Appendix B, Table 2. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors  (Last updated October 25, 2018; last reviewed October 25, 2018)  

<table>
<thead>
<tr>
<th>Generic Name (Abbreviation)</th>
<th>Trade Name</th>
<th>Formulations</th>
<th>Dosing Recommendations</th>
<th>Elimination/Metabolic Pathway</th>
<th>Serum Half-Life</th>
<th>Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doravirine (DOR)</td>
<td>Pifeltro</td>
<td>Pifeltro: 100 mg tablet, Pifeltro: 1 tablet once daily</td>
<td>CYP3A4/5 substrate</td>
<td>15 hours</td>
<td></td>
<td>• Nausea</td>
</tr>
<tr>
<td>(DOR/TDF/3TC) Delstrigo</td>
<td></td>
<td>Delstrigo: (DOR 100 mg plus TDF 300 mg plus 3TC 300 mg) tablet, Delstrigo: 1 tablet once daily</td>
<td></td>
<td></td>
<td></td>
<td>• Dizziness</td>
</tr>
<tr>
<td>Efavirenz (EFV)</td>
<td>Sustiva</td>
<td>Sustiva: 50 and 200 mg capsules, Sustiva: 600 mg tablet, Generic: 600 mg tablet</td>
<td>Metabolized by CYPs 2B6 (primary), 3A4, and 2A6 CYP3A4 mixed inducer/inhibitor (more an inducer than an inhibitor) CYP2C9 and 2C19 inhibitor, 2B6 inducer</td>
<td>40–55 hours</td>
<td></td>
<td>• Rash c</td>
</tr>
<tr>
<td>(EFV/TDF/FTC) Atripla</td>
<td></td>
<td>Atripla: (EFV 600 mg plus TDF 300 mg plus FTC 200 mg) tablet, Atripla: 1 tablet once daily on an empty stomach, preferably at bedtime</td>
<td></td>
<td></td>
<td></td>
<td>• Neuropsychiatric symptoms d</td>
</tr>
<tr>
<td>(EFV/TDF/3TC) Symfi</td>
<td></td>
<td>Symfi: (EFV 600 mg plus TDF 300 mg plus 3TC 300 mg) tablet, Symfi: 1 tablet once daily on an empty stomach, preferably at bedtime</td>
<td></td>
<td></td>
<td></td>
<td>• Increased transaminase levels</td>
</tr>
<tr>
<td>(EFV/TDF/3TC) Symfi Lo</td>
<td></td>
<td>Symfi Lo: (EFV 400 mg plus TDF 300 mg plus 3TC 300 mg) tablet, Symfi Lo: 1 tablet once daily on an empty stomach, preferably at bedtime</td>
<td></td>
<td></td>
<td></td>
<td>• Hyperlipidemia</td>
</tr>
<tr>
<td>Etravirine (ETR)</td>
<td>Intelence</td>
<td>Intelence: 25, 100, and 200 mg tablets, Intelence: 200 mg BID, Take following a meal.</td>
<td>CYP3A4, 2C9, and 2C19 substrate 3A4 inducer; 2C9 and 2C19 inhibitor</td>
<td>41 hours</td>
<td></td>
<td>• False-positive results with some cannabinoid and benzodiazepine screening assays reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• QT interval prolongation</td>
</tr>
</tbody>
</table>

Note: DLV is not included in this table. Please refer to the DLV Food and Drug Administration package insert for related information.
### Appendix B, Table 2. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors (Last updated October 25, 2018; last reviewed October 25, 2018) (page 2 of 2)

<table>
<thead>
<tr>
<th>Generic Name (Abbreviation)</th>
<th>Trade Name</th>
<th>Formulations</th>
<th>Dosing Recommendations</th>
<th>Elimination/Metabolic Pathway</th>
<th>Serum Half-Life</th>
<th>Adverse Events</th>
</tr>
</thead>
</table>
| Nevirapine (NVP)           | Viramune or Viramune XR | • 200 mg tablet  
• 400 mg XR tablet  
• 50 mg/5 mL oral suspension | • 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 do not administer for longer than 28 days total. | CYP450 substrate, inducer of 3A4 and 2B6; 80% excreted in urine (glucuronidated metabolites, <5% unchanged); 10% in feces  
Contraindicated in patients with moderate to severe hepatic impairment.  
Dose adjustment is recommended in patients on hemodialysis (see Appendix B, Table 8). | 25–30 hours | • Rash, including Stevens-Johnson syndrome\(^b\)  
• Symptomatic hepatitis, including fatal hepatic necrosis, has been reported:  
  • Rash reported in approximately 50% of cases.  
  • Occurs at significantly higher frequency in ARV-naive female patients with pre-NVP CD4 counts >250 cells/mm\(^3\) and in ARV-naive male patients with pre-NVP CD4 counts >400 cells/mm\(^3\). NVP should not be initiated in these patients unless the benefit clearly outweighs the risk. |
| Rilpivirine (RPV) Edurant | Edurant:  
• 25 mg tablet | Edurant:  
• 25 mg once daily  
• Take with a meal. | CYP3A4 substrate | 50 hours | • Rash\(^c\)  
• Depression, insomnia, headache  
• Hepatotoxicity  
• QT interval prolongation |
| (RPV/DTG) Juluca | Juluca:  
• (RPV 25 mg plus DTG 50 mg) tablet | Juluca:  
• 1 tablet once daily  
• Take with a meal. | | | |
| (RPV/TAF/FTC) Odefsey | Odefsey:  
• (RPV 25 mg plus TAF 25 mg plus FTC 200 mg) tablet | Odefsey:  
• 1 tablet once daily  
• Take with a meal. | | | |
| (RPV/TDF/FTC) Complera | Complera:  
• (RPV 25 mg plus TDF 300 mg plus FTC 200 mg) tablet | Complera:  
• 1 tablet once daily  
• Take with a meal. | | | |

\(^a\) For dose adjustments in patients with renal or hepatic insufficiency, see Appendix B, Table 8.
\(^b\) Also see Table 15.
\(^c\) 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 Acronyms:** 3TC = lamivudine; ARV = antiretroviral; BID = twice daily; CD4 = CD4 T lymphocyte; CYP = cytochrome P; DLV = delavirdine; DOR = doravirine; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; 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