

Table 6. Antiretroviral Therapy for Treatment-Naïve Patients (Updated November 3, 2008)

Patients naïve to antiretroviral therapy should be started on a combination regimen that consists of either:

- 1-NNRTI + 2 NRTI or
- PI (preferably boosted with ritonavir) + 2NRTI

Listed below are antiretroviral component options for constructing a regimen for a treatment-naïve patient. Selection of a regimen should be individualized based on virologic efficacy, toxicities, pill burden, dosing frequency, drug-drug interaction potential, and comorbid conditions. Components are designated as preferred when clinical trial data suggest optimal and durable efficacy with acceptable tolerability and ease of use. Alternative components are those that clinical trial data show efficacy but that have disadvantages, such as antiviral activity or toxicities, compared with the preferred agent. In some cases, for an individual patient, a component listed as alternative may actually be the preferred component. When there is more than one component for a preferred or alternative option, the components are listed in alphabetical order. For management of an HIV-infected pregnant patient, please refer to “[Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States](#),” at <http://aidsinfo.nih.gov/guidelines/>.

NNRTI Options:

Recommendation	NNRTI	Population in which to avoid or use with caution
Preferred NNRTI	Efavirenz (AI)	Do not use during 1 st trimester of pregnancy or in those with high pregnancy potential. Use with caution in patients with unstable psychiatric disease.
Alternative NNRTI	Nevirapine (BI)	Do not use in patients with moderate to severe hepatic impairment (Child-Pugh score B or C). Do not use in women with pre-ARV CD4 >250 cells/mm ³ or in men with pre-ARV CD4 >400 cells/mm ³ . Use with caution in patients on tenofovir/emtricitabine (or lamivudine)—early virologic failure has been reported with this combination (CIII).

PI Options:

Recommendation	PI	Population in which to avoid or use with caution
Preferred PIs	Atazanavir + ritonavir—once daily (AI)	Do not use in patients who require high-dose (>20 mg omeprazole equivalent/day) proton pump inhibitors (PPIs). Use with caution in patients on PPIs (any dose), H2 blockers, or antacids.
	Darunavir + ritonavir—once daily (AI)	
	Fosamprenavir + ritonavir—twice daily (BI)	
	Lopinavir/ritonavir—once or twice daily (AI)	Do not use once-daily lopinavir/ritonavir in pregnant women.
Alternative PIs	Atazanavir (unboosted)—once daily (BI)	Do not use in combination with tenofovir or didanosine/lamivudine.
	Fosamprenavir + ritonavir—once daily— or fosamprenavir (unboosted)—twice daily (BI)	
	Saquinavir + ritonavir (twice daily) (BI)	

Dual-NRTI Options:

Recommendation	2-NRTI	Population in which to avoid or use with caution
Preferred Dual NRTI	Tenofovir + emtricitabine (AI)	Do not use in combination with unboosted atazanavir. Use with caution: <ul style="list-style-type: none"> • with nevirapine due to reports of early virologic failure • in patients with underlying renal insufficiency
Alternative Dual NRTI	Abacavir + lamivudine (BI)	Do not use in patients who test positive for HLA-B*5701. Use with caution in the presence of the following: <ul style="list-style-type: none"> • HIV RNA >100,000 copies/mL—higher rate of virologic failure reported in ACTG 5202; or • High risk for cardiovascular disease.
	Didanosine + lamivudine (or emtricitabine) (BI)	Do not use in combination with unboosted atazanavir. Do not use in patients with a history of pancreatitis or peripheral neuropathy.
	Zidovudine + lamivudine (BI)	Use with caution in the presence of pretreatment anemia and/or neutropenia (may improve or worsen with zidovudine).