

WHAT'S NEW IN THE GUIDELINES

Updated: October 27, 2026
Reviewed: October 27, 2026

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The Panel for the Use of Antiretroviral Agents in Adults and Adolescents With HIV (the Panel) has updated the guidelines on the use of antiretroviral therapy (ART) for the treatment of people with HIV.

Key Revisions to the Guidelines

Optimizing Antiretroviral Therapy in the Setting of Viral Suppression

The [Optimizing Antiretroviral Therapy in the Setting of Viral Suppression](#) section has been updated to include the new antiretroviral (ARV) regimen bicitgravir/lenacapavir (Bixlenvo), which was approved by the U.S. Food and Drug Administration in August 2026 for the treatment of HIV.

The following sections had minor updates to include key information related to this new regimen:

- [Cost Considerations and Antiretroviral Therapy](#)
- [Appendix A: Drug Characteristics Tables](#)
- [Appendix B: Antiretroviral Dosing Recommendations in Adults With Renal or Hepatic Insufficiency](#)

Cardiovascular and Metabolic Complications in People With HIV

In February 2024, the Panel published guidance on Statin Therapy as Primary Prevention of Atherosclerotic Disease in People With HIV, in collaboration with representatives from the American College of Cardiology (ACC), American Heart Association (AHA), and HIV Medicine Association.

This section was subsequently retired after the publication of the [ACC/AHA/Multisociety Dyslipidemia Management Guideline](#) in March 2026, which included a new recommendation specifically for people with HIV. The Panel concurs with the strong recommendation in the 2026 Dyslipidemia Guideline to initiate statin therapy in all people with HIV aged 40 to 75 years regardless of low-density lipoprotein cholesterol or estimated atherosclerotic cardiovascular disease (ASCVD) risk.

With the current update, the Panel has updated the [Cardiovascular Complications in People With HIV](#) section to incorporate additional guidance for risk estimation and primary prevention of ASCVD in people with HIV, including classifying HIV as an ASCVD risk enhancer and considerations for people with HIV who are hesitant to start statin therapy. Updates to lipid monitoring guidance are also available in the [Laboratory Testing Table](#).

September 24, 2026

The Panel has updated the guidelines on the use of ART for the treatment of people with HIV.

Sections Added to the Guidelines

Principles of Antiretroviral Therapy

A new section on the [Principles of Antiretroviral Therapy](#) has been added to outline the core principles to consider when selecting ARV regimens for the treatment of HIV and how to apply these principles in the context of initial therapy, regimen optimization, or virologic failure.

Knowledge Gaps

A new subsection of key “Knowledge Gaps” has been added to the end of select revised sections of the guidelines.

Content Removed From the Guidelines

The guidelines previously included tables outlining select drug–drug interactions associated with ARV medications; however, the Panel now refers readers to the [Liverpool HIV Drug Interaction Checker](#) for formal drug–drug interaction guidance. The last versions of the drug–drug interaction tables remain available in the [Archived Guidelines](#). The remaining [Drug–Drug Interactions](#) section has been updated to include pharmacokinetic mechanisms related to islatravir drug interactions and a new section on drug–drug interactions with long-acting (LA) ARV medications.

Key Revisions to the Guidelines

What to Start

Updates made to the [What to Start](#) chapter include the following:

- Based on the DOLCE study, the two-drug ARV regimen of dolutegravir (DTG)/lamivudine (3TC) is now recommended regardless of baseline plasma HIV viral load. See [Recommended Initial Regimens for Most People With HIV](#).
- The two-drug combinations of boosted darunavir (DRV) plus 3TC or emtricitabine (FTC) are now included as options for [Initial ARV Regimens for Certain Clinical Scenarios](#).

Optimizing Antiretroviral Therapy in the Setting of Viral Suppression

Updates made to the [Optimizing Antiretroviral Therapy in the Setting of Viral Suppression](#) section include the following:

- The Panel provided a list of ARV drugs that **are not recommended** for regimen optimization in the setting of viral suppression due to factors such as serious adverse effects, high pill burden, or low barrier to resistance.
- Expanded discussion on considerations for hepatitis B and HIV when prescribing ARV regimens that do not include tenofovir.
- Added the two-drug ARV regimen doravirine (DOR)/islatravir (ISL) as an optimization strategy for people with ongoing viral suppression and no history of prior virologic failure or resistance to DOR or ISL.
- Added new guidance noting that DTG/3TC or a boosted protease inhibitor plus 3TC or FTC **are not recommended** as switch strategies for people with historical M184V/I mutations.

