Table 5. Situation-Specific Recommendations for Use of Antiretroviral Drugs in Pregnant People and Nonpregnant People Who Are Trying to Conceive

(Last updated December 15, 2020; last reviewed December 15, 2020)

People should be given information about the benefits and risks of initiating an antiretroviral (ARV) regimen or making changes to an existing regimen so they can make informed decisions about their care. Patient autonomy and informed choice should be considered in all aspects of medical care, including HIV and obstetric care. This is the primary guiding principle in all the Panel's recommendations.

ART Regimen Component	ART for Pregnant People Who Have Never Received ARV Drugs and Who Are Initiating ART for the First Time	Continuing ART for People Who Become Pregnant on a Fully Suppressive, Well-Tolerated Regimen	ART for Pregnant People Who Have Received ARV Drugs in the Past and Who Are Restarting ART[a]	New ART Regimen for Pregnant People Whose Current Regimen Is Not Well Tolerated and/or Is Not Fully Suppressive[a]	ART for Nonpregnant People Who Are Trying to Conceive[a,b]
Integrase Strand Transfer Inhibitor (INSTI) Drugs Used in combination with a dual-nucleoside reverse transcriptase inhibitor (NRTI) backbone[c]					
DTG	Preferred	Continue	Preferred	Preferred	Preferred
RAL	Preferred	Continue	Preferred	Preferred	Preferred
BIC	Insufficient data	Insufficient data	Insufficient data	Insufficient data	Insufficient data
EVG/c[d]	Not recommended	Continue with frequent viral load monitoring or consider switching	Not recommended	Not recommended	Not recommended
Protease Inhibitor (PI) Drugs Used in combination with a dual-NRTI backbone[c]					
ATV/r	Preferred	Continue	Preferred	Preferred	Preferred
DRV/r	Preferred	Continue	Preferred	Preferred	Preferred
LPV/r	Not recommended, except in special circumstances	Continue	Not recommended, except in special circumstances	Not recommended, except in special circumstances	Not recommended, except in special circumstances
ATV/c[d]	Not recommended	Continue with frequent viral load monitoring or consider switching	Not recommended	Not recommended	Not recommended
DRV/c[d]	Not recommended	Continue with frequent viral load monitoring or consider switching	Not recommended	Not recommended	Not recommended

Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) Drugs Used in combination with a dual-NRTI backbone[c]					
EFV	Alternative	Continue	Alternative	Alternative	Alternative
RPV[e]	Alternative	Continue	Alternative	Alternative	Alternative
DOR	Insufficient data	Insufficient data	Insufficient data	Insufficient data	Insufficient data
ETR[f]	Not recommended	Continue	Not recommended, except in special circumstances	Not recommended, except in special circumstances	Not recommended, except in special circumstances
NVP[f]	Not recommended	Continue	Not recommended, except in special circumstances	Not recommended, except in special circumstances	Not recommended, except in special circumstances
NRTI Drugs[c,g]					
ABC[h]	Preferred	Continue	Preferred	Preferred	Preferred
FTC	Preferred	Continue	Preferred	Preferred	Preferred
3TC	Preferred	Continue	Preferred	Preferred	Preferred
TDF	Preferred	Continue	Preferred	Preferred	Preferred
ZDV	Alternative	Continue	Alternative	Alternative	Alternative
TAF[i]	Alternative	Continue	Alternative	Alternative	Alternative
Entry, Attachment, and Fusion Inhibitor Drugs					
IBA	Insufficient data	Insufficient data	Insufficient data	Insufficient data	Insufficient data
MVC[f]	Not recommended	Continue	Not recommended, except in special circumstances	Not recommended, except in special circumstances	Not recommended, except in special circumstances
T-20[f]	Not recommended	Continue	Not recommended, except in special circumstances	Not recommended, except in special circumstances	Not recommended, except in special circumstances
FTR	Insufficient data	Insufficient data	Insufficient data	Insufficient data	Insufficient data
Fixed-Dose Combination (FDC) Regimens[d,g] The individual drug component that is most responsible for the overall recommendation is indicated in parentheses.					
ABC/DTG/3TC[h]	Preferred	Continue	Preferred	Preferred	Preferred
EFV/FTC/TDF	Alternative (EFV)	Continue	Alternative (EFV)	Alternative (EFV)	Alternative (EFV)
EFV/3TC/TDF	Alternative (EFV)	Continue	Alternative (EFV)	Alternative (EFV)	Alternative (EFV)
FTC/RPV/TDF[e]	Alternative (RPV)	Continue (RPV)	Alternative (RPV)	Alternative (RPV)	Alternative (RPV)
BIC/FTC/TAF	Insufficient data (BIC)	Insufficient data (BIC)	Insufficient data (BIC)	Insufficient data (BIC)	Insufficient data (BIC)

DOR/3TC/TDF	Insufficient data (DOR)	Insufficient data (DOR)	Insufficient data (DOR)	Insufficient data (DOR)	Insufficient data (DOR)
FTC/RPV/TAF	Alternative	Continue	Alternative	Alternative	Alternative
EVG/c/FTC/TDF[d]	Not recommended (EVG/c)	Continue with frequent viral load monitoring or consider switching (EVG/c)	Not recommended (EVG/c)	Not recommended (EVG/c)	Not recommended (EVG/c)
EVG/c/FTC/TAF[d]	Not recommended (EVG/c)	Continue with frequent viral load monitoring or consider switching (EVG/c)	Not recommended (EVG/c)	Not recommended (EVG/c)	Not recommended (EVG/c)
DRV/c/FTC/TAF[d]	Not recommended (DRV/c)	Continue with frequent viral load monitoring or consider switching (DRV/c)	Not recommended (DRV/c)	Not recommended (DRV/c)	Not recommended (DRV/c)
DTG/3TC As a complete regimen[j]	Not recommended	Not recommended; switch, or add additional agents	Not recommended	Not recommended	Not recommended
DTG/RPV As a complete regimen[j]	Not recommended	Not recommended; switch, or add additional agents[e]	Not recommended	Not recommended	Not recommended

[a] **Do not initiate** ARV regimens with components that have documented resistance or suspected resistance based on prior ARV exposure.

