Table 7.5 Summary of first-line ART regimens for adults, adolescents, pregnant and breastfeeding women and children

<table>
<thead>
<tr>
<th>First-line ART</th>
<th>Preferred first-line regimens</th>
<th>Alternative first-line regimens&lt;sup&gt;a,b&lt;/sup&gt;</th>
</tr>
</thead>
</table>
| Adults (including pregnant and breastfeeding women and adults with TB and HBV coinfection) | TDF + 3TC (or FTC) + EFV | AZT + 3TC + EFV  
AZT + 3TC + NVP  
TDF + 3TC (or FTC) + NVP |
| Adolescents (10 to 19 years) ≥35 kg | ABC + 3TC + EFV | AZT + 3TC + EFV  
AZT + 3TC + NVP  
TDF + 3TC (or FTC) + NVP  
ABC + 3TC + EFV (or NVP) |
| Children 3 years to less than 10 years and adolescents <35 kg | ABC + 3TC + EFV | ABC + 3TC + NVP  
AZT + 3TC + EFV  
AZT + 3TC + NVP  
TDF + 3TC (or FTC) + EFV  
TDF + 3TC (or FTC) + NVP |
| Children <3 years | ABC or AZT + 3TC + LPV/r | ABC + 3TC + NVP  
AZT + 3TC + NVP |

<sup>a</sup> For adolescents, using d4T as an option in first-line treatment should be discontinued and restricted to special cases in which other ARV drugs cannot be used and to the shortest time possible, with close monitoring. For children, d4T use should be restricted to the situations in which there is suspected or confirmed toxicity to AZT and lack of access to ABC or TDF. The duration of therapy with this drug should be limited to the shortest time possible. See Box 10.7 for guidance on phasing out d4T.

<sup>b</sup> ABC or boosted PIs (ATV/r, DRV/r, LPV/r) can be used in special circumstances.