)

On **PI** for at least **2 years**

On PI for **less than** 2 years, irrespective of VL

Two or more **VLs ≥ 1000** c/mL
taken two or more years after starting PI regimen

VL < 1000 c/mL

Adherence > 80% [1]

Adherence < 80% [1]

For children on LPV/r solution or pellets, consider switch to **4-in-1 ABC/3TC/LPV/r** capsules to improve [2] tolerance/ adherence & **repeat VL** after 2-3 months

Children on LPV/r tablets

VL ≥ 1000 c/mL

VL < 1000 c/mL

Discuss with an HIV expert [3] to authorise and interpret **a resistance test**

Individualised regimen as recommended by HIV expert

ABC + 3TC + DTG

If the most recent VL before their regimen change was ≥ 50 c/mL,
repeat VL 3 months after starting the new regimen to confirm viral re-suppression

1. Although objective measures of poor adherence include pharmacy refills or attendance of scheduled clinic visits in the previous 6-12 months of <80%, adherence difficulties in young children are often linked to poor tolerability of unpalatable formulations, particularly LPV/r solution. It is important to ask the caregiver about how the child tolerates the medication e.g., does the child refuse to swallow the medicine or spit out or vomit the medicine, and whether the caregiver has been able to overcome this. Considering these limitations, objective measures of good adherence could include one of the following:
   a. Pharmacy refills > 80% in the last 6-12 months (if this is known)
   b. Attendance of > 80% of scheduled clinic visits in the last 6-12 months (if this is known)
   c. Detection of current antiretroviral drug/s in the client's blood or urine, if available
2. If a switch to the 4-in1 capsules does not improve adherence, or is not available, continue to switch to ABC + 3TC + DTG as for non-adherent children on LPV/r tablets
3. The following would qualify as HIV experts: the HIV Helplines, a paediatric infectious disease specialist or the paediatric Third line ART committee