[b] This guidance is intended for people who are pregnant or trying to conceive. These recommendations are not intended for all people with HIV who might become pregnant.

[c] ABC plus 3TC, TDF plus FTC, and TDF plus 3TC are *Preferred* dual-NRTI backbones, and ZDV plus 3TC and TAF plus FTC are *Alternative* dual-NRTI backbones for ARV regimens.

[d] DRV/c, EVG/c, and ATV/c **are not recommended** for use in pregnancy because of PK changes that pose a risk for low drug levels and viral rebound in the second and third trimesters. However, in cases where virologically suppressed pregnant people present to care on regimens that include these drugs, these drug combinations can be continued with frequent viral load monitoring or can be switched to a recommended or alternative agent. If there are concerns about switching, see Pregnant People with HIV Who Are Currently Receiving Antiretroviral Therapy. If the cobicistat pharmacologic booster is replaced with ritonavir for ATV and DRV, attention to dosing in pregnancy is critical, with higher doses of ATV required if coadministered with TDF or antacids, and twice-daily dosing required for DRV, in the second and third trimesters.

[e] Although PK data indicate that RPV plasma concentration is reduced during the second and third trimesters, the reduction is less than the reductions seen with use of EVG/c or DRV/c. Higher-than-standard doses of RPV have not been studied, so data are insufficient to recommend a dose change in pregnancy. With standard dosing, viral load should be monitored more frequently.

[f] Although these drugs are not recommended for initial treatment in ART-naive pregnant people, there may be special circumstances in which ART-experienced people may need to continue or initiate ETR, NVP, MVC, and T-20 in order to maintain or achieve viral suppression. Safety and efficacy data are limited about the use of ETR, MVC, and T 20 in pregnancy. NVP **is not recommended** for ART-naive people, because it has a greater potential for adverse events than other NNRTIs, complex lead-in dosing, and a low barrier to resistance; however, if a pregnant person presents to care on a well-tolerated, NVP-containing regimen, it is likely that NVP will be safe and effective during pregnancy. See Table 4 and Nevirapine for more information.

[g] When using FDC tablets, refer to Table 8 and the drug sections in Appendix B for information about the dosing and safety of individual components of the FDC tablet during pregnancy.

[h] Testing for HLA-B*5701 identifies patients who are at risk of developing hypersensitivity reactions while taking ABC; testing should be performed, and a patient should be documented as negative before initiating ABC.

[i] Available data about the use of TAF in pregnancy support continuing it in pregnant people who are virally suppressed, although data are insufficient to recommend it when initiating ART in pregnancy.

[j] Two-drug ARV regimens **are not recommended** for use in pregnancy.

The following drugs and drug combinations (that are not listed above) should not be used during pregnancy: if a person becomes pregnant while taking any of these medications, she should switch to a recommended regimen: d4T, ddI, FPV, FPV/r, IDV, IDV/r, NFV, RTV (as the sole PI), SQV, SQV/r, TPV, TPV/r, or a three-NRTI ARV regimen (e.g., ABC/ZDV/3TC). See Archived Drugs in the Perinatal Guidelines and What Not to Use in the Adult and Adolescent Antiretroviral Guidelines for individual ARV drugs, ARV combinations, and ARV regimens that are not recommended or that should not be used in adults. Refer to the table above and Table 4 for ARV regimens that are recommended for use in pregnancy.

Key: 3TC = lamivudine; ABC = abacavir; ART = antiretroviral therapy; ARV = antiretroviral; ATV = atazanavir; ATV/c = atazanavir/cobicistat; ATV/r = atazanavir/ritonavir; BIC = bictegravir; d4T = stavudine; ddI = didanosine; DOR = doravirine; DRV = darunavir; DRV/c = darunavir/cobicistat; DRV/r = darunavir/ritonavir; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; EVG = elvitegravir; EVG/c = elvitegravir/cobicistat; FDC = fixed-dose combination; FPV = fosamprenavir; FPV/r = fosamprenavir/ritonavir; FTC = emtricitabine; FTR = fostemsavir; IBA = ibalizumab; IDV = indinavir; IDV/r = indinavir/ritonavir; INSTI = integrase strand transfer inhibitor; LPV = lopinavir; LPV/r = lopinavir/ritonavir; MVC = maraviroc; NFV = nelfinavir; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucleoside reverse transcriptase inhibitor; NVP = nevirapine; PI = protease inhibitor; PK = pharmacokinetic; RAL = raltegravir; RPV = rilpivirine; RTV = ritonavir; SQV = saquinavir; SQV/r = saquinavir/ritonavir; T 20 = enfuvirtide; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; TPV = tipranavir; TPV/r = tipranavir/ritonavir; ZDV = zidovudine