

Table 8. Antiretroviral Regimens or Components That Should Not Be Offered At Any Time
(Updated January 10, 2011)

	Rationale	Exception
Antiretroviral Regimens <u>Not</u> Recommended		
Monotherapy with NRTI (AII)	<ul style="list-style-type: none"> Rapid development of resistance Inferior ARV activity when compared with combination of three or more ARV agents 	<ul style="list-style-type: none"> No exception
Dual-NRTI regimens (AI)	<ul style="list-style-type: none"> Rapid development of resistance Inferior ARV activity when compared with combination of three or more ARV agents 	<ul style="list-style-type: none"> No exception
Triple-NRTI regimens (AI) except for ABC/ZDV/3TC (BI) or possibly TDF + ZDV/3TC (BII)	<ul style="list-style-type: none"> High rate of early virologic nonresponse seen when triple-NRTI combinations, including ABC/TDF/3TC and TDF/ddI/3TC, were used as initial regimen in ART-naïve patients. Other triple-NRTI regimens have not been evaluated. 	<ul style="list-style-type: none"> ABC/ZDV/3TC (BI) and possibly TDF + ZDV/3TC (BII) in patients in whom other combinations are not desirable
Antiretroviral Components <u>Not</u> Recommended as Part of an Antiretroviral Regimen		
ATV + IDV (AIII)	<ul style="list-style-type: none"> Potential additive hyperbilirubinemia 	<ul style="list-style-type: none"> No exception
ddI + d4T (AII)	<ul style="list-style-type: none"> High incidence of toxicities: peripheral neuropathy, pancreatitis, and hyperlactatemia Reports of serious, even fatal, cases of lactic acidosis with hepatic steatosis with or without pancreatitis in pregnant women 	<ul style="list-style-type: none"> When no other ARV options are available and potential benefits outweigh the risks (BIII)
ddI + TDF (AII)	<ul style="list-style-type: none"> Increased ddI concentrations and serious ddI-associated toxicities Potential for immunologic nonresponse and/or CD4 cell count decline High rate of early virologic failure Rapid selection of resistance mutations at failure 	<ul style="list-style-type: none"> Clinicians caring for patients who are clinically stable on regimens containing TDF + ddI should consider altering the NRTIs to avoid this combination.
2-NNRTI combination (AI)	<ul style="list-style-type: none"> When EFV combined with NVP, higher incidence of clinical adverse events seen when compared with either EFV- or NVP-based regimen. Both EFV and NVP may induce metabolism and may lead to reductions in ETR exposure; thus, they should not be used in combination with ETR. 	<ul style="list-style-type: none"> No exception
EFV in first trimester of pregnancy or in women with significant childbearing potential (AIII)	<ul style="list-style-type: none"> Teratogenic in nonhuman primates 	<ul style="list-style-type: none"> When no other ARV options are available and potential benefits outweigh the risks (BIII)
FTC + 3TC (AIII)	<ul style="list-style-type: none"> Similar resistance profiles No potential benefit 	<ul style="list-style-type: none"> No exception
ETR + unboosted PI (AII)	<ul style="list-style-type: none"> ETR may induce metabolism of these PIs; appropriate doses not yet established 	<ul style="list-style-type: none"> No exception
ETR + RTV-boosted ATV or FPV (AII)	<ul style="list-style-type: none"> ETR may alter the concentrations of these PIs; appropriate doses not yet established 	<ul style="list-style-type: none"> No exception
ETR + RTV-boosted TPV (AII)	<ul style="list-style-type: none"> ETR concentration may be significantly reduced by RTV-boosted TPV 	<ul style="list-style-type: none"> No exception
NVP in ARV-naïve women with CD4 count >250 cells/mm³ or men with CD4 count >400 cells/mm³ (BI)	<ul style="list-style-type: none"> High incidence of symptomatic hepatotoxicity 	<ul style="list-style-type: none"> If no other ARV option available; if used, patient should be closely monitored
d4T + ZDV (AII)	<ul style="list-style-type: none"> Antagonistic effect on HIV-1 	<ul style="list-style-type: none"> No exception
Unboosted DRV, SQV, or TPV (AII)	<ul style="list-style-type: none"> Inadequate bioavailability 	<ul style="list-style-type: none"> No exception

Acronyms:

3TC = lamivudine, ABC = abacavir, ATV = atazanavir, d4T = stavudine, ddI = didanosine, DRV = darunavir, EFV = efavirenz, ETR = etravirine, FPV = fosamprenavir, FTC = emtricitabine, IDV = indinavir, NVP = nevirapine, RTV = ritonavir, SQV = saquinavir, TDF = tenofovir, TPV = tipranavir, ZDV = zidovudine