



Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

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Appendix B, Table 2. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors (Last updated July 14, 2016; last reviewed July 14, 2016) (page 1 of 2)

Note: Delavirdine (DLV) is not included in this table. Please refer to the DLV Food and Drug Administration package insert for related information.

Generic Name (Abbreviation) Trade Name	Formulations	Dosing Recommendations ^a	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events ^b
Efavirenz (EFV) <i>Sustiva</i> Also available as a component of fixed-dose combination (by trade name and abbreviation):	Sustiva: <ul style="list-style-type: none"> • 50 and 200 mg capsules • 600 mg tablet 	Sustiva: <ul style="list-style-type: none"> • 600 mg once daily, at or before bedtime • Take on an empty stomach to reduce side effects. 	Metabolized by CYPs 2B6 (primary), 3A4, and 2A6 CYP3A4 mixed inducer/inhibitor (more an inducer than an inhibitor) CYP2C9 and 2C19 inhibitor; 2B6 inducer	40–55 hours	<ul style="list-style-type: none"> • Rash^c • Neuropsychiatric symptoms^d • Increased transaminase levels • Hyperlipidemia • False-positive results with some cannabinoid and benzodiazepine screening assays reported. • Teratogenic in non-human primates and potentially teratogenic during the first trimester of pregnancy in humans
Atripla (EFV/TDF/FTC)	Atripla: <ul style="list-style-type: none"> • (EFV 600 mg plus TDF 300 mg plus FTC 200 mg) tablet 	Atripla: <ul style="list-style-type: none"> • 1 tablet once daily, at or before bedtime 			
Etravirine (ETR) <i>Intence</i>	<ul style="list-style-type: none"> • 25, 100, and 200 mg tablets 	<ul style="list-style-type: none"> • 200 mg BID • Take following a meal. 	CYP3A4, 2C9, and 2C19 substrate 3A4 inducer; 2C9 and 2C19 inhibitor	41 hours	<ul style="list-style-type: none"> • Rash, including Stevens-Johnson syndrome^c • HSRs, characterized by rash, constitutional findings, and sometimes organ dysfunction (including hepatic failure) have been reported. • Nausea
Nevirapine (NVP) <i>Viramune or Viramune XR</i> Generic available for 200 mg tablets and oral suspension	<ul style="list-style-type: none"> • 200 mg tablet • 400 mg XR tablet • 50 mg/5 mL oral suspension 	<ul style="list-style-type: none"> • 200 mg once daily for 14 days (lead-in period); thereafter, 200 mg BID, or 400 mg (Viramune XR tablet) once daily • Take without regard to meals. • Repeat lead-in period if therapy is discontinued for >7 days. • In patients who develop mild-to-moderate rash without constitutional symptoms, continue lead-in period until rash resolves but not longer than 28 days total. 	CYP450 substrate, inducer of 3A4 and 2B6; 80% excreted in urine (glucuronidated metabolites, <5% unchanged); 10% in feces	25–30 hours	<ul style="list-style-type: none"> • Rash, including Stevens-Johnson syndrome^c • Symptomatic hepatitis, including fatal hepatic necrosis, has been reported: <ul style="list-style-type: none"> • Rash reported in approximately 50% of cases. • Occurs at significantly higher frequency in ARV-naive female patients with pre-NVP CD4 counts >250 cells/mm³ and in ARV-naive male patients with pre-NVP CD4 counts >400 cells/mm³. NVP should not be initiated in these patients unless the benefit clearly outweighs the risk.

Appendix B, Table 2. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors (Last updated July 14, 2016; last reviewed July 14, 2016) (page 2 of 2)

Note: Delavirdine (DLV) is not included in this table. Please refer to the DLV Food and Drug Administration package insert for related information.

Generic Name (Abbreviation) Trade Name	Formulations	Dosing Recommendations ^a	Elimination/ Metabolic Pathway	Serum/ Half-Life	Adverse Events ^b
Rilpivirine (RPV) <i>Edurant</i> Also available as a component of fixed-dose combinations (by trade name and abbreviation):	<u>Edurant:</u> • 25 mg tablet	<u>Edurant:</u> • 25 mg once daily • Take with a meal.	CYP3A4 substrate	50 hours	• Rash ^c • Depression, insomnia, headache • Hepatotoxicity
<i>Complera</i> (RPV/TDF/FTC)	<u>Complera:</u> • (RPV 25 mg plus TDF 300 mg plus FTC 200 mg) tablet	<u>Complera:</u> • 1 tablet once daily • Take with a meal.			
<i>Odefsey</i> (RPV/TAF/FTC)	<u>Odefsey:</u> • (RPV 25 mg plus TAF 25 mg plus FTC 200 mg) tablet	<u>Odefsey:</u> • 1 tablet once daily • Take with a meal.			

^a For dosage adjustment in renal or hepatic insufficiency, see [Appendix B, Table 7](#).

^b Also see [Table 14](#).

^c Rare cases of Stevens-Johnson syndrome have been reported with most NNRTIs; the highest incidence of rash was seen with NVP.

^d Adverse events can include dizziness, somnolence, insomnia, abnormal dreams, depression, suicidality (suicide, suicide attempt or ideation), confusion, abnormal thinking, impaired concentration, amnesia, agitation, depersonalization, hallucinations, and euphoria. Approximately 50% of patients receiving EFV may experience any of these symptoms. Symptoms usually subside spontaneously after 2 to 4 weeks but may necessitate discontinuation of EFV in a small percentage of patients.

Key to Abbreviations: ARV = antiretroviral; BID = twice daily; CD4 = CD4 T lymphocyte; CYP = cytochrome P; DLV = delavirdine; EFV = efavirenz; ETR = etravirine; FDA = Food and Drug Administration; FTC = emtricitabine; HSR = hypersensitivity reaction; NNRTI = non-nucleoside reverse transcriptase inhibitor; NVP = nevirapine; RPV = rilpivirine; **TAF = tenofovir alafenamide**; TDF = tenofovir disoproxil fumarate; XR = extended release