Table 11. Recommended Antiretroviral Regimens for Initial Therapy for Human Immunodeficiency Virus (HIV) Infection in Children

Protease Inhibitor-Based Regimens	
Strongly Recommended:	Two NRTIs[1] ***plus*** Lopinavir/ritonavir ***or*** Nelfinavir ***or*** Ritonavir
Alternative Recommendation:	Two NRTIs[1] ***plus*** Amprenavir (children ≥4 years old)[2] *or* Indinavir
Non-Nucleoside Reverse Transcriptase Inhibitor-Based Regimens	
Strongly Recommended:	Children > 3 years: Two NRTIs[1] ***plus*** Efavirenz [3] (with or without Nelfinavir) Children ≤3 years or who can't swallow capsules: Two NRTIs[1] ***plus*** Nevirapine[3]
Alternative Recommendation:	Two NRTIs[1] ***plus*** Nevirapine[3] (children >3 years)
Nucleoside Analogue-Based Regimens	
Strongly Recommended:	None
Alternative Recommendation:	Zidovudine ***plus*** Lamivudine ***plus*** Abacavir
Use in Special Circumstances:	Two NRTIs[1]
Regimens that are Not Recommended	
	Monotherapy[4] Certain two NRTI combinations[1] Two NRTIs ***plus*** Saquinavir soft or hard gel capsule as a sole protease inhibitor[5]
Insufficient Data to Recommend	
	Two NRTIs[1] ***plus*** Delavirdine Dual protease inhibitors, including saquinavir soft or hard gel capsule with low dose ritonavir, with the exception of lopinavir/ritonavir[4] NRTI ***plus*** NNRTI ***plus*** protease inhibitor[6] Tenofovir-containing regimens Enfuvirtide (T-20)-containing regimens Emtricitabine (FTC)-containing regimens Atazanavir-containing regimens Fosamprenavir-containing regimens

[1] Dual NRTI combination recommendations:
Strongly Recommended choices: Zidovudine plus didanosine or lamivudine; or stavudine plus lamivudine
Alternative Choices: Abacavir plus zidovudine or lamivudine; or didanosine plus lamivudine
Use in Special Circumstances: Stavudine plus didanosine; or zalcitabine plus zidovudine
Insufficient Data: Tenofovir- or emtricitabine-containing regimens
Not Recommended: Zalcitabine plus didanosine, stavudine, or lamivudine; or zidovudine plus stavudine

[2] Amprenavir should not be administered to children under age 4 years due to the propylene glycol and vitamin E content of the oral liquid preparation and lack of pharmacokinetic data in this age group (see **Appendix and Antiretroviral Drug hyperlink**).

[3] Efavirenz is currently available only in capsule form, although a liquid formulation is currently under study to determine appropriate dosage in HIV-infected children under age 3 years; nevirapine would be the preferred NNRTI for children under age 3 years or require a liquid formulation.

[4] Except for zidovudine chemoprophylaxis administered to HIV-exposed infants during the first 6 weeks of life to prevent perinatal HIV transmission; if an infant is confirmed as HIV-infected while receiving zidovudine prophylaxis, therapy should either be discontinued or changed to a combination antiretroviral drug regimen.

[5] With the exception of lopinavir/ritonavir, data on the pharmacokinetics and safety of dual protease inhibitor combinations (e.g., low dose ritonavir pharmacologic boosting of saquinavir, indinavir, or nelfinavir) are limited, use of dual protease inhibitors as a component of initial therapy is not recommended, although such regimens may have utility as secondary treatment regimens for children who have failed initial therapy. Saquinavir soft and hard gel capsule require low dose ritonavir boosting to achieve adequate levels in children, but pharmacokinetic data on appropriate dosing not yet available.

[6] With the exception of efavirenz plus nelfinavir plus 1 or 2 NRTIs, which has been studied in HIV-infected children and shown to have virologic and immunologic efficacy in a clinical trial *[134]*.

NRTI: Nucleoside analogue reverse transcriptase inhibitor
NNRTI: Non-nucleoside analogue reverse transcriptase inhibitor