Table III. IAS-USA: Recommended Agents for Initial Antiretroviral Therapy  
Adapted from: http://jama.jamanetwork.com/article.aspx?articleid=1221704

<table>
<thead>
<tr>
<th>Type of Regimen</th>
<th>ARV Combination</th>
<th>Comments (adapted from the guidelines table)</th>
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</thead>
</table>
| INSTI* + 2 NRTI's | Dolutegravir + tenofovir/emtricitabine | • Dolutegravir is dosed once-daily  
• Dolutegravir is associated with modest increases in serum creatinine due to inhibition of creatinine secretion |
| | Dolutegravir/abacavir/lamivudine | • 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 | • 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 | • Raltegravir is taken twice-daily |
| NNRTI + 2 NRTI's | Efavirenz/tenofovir/emtricitabine | • 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 | • 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 | • 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 | • 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 | • For initial therapy, 800 mg of darunavir is given with 100 mg of ritonavir |
| Atazanavir/ritonavir + abacavir/lamivudine | • 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 (Ca\(^{2+}\), Mg\(^{2+}\), Al\(^{3+}\), Fe\(^{3+}\)) 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.*