

Consider these initial combination regimens

The Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, published Dec. 1, 2009, by the U.S. Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents - A Working Group of the Office of AIDS Research Advisory Council, include the following recommendations for drugs to use when initiating antiretroviral therapy in treatment-naïve patients:

- The Panel recommends initiating antiretroviral therapy in treatment naïve patients with one of the following three types of regimen:
 - NNRTI plus 2 NRTI
 - PI (preferably boosted with ritonavir) plus 2 NRTI
 - INSTI plus 2 NRTI
 - The Panel recommends the following as preferred regimens for treatment naïve patients:
 - Efavirenz plus tenofovir plus emtricitabine (AI)
 - Ritonavir-boosted atazanavir plus tenofovir plus emtricitabine (AI)
 - Ritonavir-boosted darunavir plus tenofovir plus emtricitabine (AI)
 - Raltegravir plus tenofovir plus emtricitabine (AI)
 - A list of Panel recommended alternative and acceptable regimens can be found in Table 5a.
 - 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.
 - Based on individual patient characteristics and needs, in some instances, an alternative regimen may actually be a preferred regimen for a patient.
- INSTI = integrase strand transfer inhibitor; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucleos(t)ide reverse transcriptase inhibitor; PI = protease inhibitor.