

Table 6. Antiretroviral Components Recommended for Treatment of HIV-1 Infection in Treatment-Naïve Patients (Updated January 29, 2008)

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

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 comorbid 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-infected pregnant patient should refer to “[Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States](#)” 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)
Preferred Components	NNRTI or PI efavirenz ¹ (AII) atazanavir + ritonavir (AIII) fosamprenavir + ritonavir (2x/day) (AII) lopinavir/ritonavir ² (2x/day) (AII) (coformulated)	+	Preferred Components (alphabetical order) abacavir/lamivudine ³ (for patients who test negative for HLAB*5701) (coformulated) (AII); or tenofovir/emtricitabine ³ (coformulated) (AII)
Alternative to Preferred Components	NNRTI or PI nevirapine ⁴ (BII) atazanavir ⁵ (BII) fosamprenavir (BII) fosamprenavir + ritonavir (1x/day) (BII) lopinavir/ritonavir (1x/day) (BII) (coformulated) saquinavir + ritonavir (BII)	+	Alternative to Preferred Components (order of preference) zidovudine/lamivudine ³ (coformulated) (BII); or didanosine + (emtricitabine or lamivudine) (BII)

¹ Efavirenz is not recommended for use in the first trimester of pregnancy or in sexually active women with childbearing 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 [141]. 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%) [149]. In addition, once-daily dosing may be insufficient for those with viral loads >100,000 copies/mL [152].

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

⁴ Nevirapine should not be initiated the following treatment-naïve patients: women with CD4 count >250 cells/mm³ or in men with CD4 count >400 cells/mm³ because of increased risk for symptomatic hepatic events in these patients.

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