

Table III. IAS-USA: Recommended Agents for Initial Antiretroviral Therapy

Adapted from: <http://jama.jamanetwork.com/article.aspx?articleid=1221704>

Type of Regimen	ARV Combination	Comments (adapted from the guidelines table)
INSTI* + 2 NRTI's	Dolutegravir + tenofovir/emtricitabine	<ul style="list-style-type: none"> • Dolutegravir is dosed once-daily • Dolutegravir is associated with modest increases in serum creatinine due to inhibition of creatinine secretion
	Dolutegravir/abacavir/lamivudine	<ul style="list-style-type: none"> • No evidence that abacavir/lamivudine performs less well at viral load >100,000 when combined with dolutegravir • A fixed-dose combination is now available • Abacavir has been associated with increased cardiovascular risk, though data are conflicting
	Elvitegravir/cobicistat/tenofovir/emtricitabine	<ul style="list-style-type: none"> • Once-daily fixed-dose combination • Cobicistat is associated with modest increases in serum creatinine due to inhibition of creatinine secretion • Similar drug-drug interactions as ritonavir
	Raltegravir + tenofovir/emtricitabine	<ul style="list-style-type: none"> • Raltegravir is taken twice-daily
NNRTI + 2 NRTI's	Efavirenz/tenofovir/emtricitabine	<ul style="list-style-type: none"> • Efavirenz CNS side effects may persist beyond 2-4 weeks • No longer contraindicated in pregnant women (though still not recommended for women of childbearing potential – see text for discussion) • Should be taken on an empty stomach, preferably at bedtime
	Efavirenz + abacavir/lamivudine	<ul style="list-style-type: none"> • Not recommended if viral load >100,000 or HLA-B*5701 positive • Abacavir has been associated with increased cardiovascular risk, though data are conflicting • Should be taken on an empty stomach, preferably at bedtime

	Rilpivirine/tenofovir/emtricitabine	<ul style="list-style-type: none"> • Once-daily fixed-dose combination • Not recommended if viral load >100,000 or CD4 count <200 • Rilpivirine should not be given with PPI's and should be taken consistently with a full meal
Boosted PI + 2 NRTI's	Atazanavir/ritonavir + tenofovir/emtricitabine	<ul style="list-style-type: none"> • Atazanavir is associated with nephrolithiasis, cholelithiasis, and chronic kidney injury • Avoid coadministration of atazanavir with H2 blockers or PPI's if possible; if not, consult prescribing info for specific dosing/separation schedules
	Darunavir/ritonavir + tenofovir/emtricitabine	<ul style="list-style-type: none"> • For initial therapy, 800 mg of darunavir is given with 100 mg of ritonavir
	Atazanavir/ritonavir + abacavir/lamivudine	<ul style="list-style-type: none"> • Atazanavir is associated with nephrolithiasis, cholelithiasis, and chronic kidney injury • Not recommended if HLA-B*5701 positive • Abacavir has been associated with increased cardiovascular risk, though data are conflicting • Avoid coadministration of atazanavir with H2 blockers or PPI's if possible; if not, consult prescribing info for specific dosing/separation schedules

*Simultaneous administration with antacids or other medications with divalent cations (Ca²⁺, Mg⁺⁺, Al⁺⁺, Fe⁺⁺) should be avoided due to chelation of the integrase strand transfer inhibitor (INSTI) by the cation, thereby reducing absorption. Consult prescribing info for the INSTI's for further detail.