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México D.F. a 31 de Enero del 2011.

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**Presente**

Por este conducto y después de revisar el boletín electrónico de Amigos contra el SIDA, A.C. <http://www.aids-sida.org/archivos/NEWS-2011-01-26-TerapiaARV.pdf> del 26 de enero del 2011 titulado "Nuevas recomendaciones estadounidenses sobre la terapia antirretroviral", que amablemente nos hace llegar, nos permitimos hacer las siguientes consideraciones:

**En el párrafo TERAPIAS DE INICIO**

En este párrafo se citan únicamente los esquemas aceptables de la tabla 5b de las guías DHHS 2011, omitiendo involuntariamente los esquemas recomendados de la Tabla 5a; al presentarlo de esta manera pudiera generar confusión al lector sin experiencia o sin conocimiento de la versión previa de las Guías 2010 de la DHHS. Por lo tanto, consideramos importante destacar y comentar, que en la nueva versión 2011 de las Guías, los **Esquemas Preferidos** con fuerza de recomendación **AI** siguen siendo:

EFV/TDF/FTC

ATV/r – TDF/FTC

RAL + TDF/FTC

LPV/r – ZDV/3TC (para mujeres embarazadas)

Anexamos la Tabla 5a. Preferred and Alternative Antiretroviral Regimens for Antiretroviral Therapy-Naïve Patients, publicado en la página 43 de las últimas de las Guías DHHS Jan 10, 2011, donde se presenta esta información.

Posteriormente en las Guías, vienen los esquemas alternativos con fuerza de recomendación **BI** y **hasta el final** los esquemas aceptables (que son los que se citan en el párrafo comentado) que tienen fuerza de recomendación **CI** a **CIII** (Anexo la Tabla 5b. Acceptable Antiretroviral Regimens for Treatment-Naïve Patients, página 44 de las Guías DHHS Jan 10, 2011).

Debido a que el boletín que usted preside es altamente leído, creemos conveniente hacer esta aclaración.

Para cualquier duda o comentario, estamos a sus órdenes.

Atentamente

  
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**Table 5a. Preferred and Alternative Antiretroviral Regimens for Antiretroviral Therapy-Naïve Patients (Updated January 10, 2011)**

Selection of a regimen should be individualized based on virologic efficacy, toxicity, pill burden, dosing frequency, drug-drug interaction potential, resistance testing results, and comorbid conditions. Refer to [Table 6](#) for a list of advantages and disadvantages and [Appendix B, Tables 1–6](#) for dosing information for individual ARV agents listed below. The regimens in each category are listed in alphabetical order.

