What’s New in the Guidelines

The Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States (Perinatal Guidelines) are published in an electronic format that can be updated as relevant changes in prevention and treatment recommendations occur. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) is committed to timely changes in this document because so many health care providers, patients, and policy experts rely on this source for vital clinical information.

Major revisions within the last 12 months are as follows:

October 19, 2017

Recommendations for Use of Antiretroviral Drugs during Pregnancy and Table 6: What to Start: Initial Combination Regimens for Antiretroviral Naive-Pregnant Women

- This section was updated to include new data and publications where relevant.
- After review of available study findings, the Panel continues to recommend tenofovir as a component of first line therapy and zidovudine as a second-line agent for use in antiretroviral-naive pregnant women living with HIV in the United States.
- Based on limited but increasing experience with use in pregnancy, dolutegravir is now classified as an Alternative agent for antiretroviral-naive pregnant women.
- The Panel has changed its classification of elvitegravir/cobicistat to Not Recommended for Initial Use in Pregnancy based on data showing inadequate levels of both drugs during the 2nd and 3rd trimester as well as viral breakthroughs.
- When a pregnant woman presents on elvitegravir/cobicistat regimens, providers should consider switching to a more effective regimen. If elvitegravir/cobicistat regimens are continued, viral load should be monitored frequently and therapeutic drug monitoring may be useful.
- Maraviroc and enfuvirtide are not recommended for use in antiretroviral-naive pregnant women, in accordance with guidelines for non-pregnant adults and due to lack of pharmacokinetic and safety data in pregnancy.

Table 8: Antiretroviral Drug Use in Pregnant HIV-Infected Women: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy and Appendix B: Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy

- These sections were updated with new data about tenofovir disoproxil fumarate.

October 5, 2017

On October 5, 2017, the Panel released the following statement:

A recent BMJ clinical practice guideline recommended that pregnant women living with HIV should not be treated with the combination of tenofovir/emtricitabine (TDF/FTC). After fully considering the results of the PROMISE study, both the Panel and the British HIV Association do not support these recommendations. The Panel found that there were important study design and statistical considerations that limit the generalizability of the PROMISE findings, and in consideration of all available evidence, the Panel concluded that the assessment of expected benefits and harms favored TDF/FTC over ZDV/3TC, leading the Panel to keep TDF/FTC as a Preferred recommendation and ZDV/3TC as an Alternative recommendation for antiretroviral-naive pregnant women living with HIV in the United States.