

Table 1

Antiretroviral Components Recommended for Treatment of HIV-1 Infection in Treatment-Naïve Patients³

To Construct an Antiretroviral Regimen, Select One Component from Column A + One from Column B

	Column A (NNRTI or PI options)			Column B (Dual NRTI options)
Preferred Components	<u>NNRTI</u> Efavirenz ^a OR <u>PI</u> -Atazanavir = ritonavir -Fosamprenavir = ritonavir -Lopinavir/ritonavir ^b (coformulated) (2x/day)		Preferred Components	Tenofovir/emtricitabine ^c (coformulated) OR Abacavir/lamivudine ^c (coformulated)
Alternative Components	<u>NNRTI</u> Nevirapine ^d OR <u>PI</u> -Atazanavir ^e -Fosamprenavir -Fosamprenavir = ritonavir (1x/day) -Lopinavir/ritonavir (coformulated) (1x/day) -Saquinavir + ritonavir		Alternative Components	OR -Zidovudine/lamivudine ^c (coformulated) -Didanosine = (emtricitabine or lamivudine)

^aEfavirenz is not recommended for use during the 1st trimester of pregnancy or in sexually-active women with childbearing potential who are not using effective contraception.

^bThe pivotal study that led to the recommendation of lopinavir/ritonavir, one of the first-line PI components was based on twice-daily dosing. A smaller study has demonstrated 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%). Also, once-daily dosing may not suffice for patients with viral loads > 100,000 copies/mL.

^cEmtricitabine may be used in place of lamivudine and vice versa

^dNevirapine should not be initiated in women with CD4 count > 250 cells/mm³ or in men with CD4 count > 400 cells/mm³ due to increased risk of symptomatic hepatic events in the patients.

^eAtazanavir must be boosted with ritonavir if used in combination with efavirenz or tenofovir.