|   |   |
|---|---|
| <p><b>Preferred Regimens</b> (Regimens with optimal and durable efficacy, favorable tolerability and toxicity profile, and ease of use)<br/>The preferred regimens for nonpregnant patients are arranged by order of FDA approval of components other than nucleosides, thus, by duration of clinical experience.</p>   |   |
| <p><b>NNRTI-Based Regimen</b></p> <ul style="list-style-type: none"> <li>• EFV/TDF/FTC<sup>1</sup> (AI)</li> </ul> <p><b>PI-Based Regimens (in alphabetical order)</b></p> <ul style="list-style-type: none"> <li>• ATV/r + TDF/FTC<sup>1</sup> (AI)</li> <li>• DRV/r (once daily) + TDF/FTC<sup>1</sup> (AI)</li> </ul> <p><b>INSTI-Based Regimen</b></p> <ul style="list-style-type: none"> <li>• RAL + TDF/FTC<sup>1</sup> (AI)</li> </ul> <p><b>Preferred Regimen<sup>2</sup> for Pregnant Women</b></p> <ul style="list-style-type: none"> <li>• LPV/r (twice daily) + ZDV/3TC<sup>1</sup> (AI)</li> </ul> | <p><b>Comments</b></p> <p>EFV should not be used during the first trimester of pregnancy or in women trying to conceive or not using effective and consistent contraception.</p> <p>ATV/r should not be used in patients who require &gt;20 mg omeprazole equivalent per day. Refer to <a href="#">Table 15a</a> for dosing recommendations regarding interactions between ATV/r and acid-lowering agents.</p>  |
| <p><b>Alternative Regimens</b> (Regimens that are effective and tolerable but have potential disadvantages compared with preferred regimens. An alternative regimen may be the preferred regimen for some patients.)</p>  |   |
| <p><b>NNRTI-Based Regimens (in alphabetical order)</b></p> <ul style="list-style-type: none"> <li>• EFV + (ABC or ZDV)/3TC<sup>1</sup> (BI)</li> <li>• NVP + ZDV/3TC<sup>1</sup> (BI)</li> </ul> <p><b>PI-Based Regimens (in alphabetical order)</b></p> <ul style="list-style-type: none"> <li>• ATV/r + (ABC or ZDV)/3TC<sup>1</sup> (BI)</li> <li>• FPV/r (once or twice daily) + either [(ABC or ZDV)/3TC<sup>1</sup>] or TDF/FTC<sup>1</sup> (BI)</li> <li>• LPV/r (once or twice daily) + either [(ABC or ZDV)/3TC<sup>1</sup>] or TDF/FTC<sup>1</sup> (BI)</li> </ul>                                    | <p><b>Comments</b></p> <p><b>NVP</b></p> <ul style="list-style-type: none"> <li>• NVP should not be used in patients with moderate to severe hepatic impairment (Child-Pugh B or C)<sup>3</sup></li> <li>• NVP should not be used in women with pre-ARV CD4 count &gt;250 cells/mm<sup>3</sup> or men with pre-ARV CD4 count &gt;400 cells/mm<sup>3</sup>.</li> </ul> <p><b>ABC</b></p> <ul style="list-style-type: none"> <li>• ABC should not be used in patients who test positive for HLA-B*5701.</li> <li>• Use ABC with caution in patients with high risk of cardiovascular disease or with pretreatment HIV RNA &gt;100,000 copies/mL. (See text.)</li> </ul> <p>Once-daily LPV/r is not recommended in pregnant women.</p> |

<sup>1</sup>3TC may substitute for FTC or vice versa.

<sup>2</sup>For more detailed recommendations on ARV use in an HIV-infected pregnant woman, refer to the [Perinatal Guidelines](#) available at <http://aidsinfo.nih.gov/guidelines>.

<sup>3</sup>Refer to [Appendix B, Table 7](#) for the criteria for Child-Pugh classification.

The following combinations in the recommended list above are available as fixed-dose combination formulations: ABC/3TC, EFV/TDF/FTC, LPV/r, TDF/FTC, and ZDV/3TC.

**Acronyms:** 3TC = lamivudine, ABC = abacavir, ATV = atazanavir, ATV/r = atazanavir/ritonavir, DRV = darunavir, DRV/r = darunavir/ritonavir, EFV = efavirenz, FPV = fosamprenavir, FPV/r = fosamprenavir/ritonavir, FTC = emtricitabine, INSTI = integrase strand transfer inhibitor, LPV = lopinavir, LPV/r = lopinavir/ritonavir, NNRTI = non-nucleoside reverse transcriptase inhibitor, NRTI = nucleos(t)ide reverse transcriptase inhibitor, NVP = nevirapine, PI = protease inhibitor, RAL = raltegravir, TDF = tenofovir, ZDV = zidovudine

