

Please refer to the **What Not to Use** section of the Adult Guidelines for more detailed discussions.

Table 9. Antiretroviral Regimens or Components That Should Not Be Offered At Any Time
(Updated January 29, 2008)

| | Rationale | Exception |
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| Antiretroviral Regimens <u>Not</u> Recommended | | |
| Monotherapy with NRTI (AII) | <ul style="list-style-type: none"> • Rapid development of resistance • Inferior antiretroviral activity when compared with combination of three or more antiretrovirals | <ul style="list-style-type: none"> • No exception (see footnote below regarding the pregnant patient) |
| Dual-NRTI regimens (AI) | <ul style="list-style-type: none"> • Rapid development of resistance • Inferior antiretroviral activity when compared with combination of three or more antiretrovirals | <ul style="list-style-type: none"> • No exception (see footnotes below regarding the pregnant patient and postexposure prophylaxis) |
| Triple-NRTI regimens (AIII) except for abacavir/zidovudine/lamivudine (BI) or possibly tenofovir + zidovudine/lamivudine (BII) | <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 triple-NRTI regimens have not been evaluated | <ul style="list-style-type: none"> • Abacavir/zidovudine/lamivudine (BII); and possibly tenofovir + zidovudine/lamivudine (BII) in selected patients in whom other combinations are not desirable |
| Antiretroviral Components Not Recommended as Part of an Antiretroviral Regimen | | |
| Atazanavir + indinavir (AIII) | <ul style="list-style-type: none"> • Potential additive hyperbilirubinemia | <ul style="list-style-type: none"> • No exception |
| Didanosine + stavudine (AIII) | <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 (BIII) |
| 2-NNRTI combination (AII) | <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 etravirine (ETV) exposure; thus, they 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 (AIII) | <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 (BIII) (see footnote below regarding the pregnant patient) |
| Emtricitabine + lamivudine (AIII) | <ul style="list-style-type: none"> • Similar resistance profile • No potential benefit | <ul style="list-style-type: none"> • No exception |
| Etravirine + Unboosted PI (AII) | <ul style="list-style-type: none"> • Etravirine may induce metabolism of these PIs, appropriate doses not yet established. | <ul style="list-style-type: none"> • No exception |
| Etravirine + ritonavir-boosted atazanavir, fosamprenavir, or tipranavir (AII) | <ul style="list-style-type: none"> • Etravirine may induce metabolism of these PIs, appropriate doses not yet established. | <ul style="list-style-type: none"> • No exception |
| Nevirapine in treatment-naïve women with CD4 >250 or men with CD4 >400 (BI) | <ul style="list-style-type: none"> • High incidence of symptomatic hepatotoxicity | <ul style="list-style-type: none"> • If no other antiretroviral option available, if used patients should be closely monitored |
| Stavudine + zidovudine (AII) | <ul style="list-style-type: none"> • Antagonistic effect on HIV-1 | <ul style="list-style-type: none"> • No exception |
| Unboosted darunavir, saquinavir, or tipranavir (AII) | <ul style="list-style-type: none"> • Inadequate bioavailability | <ul style="list-style-type: none"> • No exception |

When constructing an antiretroviral regimen for an HIV-infected pregnant woman, please consult *“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://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.