Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV

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Appendix B, Table 4. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors  (Last updated December 18, 2019; last reviewed December 18, 2019) (page 1 of 2)

The older NNRTI DLV is no longer commonly used in clinical practice and is not listed this table. Please refer to the FDA product label for DLV for information regarding this drug.

<table>
<thead>
<tr>
<th>Generic Name (Abbreviations)</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) Pifeltro</td>
<td>Pifeltro:</td>
<td>Pifeltro:</td>
<td>CYP3A4/5 substrate</td>
<td>15 hours</td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td>• 100 mg tablet</td>
<td>• One tablet once daily</td>
<td>See Appendix B, Table 1 for dosing information for Delstrigo.</td>
<td></td>
<td>Dizziness</td>
</tr>
<tr>
<td></td>
<td>Also available as part of the STR Delstrigo (DOR/TDF/3TC)</td>
<td></td>
<td></td>
<td></td>
<td>Abnormal dreams</td>
</tr>
<tr>
<td>Efavirenz (EFV) Sustiva</td>
<td>Sustiva:</td>
<td>Sustiva:</td>
<td>Metabolized by CYP2B6 (primary), 3A4, and 2A6</td>
<td>40–55 hours</td>
<td>Rash</td>
</tr>
<tr>
<td>Note: Generic product is available.</td>
<td>• 50 and 200 mg capsules</td>
<td>• EFV 600 mg once daily, at or before bedtime</td>
<td>CYP3A4A4 mixed inducer/ inhibitor (more an inducer than an inhibitor)</td>
<td></td>
<td>Neuropsychiatric symptoms</td>
</tr>
<tr>
<td></td>
<td>• 600 mg tablet</td>
<td></td>
<td>CYP2B6 and 2C19 inducer</td>
<td></td>
<td>Serum transaminase elevations</td>
</tr>
<tr>
<td></td>
<td>Generic:</td>
<td>See Appendix B, Table 1 for dosing information for STRs that contain EFV.</td>
<td></td>
<td></td>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td></td>
<td>• 600 mg tablet</td>
<td></td>
<td></td>
<td></td>
<td>Use of EFV may lead to false-positive results with some cannabinoid and benzodiazepine screening assays.</td>
</tr>
<tr>
<td>Etravirine (ETR) Intenence</td>
<td>Intenence:</td>
<td>Intenence:</td>
<td>CYP3A4, 2C9, and 2C19 substrate</td>
<td>41 hours</td>
<td>Rash, including Stevens-Johnson syndrome</td>
</tr>
<tr>
<td></td>
<td>• 25, 100, and 200 mg tablets</td>
<td>• ETR 200 mg twice daily Take following a meal.</td>
<td>CYP3A4 inducer CYP2C9 and 2C19 inhibitor</td>
<td></td>
<td>HSRs, characterized by rash, constitutional findings, and sometimes organ dysfunction (including hepatic failure), have been reported.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nausea</td>
</tr>
</tbody>
</table>
### Appendix B, Table 4. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors  
_Last updated December 18, 2019; last reviewed December 18, 2019_  
(page 2 of 2)

<table>
<thead>
<tr>
<th>Generic Name (Abbreviations) Trade Name</th>
<th>Formulations</th>
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<th>Serum Half-Life</th>
<th>Adverse Events*</th>
</tr>
</thead>
</table>
| Nevirapine (NVP) Viramune or Viramune XR | **Viramune:**  
• 200 mg tablet  
• 50 mg/5 mL oral suspension  
**Viramune XR:**  
• 400 mg tablet  
**Generic:**  
• 200 mg tablet  
• 400 mg extended release tablet  
• 50 mg/5 mL oral suspension | **Viramune:**  
• NVP 200 mg once daily for 14 days (lead-in period); thereafter, NVP 200 mg twice daily, or  
• NVP 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 dose until rash resolves, but do not extend lead-in period beyond 28 days total. | CYP450 substrate  
CYP3A4 and 2B6 inducer  
_Contraindicated_ in patients with moderate to severe hepatic impairment.  
Dose adjustment is recommended in patients on hemodialysis (see _Appendix B, Table 10_). | 25–30 hours | Rash, including Stevens-Johnson syndrome*  
Symptomatic Hepatitis:  
• Symptomatic hepatitis, including fatal hepatic necrosis, has been reported.  
• Rash has been reported in approximately 50% of cases.  
• Symptomatic hepatitis occurs at a significantly higher frequency in ARV-naive female patients with pre-NVP CD4 counts >250 cells/mm² and in ARV-naive male patients with pre-NVP CD4 counts >400 cells/mm².  
• NVP should not be initiated in these patients unless the benefit clearly outweighs the risk. |
| Rilpivirine (RPV) Edurant | **Edurant:**  
• 25 mg tablet  
**STRs that Contain RPV:**  
• Complera (RPV/TDF/FTC)  
• Juluca (DTG/RPV)  
• Odefsey (RPV/TAF/FTC) | **Edurant:**  
• RPV 25 mg once daily  
Take with a meal.  
See _Appendix B, Table 1_ for dosing information for STRs that contain RPV. | CYP3A4 substrate | 50 hours | Rash*  
Depression, insomnia, headache  
Hepatotoxicity  
QT interval prolongation |

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* For dose adjustments in patients with renal or hepatic insufficiency, see _Appendix B, Table 10_. When no food restriction is listed, the ARV drug can be taken with or without food.

* Also see _Table 17_.

* See _Appendix B, Table 1_ for information about these formulations.

* Rare cases of Stevens-Johnson syndrome have been reported with the use of most NNRTIs; the highest incidence of rash was seen among patients who were receiving NVP.

* Adverse events can include dizziness, somnolence, insomnia, abnormal dreams, depression, suicidal ideation (e.g., suicide, suicide attempt or ideation), confusion, abnormal thinking, impaired concentration, amnesia, agitation, depersonalization, hallucinations, and euphoria. Approximately 50% of patients who are receiving EFV may experience any of these symptoms. Symptoms usually subside spontaneously after 2–4 weeks, but discontinuation of EFV may be necessary in a small percentage of patients. _Late-onset neurotoxicities, including ataxia and encephalopathy, have been reported_.

**Key:** 3TC = lamivudine; ARV = antiretroviral; CD4 = CD4 T lymphocyte; CYP = cytochrome P; DLV = delavirdine; DOR = doravirine; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; FDC = fixed-dose combination; FTC = emtricitabine; HSR = hypersensitivity reaction; NNRTI = non-nucleoside reverse transcriptase inhibitor; NVP = nevirapine; RPV = rilpivirine; STR = single-tablet regimen; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; XR = extended release