Table 5a. Preferred and Alternative Antiretroviral Regimens for Antiretroviral Therapy-Naïve Patients (Updated January 10, 2011)

Selection of a regimen should be individualized based on virologic efficacy, toxicity, pill burden, dosing frequency, drug-drug interaction potential, resistance testing results, and comorbid conditions. Refer to **Table 6** for a list of advantages and disadvantages and **Appendix B, Tables 1–6** for dosing information for individual ARV agents listed below. The regimens in each category are listed in alphabetical order.

Preferred Regimens (Regimens with optimal and durable efficacy, favorable tolerability and toxicity profile, and ease of use) **The preferred regimens for nonpregnant patients are arranged by order of FDA approval of components other than nucleosides, thus, by duration of clinical experience.**	
NNRTI-Based Regimen • EFV/TDF/FTC[1] **(AI)** **PI-Based Regimens** *(in alphabetical order)* • ATV/r + TDF/FTC[1] **(AI)** • DRV/r (once daily) + TDF/FTC[1] **(AI)** **INSTI-Based Regimen** • RAL + TDF/FTC[1] **(AI)** **Preferred Regimen[2] for Pregnant Women** • LPV/r (twice daily) + ZDV/3TC[1] **(AI)**	**Comments** **EFV** should not be used during the first trimester of pregnancy or in women trying to conceive or not using effective and consistent contraception. **ATV/r** should not be used in patients who require >20 mg omeprazole equivalent per day. Refer to **Table 15a** for dosing recommendations regarding interactions between ATV/r and acid-lowering agents.
Alternative Regimens (Regimens that are effective and tolerable but have potential disadvantages compared with preferred regimens. An alternative regimen may be the preferred regimen for some patients.)	
NNRTI-Based Regimens *(in alphabetical order)* • EFV + (ABC or ZDV)/3TC[1] **(BI)** • NVP + ZDV/3TC[1] **(BI)** **PI-Based Regimens** *(in alphabetical order)* • ATV/r + (ABC or ZDV)/3TC[1] **(BI)** • FPV/r (once or twice daily) + either [(ABC or ZDV)/3TC[1]] or TDF/FTC[1] **(BI)** • LPV/r (once or twice daily) + either [(ABC or ZDV)/3TC[1]] or TDF/FTC[1] **(BI)**	**Comments** **NVP** • NVP should not be used in patients with moderate to severe hepatic impairment (Child-Pugh B or C)[3] • NVP should not be used in women with pre-ARV CD4 count >250 cells/mm^3 or men with pre-ARV CD4 count >400 cells/mm^3. **ABC** • ABC should not be used in patients who test positive for HLA-B*5701. • Use ABC with caution in patients with high risk of cardiovascular disease or with pretreatment HIV RNA >100,000 copies/mL. (See text.) **Once-daily LPV/r** is not recommended in pregnant women.

[1]3TC may substitute for FTC or vice versa.
[2]For more detailed recommendations on ARV use in an HIV-infected pregnant woman, refer to the ***Perinatal Guidelines*** available at **http://aidsinfo.nih.gov/guidelines**.
[3]Refer to **Appendix B, Table 7** for the criteria for Child-Pugh classification.

The following combinations in the recommended list above are available as fixed-dose combination formulations: ABC/3TC, EFV/TDF/FTC, LPV/r, TDF/FTC, and ZDV/3TC.

Acronyms: 3TC = lamivudine, ABC = abacavir, ATV = atazanavir, ATV/r = atazanavir/ritonavir, DRV = darunavir, DRV/r = darunavir/ritonavir, EFV = efavirenz, FPV = fosamprenavir, FPV/r = fosamprenavir/ritonavir, FTC = emtricitabine, INSTI = integrase strand transfer inhibitor, LPV = lopinavir, LPV/r = lopinavir/ritonavir, NNRTI = non-nucleoside reverse transcriptase inhibitor, NRTI = nucleos(t)ide reverse transcriptase inhibitor, NVP = nevirapine, PI = protease inhibitor, RAL = raltegravir, TDF = tenofovir, ZDV = zidovudine