

**Table 9. Advantages and Disadvantages of Different Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) for Use in Highly Active Antiretroviral Combination Regimens**

	Advantages	Disadvantages
<b>General Issues</b>		
<b>NNRTI-Based Regimens</b>	<b>NNRTI Class Advantages:</b> <ul style="list-style-type: none"> <li>• Less dyslipidemia and fat maldistribution than protease inhibitors</li> <li>• Protease inhibitor-sparing</li> <li>• Lower pill burden than protease inhibitors for those taking solid formulation; easier to use and adhere to than protease inhibitor-based regimens</li> </ul>	<b>NNRTI Class Disadvantages:</b> <ul style="list-style-type: none"> <li>• Single mutation can confer resistance, with cross-resistance among NNRTIs</li> <li>• Rare but serious and potentially life-threatening cases of skin rash, including Stevens-Johnson Syndrome, and hepatic toxicity with all NNRTIs (but highest with nevirapine)</li> <li>• Potential for multiple drug interactions due to metabolism via hepatic enzymes (e.g. CYP3A4), although less than with protease inhibitors</li> </ul>
<b>Strongly Recommended</b>		
Efavirenz (for children aged >3 years or who can take capsules)	<ul style="list-style-type: none"> <li>• Potent antiretroviral activity</li> <li>• Once daily administration</li> <li>• Can give with food (but avoid high fat meals)</li> </ul>	<ul style="list-style-type: none"> <li>• Neuropsychiatric side effects (bedtime dosing to reduce central nervous system effects)</li> <li>• No commercially available liquid</li> <li>• No data on dosing for children &lt;3 years old</li> <li>• Teratogenic in primates; use with caution in adolescent females of childbearing age</li> </ul>
<b>Alternative</b>		
Nevirapine (alternative NNRTI for children >3 years; strongly recommended NNRTI for children aged ≤3 years or who can't swallow capsules)	<ul style="list-style-type: none"> <li>• Liquid formulation available</li> <li>• Dosing information for young infants available</li> <li>• Can give with food</li> </ul>	<ul style="list-style-type: none"> <li>• Higher incidence rash/ hypersensitivity reaction than other NNRTIs</li> <li>• Higher rates of serious hepatic toxicity than efavirenz</li> </ul>
<b>Insufficient Data to Recommend</b>		
Delavirdine	<ul style="list-style-type: none"> <li>• Can give with food</li> </ul>	<ul style="list-style-type: none"> <li>• No liquid formulation</li> <li>• No pediatric studies, so dose not established in children</li> </ul>

NNRTI: Non-nucleoside analogue reverse transcriptase inhibitor