

Table 8. Antiretroviral Regimens or Components That Should Not Be Offered At Any Time
(Updated January 29, 2008)

	Rationale	Exception
Antiretroviral Regimens Not Recommended		
Monotherapy with NRTI (EII)	<ul style="list-style-type: none"> • Rapid development of resistance • Inferior antiretroviral activity when compared with combination with three or more antiretrovirals 	<ul style="list-style-type: none"> • No exception (see footnote below regarding the pregnant patient)
Dual-NRTI regimens (EII)	<ul style="list-style-type: none"> • Rapid development of resistance • Inferior antiretroviral activity when compared with combination with three or more antiretrovirals 	<ul style="list-style-type: none"> • No exception (see footnotes below regarding the pregnant patient and post-exposure prophylaxis)
Triple-NRTI regimens (EII) except for abacavir/zidovudine/lamivudine or possibly tenofovir + zidovudine/lamivudine	<ul style="list-style-type: none"> • High rate of early virologic nonresponse seen when triple NRTI combinations including ABC/TDF/3TC or TDF/ddI/3TC were used as initial regimen in treatment-naïve patients • Other 3-NRTI regimens have not been evaluated 	<ul style="list-style-type: none"> • Abacavir/zidovudine/lamivudine (CII); and possibly tenofovir + zidovudine/lamivudine (DII) in selected patients where other combinations are not desirable
Antiretroviral Components Not Recommended as Part of Antiretroviral Regimen		
Atazanavir + indinavir (EIII)	<ul style="list-style-type: none"> • Potential additive hyperbilirubinemia 	<ul style="list-style-type: none"> • No exception
Didanosine + stavudine (EIII)	<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 antiretroviral options are available and potential benefits outweigh the risks (DIII) (see footnote below regarding the pregnant patient)
2-NNRTI combination (EII)	<ul style="list-style-type: none"> • When EFV combined with NVP, higher incidence of clinical adverse events seen when compared to either EFV- or NVP-based regimen • Both EFV and NVP may induce metabolism and may lead to reductions in ETV exposure – thus should not be used in combination 	<ul style="list-style-type: none"> • No exception
Efavirenz in first trimester of pregnancy or in women with significant child-bearing potential (EIII)	<ul style="list-style-type: none"> • Teratogenic in nonhuman primates 	<ul style="list-style-type: none"> • When no other antiretroviral options are available and potential benefits outweigh the risks (DIII) (see footnote below regarding the pregnant patient)
Emtricitabine + lamivudine (EIII)	<ul style="list-style-type: none"> • Similar resistance profile • No potential benefit 	<ul style="list-style-type: none"> • No exception
Nelfinavir in Pregnant Women (EIII)	<ul style="list-style-type: none"> • Presence of small amounts of a byproduct (ethyl methanesulfonate or EMS) in the final product. • EMS is an animal carcinogen, mutagen, and teratogen. • Unknown risk to the unborn fetus 	<ul style="list-style-type: none"> • No exception except in patients with no alternative antiretroviral option.
Stavudine + zidovudine (EII)	<ul style="list-style-type: none"> • Antagonistic effect on HIV-1 	<ul style="list-style-type: none"> • No exception

• When constructing an antiretroviral regimen for an HIV-infected pregnant woman, please consult “[Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States](http://www.aidsinfo.nih.gov/guidelines/)” in <http://www.aidsinfo.nih.gov/guidelines/>.

• When considering an antiretroviral regimen to use in post-exposure prophylaxis, please consult “[Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)” in [CDC MMWR Recommendations and Reports](#), September 30, 2005/54 (RR 09); 1–17 and “[Management of Possible Sexual, Injection-Drug-Use, or Other Non-occupational Exposure to HIV, Including Considerations Related to Antiretroviral Therapy](#)” in [CDC MMWR Recommendations and Reports](#), January 21, 2005/54 (RR 02); 1–19.