**Table 5b. Acceptable Antiretroviral Regimens for Treatment-Naïve Patients**  
(Updated January 10, 2011)

| <b>Acceptable Regimens (CI) (Regimens that may be selected for some patients but are less satisfactory than preferred or alternative regimens) and Regimens that may be Acceptable but more definitive data are needed (CIII)</b>   |  |
|---|--|
| <p><b>NNRTI-Based Regimen</b></p> <ul style="list-style-type: none"> <li>• EFV + ddI + (3TC or FTC) (CI)</li> </ul> <p><b>PI-Based Regimens</b></p> <ul style="list-style-type: none"> <li>• ATV + (ABC or ZDV)/3TC<sup>1</sup> (CI)</li> <li>• DRV/r + (ABC or ZDV)/3TC<sup>1</sup> (CIII)</li> </ul> <p><b>INSTI-Based Regimen</b></p> <ul style="list-style-type: none"> <li>• RAL + (ABC or ZDV)/3TC<sup>1</sup> (CIII)</li> </ul> <p><b>CCR5 Antagonist-Based Regimens</b></p> <ul style="list-style-type: none"> <li>• MVC + ZDV/3TC<sup>1</sup> (CI)</li> <li>• MVC + TDF/FTC<sup>1</sup> or ABC/3TC<sup>1</sup> (CIII)</li> </ul> | <p><b>Comments</b></p> <p>EFV + ddI + (FTC or 3TC) has only been studied in small clinical trials.</p> <p>ATV/r is generally preferred over ATV. Unboosted ATV may be used when RTV boosting is not possible.</p> <p><b>MVC</b><br/>Tropism testing should be performed before initiation of therapy; only patients found to have only CCR5-tropic virus are candidates for MVC.</p>   |
| <b>Regimens that may be acceptable but should be used with caution (Regimens that have demonstrated virologic efficacy in some studies but have safety, resistance, or efficacy concerns. See comments below.)</b>  |  |
| <p><b>NNRTI-Based Regimens</b></p> <ul style="list-style-type: none"> <li>• NVP + ABC/3TC<sup>1</sup> (CIII)</li> <li>• NVP + TDF/FTC<sup>1</sup> (CIII)</li> </ul> <p><b>PI-Based Regimens</b></p> <ul style="list-style-type: none"> <li>• FPV + [(ABC or ZDV)/3TC<sup>1</sup> or TDF/FTC<sup>1</sup>] (CIII)</li> <li>• SQV/r + TDF/FTC<sup>1</sup> (CI)</li> <li>• SQV/r + (ABC or ZDV)/3TC<sup>1</sup> (CIII)</li> </ul>   | <p><b>Comments</b></p> <p>Use NVP and ABC together with caution because both can cause HSRs within first few weeks after initiation of therapy.</p> <p>Early virologic failure with high rates of resistance has been reported in some patients receiving NVP + TDF + (3TC or FTC). Larger clinical trials are currently in progress.</p> <p>FPV/r is generally preferred over unboosted FPV. Virologic failure with unboosted FPV-based regimen may select mutations that confer cross resistance to DRV.</p> <p><b>SQV/r</b></p> <ul style="list-style-type: none"> <li>• SQV/r was associated with PR and QT prolongation in a healthy volunteer study.</li> <li>• Baseline ECG is recommended before initiation of SQV/r.</li> <li>• SQV/r is not recommended in patients with any of the following:             <ol style="list-style-type: none"> <li>1. pretreatment QT interval &gt;450 msec</li> <li>2. refractory hypokalemia or hypomagnesemia</li> <li>3. concomitant therapy with other drugs that prolong QT interval</li> <li>4. complete AV block without implanted pacemaker</li> <li>5. risk of complete AV block</li> </ol> </li> </ul> |

<sup>1</sup>3TC maybe substituted with FTC or vice versa.

**Acronyms:** 3TC = lamivudine, ABC = abacavir, ATV = atazanavir, ATV/r = atazanavir/ritonavir, AV = atrioventricular, ddI = didanosine, DRV = darunavir, DRV/r = darunavir/ritonavir, ECG = electrocardiogram, EFV = efavirenz, FPV = fosamprenavir, FPV/r = fosamprenavir/ritonavir, FTC = emtricitabine, HSR = hypersensitivity reaction, INSTI = integrase strand transfer inhibitor, msec = millisecond, MVC = maraviroc, NNRTI = non-nucleoside reverse transcriptase inhibitor, NVP = nevirapine, PI = protease inhibitor, RAL = raltegravir, RTV = ritonavir, SQV = saquinavir, SQV/r = saquinavir/ritonavir, TDF = tenofovir, ZDV = zidovudine