

Table 6a. Antiretroviral Components Recommended for Treatment of HIV-1 Infection in Treatment Naïve Patients

A combination antiretroviral regimen in treatment-naïve patients generally contains 1 NNRTI + 2 NRTIs or a single or ritonavir-boosted PI + 2 NRTI.

Selection of a regimen for an antiretroviral-naïve patient should be individualized based on virologic efficacy, toxicities, pill burden, dosing frequency, drug-drug interaction potential, and co-morbid conditions. Components listed below 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. Clinicians initiating antiretroviral regimens in the HIV-1-infected pregnant patient should refer to "[Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States](http://aidsinfo.nih.gov/guidelines/)" at <http://aidsinfo.nih.gov/guidelines/>.

To Construct an Antiretroviral Regimen, Select 1 Component from Column A + 1 from Column B			
	Column A (NNRTI or PI Options – in alphabetical order)		Column B (Dual-NRTI Options – in alphabetical order)
Preferred Components	NNRTI- efavirenz ¹ (AII) or PI- atazanavir + ritonavir (AIII) fosamprenavir + ritonavir (2x/day) (AII) lopinavir/ritonavir ² (2x/day) (AII) (co-formulated)	+	Preferred Components tenofovir/emtricitabine ³ (co-formulated) (AII); or zidovudine/lamivudine ³ (co-formulated) (AII)
Alternative to Preferred Components	NNRTI – nevirapine ⁴ (BII) or PI- atazanavir ⁵ (BII) fosamprenavir (BII) fosamprenavir + ritonavir (1x/day) (BII) lopinavir/ritonavir (1x/day) (BII) (co-formulated)		Alternative to Preferred Components abacavir/lamivudine ³ (co-formulated) (BII) didanosine + (emtricitabine or lamivudine) (BII)
Other Possible Options	Please see Table 6b		Other Possible Options Please see Table 6b

¹ Efavirenz is not recommended for use in the 1st trimester of pregnancy or in sexually active women with child-bearing potential who are not using effective contraception.

² The pivotal study that led to the recommendation of lopinavir/ritonavir as a preferred PI component was based on twice-daily dosing [106]. A smaller study has shown similar efficacy with once-daily dosing but also showed a higher incidence of moderate to severe diarrhea with the once-daily regimen (16% vs. 5%) [114].

³ Emtricitabine may be used in place of lamivudine and vice versa.

⁴ Nevirapine should not be initiated in women with CD4⁺ T cell count >250 cells/mm³ or in men with CD4⁺ T cell count >400 cells/mm³ because of increased risk of symptomatic hepatic events in these patients.

⁵ Atazanavir must be boosted with ritonavir if used in combination with tenofovir.