Switching Existing Clients to DTG-containing Regimens

(Adults, adolescents or children)

Non VL-dependent regimen switches Regimens where the VL result will not influence nor delay the decision to switch to a DTG-containing regimen			
VL considerations	**Current Regimen**	**Criteria for switch**	**Regimen if change indicated**
Switching regardless of VL result	**TEE** ABC/3TC/EFV (or NVP*) AZT/3TC/EFV (or NVP*) AZT/3TC/DTG Any LPV/r or ATV/r regimen for **less than 2 years**	**Switch all to a DTG-containing regimen, regardless of VL result** Review VL in last 12 months. If VL in last 12 months was not suppressed, continue to switch same day, but do ABCDE assessment and provide enhanced adherence counseling (EAC) if needed. If VL was not done in last 12 months, do it at this visit, but do not wait for the result to switch	**TLD** provided no renal dysfunction and age ≥ 10 yrs and weight ≥ 30 kg If client does not qualify for TDF **ABC[1]/3TC/DTG** If client does not qualify for TDF and has ABC hypersensitivity **AZT/3TC/DTG**

! * There should no longer be any client (older than one month and > 3 kg) using a NVP-containing treatment regimen. Clients who previously used NVP as an alternative to EFV for psychiatric reasons, should be switched to DTG as a matter of urgency

Be sure to check for possible drug interactions when switching to DTG and manage as per ***"Drug Interactions with DTG and Rifampicin-containing TB Treatment"***

! Clients on TEE and receiving treatment through an RPCs can be switched to TLD at their next re-scripting visit and can remain in their RPCs, provided they have a VL < 50 c/mL in the last 12 months. No additional facility visits are required (see DMOC SOP 6).

Any client in an RPCs with a VL ≥ 50 c/mL in the last 12 months, should be recalled to the facility for further clinical management. If the client is on TEE, continue to switch same day to TLD, but do an ABCDE assessment and provide enhanced adherence counselling (EAC) if indicated. If clinically well, 3MMD can be provided by the facility until the repeat VL assessment (see DMOC SOP 4) in 3 months, as per ***"VL Monitoring for Clients on TLD"*** . Review the repeat VL result. If suppressed again, re-enrol in RPCs. If the VL remains unsuppressed, manage as per the ***"VL Monitoring for Clients on TLD"***. Clients with clinician confirmed low-level viraemia can be re-enrolled in RPCs.

1. If clients are not eligible to use TDF and they had an ABC hypersensitivity reaction, use AZT/3TC/DTG