Interruption of Antiretroviral Therapy

Formerly titled *Discontinuation or Interruption of Antiretroviral Therapy*, the [Interruption of Antiretroviral Therapy](#) section was renamed to reflect the importance of ART continuity. Additional updates include the following:

- Expanded discussion regarding considerations for interruptions of oral ART, LA injectable ART, and regimens containing both oral and LA ARVs.

Adolescents and Young Adults With HIV

Updates made to the [Adolescents and Young Adults With HIV](#) section include the following:

- Expanded discussion of differences between the management of people with perinatally and non-perinatally acquired HIV, as well as factors that affect HIV care outcomes.
- Expanded discussion on factors (e.g., developmental changes, mental health, substance use, unstable housing, trauma) that are faced by some adolescents and young adults (AYA), as well as the importance of addressing these factors to improve engagement in care and treatment success.
- Added discussion of population-specific adherence strategies, LA ART, treatment considerations for AYA with drug resistance, and transitions from pediatric to adult care.

Substance Use Disorders and HIV

Updates made to the [Substance Use Disorders and HIV](#) section include the following:

- Added discussion emphasizing the importance of routine screening for substance use disorders and co-occurring mental health disorders and that ongoing substance use **is not a contraindication** to ART.
- Expanded discussion of polysubstance use, chemsex, unstable housing, opioid adulterants, and other factors that affect HIV care outcomes.
- Added discussion of LA ART for people with substance use disorders and updated the table on Medications for Treatment of Substance Use Disorders.
- Added discussion of medetomidine, an adulterant added to illicit opioids that has led to an outbreak of overdoses. Medetomidine is a CYP3A, 2D, and 2E substrate that may interact with some ARV drugs.

Women With HIV

Updates made to the [Women With HIV](#) section include the following:

- Updated published data on the use of LA cabotegravir (CAB)/rilpivirine (RPV) during pregnancy and provided guidance on strategies and viral load monitoring if LA CAB/RPV is used during pregnancy.
- Added discussion on ART use and infant feeding options postpartum for women of reproductive potential as recommended by the [Perinatal Guidelines](#).
- Added discussion on special considerations for menopause and comorbidities in the context of HIV care.

Hepatitis B Virus (HBV)/HIV Coinfection

Updates to the [HBV/HIV Coinfection](#) section include the following:

- Added recommendation that people with HIV and chronic HBV should be tested for hepatitis D virus infection.
- Clarified that, in certain situations, tenofovir alafenamide (TAF) or tenofovir disoproxil fumarate (TDF) alone (without 3TC or FTC) can be used as the only drug with HBV activity; TAF or TDF alone for HBV treatment should be used in combination with an effective ARV regimen.
- Highlighted that ISL-containing ARV regimens are **contraindicated** with 3TC and FTC.
- Expanded discussion and recommendations on HBV-specific considerations when initiating or transitioning to tenofovir-sparing ART.

Cost Considerations and Antiretroviral Therapy

Updates made to the [Cost Considerations and Antiretroviral Therapy](#) section include the following:

- Added recommendations on assessing and addressing cost-related barriers to ART while ensuring that cost-driven regimen changes do not compromise virologic efficacy.
- Expanded discussion of coverage changes, payer-driven barriers, Medicare coverage, generic and hybrid ART options, LA ART costs, 340B, and Ryan White HIV/AIDS Program supports.
- Added two new tables with cash-pay estimates for recommended initial and optimization ART regimens (Tables 22a and 22b), including generic and hybrid options, and updated Table 22c to include National Average Drug Acquisition Cost benchmarks alongside Wholesale Acquisition Cost and Average Wholesale Price for individual ARV agents, coformulations, and single-tablet regimens.

Other Updates

Minor updates have been made throughout the following sections of the guidelines:

- [Introduction](#)
- [Baseline Evaluation](#)
- [Laboratory Testing for Initial Assessment and Monitoring of People With HIV](#)
- [Treatment Goals](#)
- [Hepatitis C Virus/HIV Coinfection](#)
- [Appendix A: Drug Characteristics Tables](#)
- [Appendix B: Antiretroviral Dosing Recommendations in Adults With Renal or Hepatic Insufficiency](#)