Table 5b. Acceptable Antiretroviral Regimens for Treatment-Naïve Patients
(Updated January 10, 2011)

Acceptable Regimens (CI) (Regimens that may be selected for some patients but are less satisfactory than preferred or alternative regimens) **and Regimens that may be Acceptable but more definitive data are needed (CIII)**	
NNRTI-Based Regimen • EFV + ddI + (3TC or FTC) **(CI)** **PI-Based Regimens** • ATV + (ABC or ZDV)/3TC[1] **(CI)** • DRV/r + (ABC or ZDV)/3TC[1] **(CIII)** **INSTI-Based Regimen** • RAL + (ABC or ZDV)/3TC[1] **(CIII)** **CCR5 Antagonist-Based Regimens** • MVC + ZDV/3TC[1] **(CI)** • MVC + TDF/FTC[1] or ABC/3TC[1] **(CIII)**	**Comments** **EFV + ddI + (FTC or 3TC)** has only been studied in small clinical trials. **ATV/r** is generally preferred over ATV. Unboosted ATV may be used when RTV boosting is not possible. **MVC** Tropism testing should be performed before initiation of therapy; only patients found to have only CCR5-tropic virus are candidates for MVC.
Regimens that may be acceptable but should be used with caution (Regimens that have demonstrated virologic efficacy in some studies but have safety, resistance, or efficacy concerns. See comments below.)	
NNRTI-Based Regimens • NVP + ABC/3TC[1] **(CIII)** • NVP + TDF/FTC[1] **(CIII)** **PI-Based Regimens** • FPV + [(ABC or ZDV)/3TC[1] or TDF/FTC[1]] **(CIII)** • SQV/r + TDF/FTC[1] **(CI)** • SQV/r + (ABC or ZDV)/3TC[1] **(CIII)**	**Comments** Use **NVP** and **ABC** together with caution because both can cause HSRs within first few weeks after initiation of therapy. Early virologic failure with high rates of resistance has been reported in some patients receiving **NVP + TDF + (3TC or FTC)**. Larger clinical trials are currently in progress. **FPV/r** is generally preferred over unboosted FPV. Virologic failure with unboosted FPV-based regimen may select mutations that confer cross resistance to DRV. **SQV/r** • SQV/r was associated with PR and QT prolongation in a healthy volunteer study. • Baseline ECG is recommended before initiation of SQV/r. • SQV/r is not recommended in patients with any of the following: 1. pretreatment QT interval >450 msec 2. refractory hypokalemia or hypomagnesemia 3. concomitant therapy with other drugs that prolong QT interval 4. complete AV block without implanted pacemaker 5. risk of complete AV block

[1]3TC maybe substituted with FTC or vice versa.

Acronyms: 3TC = lamivudine, ABC = abacavir, ATV = atazanavir, ATV/r = atazanavir/ritonavir, AV = atrioventricular, ddI = didanosine, DRV = darunavir, DRV/r = darunavir/ritonavir, ECG = electrocardiogram, EFV = efavirenz, FPV = fosamprenavir, FPV/r = fosamprenavir/ritonavir, FTC = emtricitabine, HSR = hypersensitivity reaction, INSTI = integrase strand transfer inhibitor, msec = millisecond, MVC = maraviroc, NNRTI = non-nucleoside reverse transcriptase inhibitor, NVP = nevirapine, PI = protease inhibitor, RAL = raltegravir, RTV = ritonavir, SQV = saquinavir, SQV/r = saquinavir/ritonavir, TDF = tenofovir, ZDV = zidovudine