	Rationale	Exception
Antiretroviral Regimens N	ot Recommended	
Monotherapy	 Rapid development of resistance Inferior antiretroviral activity when compared to combination with three or more antiretrovirals 	• Pregnant women with HIV-RNA <1,000 copies/mL using zidovudine monotherapy for prevention of perinatal HIV transmission [*] and not for HIV treatment for the mother
Two-agents drug combinations	 Rapid development of resistance Inferior antiretroviral activity when compared to combination with three or more antiretrovirals 	• For patients currently on this treatment, it is reasonable to continue if virologic goals are achieved
Abacavir + tenofovir + lamivudine - combination as a triple NRTI regimen	• High rate of early virologic non-response seen when this triple NRTI combination was used as initial regimen in treatment naïve patients	• No exception
Tenofovir + didanosine + lamivudine – combination as a triple NRTI regimen	• High rate of early virologic non-response seen when this triple NRTI combination was used as initial regimen in treatment naïve patients	• No exception
Antiretroviral Component	s Not Recommended As Part of Antiretroviral Reg	imen
Saquinavir hard gel capsule (Invirase [®]) as <u>single</u> protease inhibitor	 Poor oral bioavailability (4%) Inferior antiretroviral activity when compared to other protease inhibitors 	• No exception
Stavudine + didanosine	 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 	• When no other antiretroviral options are available and potential benefits outweigh the risks [*]
Efavirenz in pregnancy	Teratogenic in nonhuman primate	• When no other antiretroviral options are available and potential benefits outweigh the risks [*]
 Amprenavir oral solution in: pregnant women; children <4 yr old; patients with renal or hepatic failure; and patients treated with metronidazole or disulfiram 	• Oral liquid contains large amount of the excipient propylene glycol, which may be toxic in the patients at risk	• No exception
Stavudine + zidovudine	Antagonistic	• No exception
Stavudine + zalcitabine	Additive peripheral neuropathy	• No exception
Didanosine + Zalcitabine	Additive peripheral neuropathy	• No exception
Atazanavir + indinavir	Potential additive hyperbilirubinemia	• No exception
Emtricitabine + lamivudine	Similar resistance profileNo potential benefit	• No exception
Hydroxyurea	 ↓ CD4 count ↑ ddI-associated side effects – such as pancreatitis & peripheral neuropathy Inconsistent evidence of improved viral suppression 	• No exception
	• Contraindicated in pregnancy (Pregnancy Category D)	

Table 14. Antiretroviral Regimens or Components That Should Not Be Offered At Any Time

* When constructing an antiretroviral regimen for an HIV-infected pregnant woman, please consult "Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States" in <u>http://www.aidsinfo.nih.gov/guidelines/</u>.