

**Table 6b. Antiretroviral Components That Are Acceptable as Initial Antiretroviral Components but Are Inferior to Preferred or Alternative Components**

<b>Antiretroviral drugs or regimens</b> (in alphabetical order)	<b>Reasons for generally not recommending the drugs or regimens as initial therapy</b>	<b>Special circumstances in which the drugs or regimens may be used</b>
Abacavir/lamivudine/zidovudine (co-formulated) as triple-NRTI combination regimen <b>(CII)</b>	<ul style="list-style-type: none"> <li>• Inferior virologic efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• When PI or NNRTI-based regimens cannot be used based on toxicities or concerns of significant drug-drug interactions</li> </ul>
Nelfinavir <b>(CII)</b>	<ul style="list-style-type: none"> <li>• Inferior virologic efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• Most experience with pregnant patients with good tolerability and adequate pharmacokinetic data</li> </ul>
Saquinavir (ritonavir-boosted) <b>(CII)</b>	<ul style="list-style-type: none"> <li>• Inferior to lopinavir/ritonavir</li> <li>• Minimal efficacy data in treatment-naïve patients</li> </ul>	<ul style="list-style-type: none"> <li>• When preferred or alternative PI components cannot be used based on toxicities or concerns of significant drug-drug interactions</li> </ul>
Stavudine + lamivudine <b>(CII)</b>	<ul style="list-style-type: none"> <li>• Significant toxicities including lipoatrophy, peripheral neuropathy, hyperlactatemia including symptomatic and life-threatening lactic acidosis, hepatic steatosis, and pancreatitis</li> </ul>	<ul style="list-style-type: none"> <li>• When preferred or alternative dual-NRTI combination cannot be used</li> </ul>