Table 10. Antiretroviral Components or Regimens Not Recommended as Initial Therapy

Updated: June 3, 2021
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ARV Components or Regimens	Reasons for *Not* Recommending as Initial Therapy
Combination INSTI plus NNRTI	
CAB plus RPV (PO or IM)	• This regimen only is approved for people who have achieved viral suppression on another ARV regimen. It has not been studied as initial ARV regimen.
DTG plus RPV	• This regimen only is approved for people who have achieved viral suppression on another ARV regimen. It has not been studied as initial ARV regimen.
NRTIs	
ABC/3TC/ZDV (Coformulated) As triple-NRTI combination regimen	• Inferior virologic efficacy
ABC/3TC/ZDV plus TDF As quadruple-NRTI combination regimen	• Inferior virologic efficacy
d4T plus 3TC	• Significant toxicities (including lipoatrophy, peripheral neuropathy) and hyperlactatemia (including symptomatic and life-threatening lactic acidosis, hepatic steatosis, and pancreatitis)
ddI plus 3TC (or FTC)	• Inferior virologic efficacy • Limited clinical trial experience in ART-naive patients • ddI toxicities, such as pancreatitis and peripheral neuropathy
ddI plus TDF	• High rate of early virologic failure • Rapid selection of resistance mutations • Potential for immunologic nonresponse/CD4 cell decline • Increased ddI drug exposure and toxicities
ZDV/3TC	• Greater toxicities (including bone marrow suppression, GI toxicities, skeletal muscle myopathy, cardiomyopathy, and mitochondrial toxicities such as lipoatrophy, lactic acidosis, and hepatic steatosis) than recommended NRTIs
NNRTIs	
DLV	• Inferior virologic efficacy • Inconvenient (three times daily) dosing
ETR	• Insufficient data in ART-naive patients
NVP	• Associated with serious and potentially fatal toxicity (hepatic events and severe rash, including SJS and TEN) • When compared to EFV, NVP did not meet noninferiority criteria

ARV Components or Regimens	Reasons for *Not* Recommending as Initial Therapy
PIs	
ATV (Unboosted)	• Less potent than boosted ATV
DRV (Unboosted)	• Use without RTV or COBI has not been studied
FPV (Unboosted) or FPV/r	• Virologic failure with unboosted FPV-based regimen may result in selection of mutations that confer resistance to FPV and DRV • Less clinical trial data for FPV/r than for other RTV-boosted PIs
IDV (Unboosted)	• Inconvenient dosing (3 times daily with meal restrictions) • Fluid requirement • IDV toxicities, such as nephrolithiasis and crystalluria
IDV/r	• Fluid requirement • IDV toxicities, such as nephrolithiasis and crystalluria
LPV/r	• Higher pill burden than other PI-based regimens • Higher RTV dose than other PI-based regimens • GI intolerance
NFV	• Inferior virologic efficacy • Diarrhea
RTV as sole PI	• High pill burden • GI intolerance • Metabolic toxicity
SQV (Unboosted)	• Inadequate bioavailability • Inferior virologic efficacy
SQV/r	• High pill burden • Can cause QT and PR prolongation; requires pretreatment and follow-up ECG
TPV/r	• Inferior virologic efficacy • Higher rate of adverse events than other RTV-boosted PIs • Higher dose of RTV required for boosting than other RTV-boosted PIs
Entry Inhibitors	
FTR gp120 Attachment Inhibitor	• Only studied in a very small number of patients with virologic failure
IBA CD4 Post-Attachment Inhibitor	• Only studied in a very small number of patients with virologic failure • Requires IV therapy • High cost

ARV Components or Regimens	Reasons for *Not* Recommending as Initial Therapy
MVC CCR5 Antagonist	• Requires testing for CCR5 tropism before initiation of therapy • No virologic benefit when compared with other recommended regimens • Requires twice-daily dosing
T20 Fusion Inhibitor	• Only studied in patients with virologic failure • Twice-daily subcutaneous injections • High rate of injection site reactions

Key: 3TC = lamivudine; ABC = abacavir; ART = antiretroviral therapy; ARV = antiretroviral; ATV = atazanavir; CAB = cabotegravir; CD4 = CD4 T lymphocyte; COBI = cobicistat; d4T = stavudine; ddI = didanosine; DLV = delavirdine; DRV = darunavir; DTG = dolutegravir; ECG = electrocardiogram; EFV = efavirenz; ETR = etravirine; FPV = fosamprenavir; FPV/r = fosamprenavir/ritonavir; FTC = emtricitabine; FTR = fostemsavir; GI = gastrointestinal; IBA = ibalizumab; IDV = indinavir; IDV/r = indinavir/ritonavir; IM = intramuscular; IV = intravenous; 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; PO = oral; RPV = rilpivirine; RTV = ritonavir; SJS = Stevens Johnson Syndrome; SQV = saquinavir; SQV/r = saquinavir/ritonavir; T20 = enfuvirtide; TDF = tenofovir disoproxil fumarate; TEN = toxic epidermal necrolysis; TPV = tipranavir; TPV/r = tipranavir/ritonavir; ZDV = zidovudine