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 in 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(^a)</th>
<th>Elimination/Metabolic Pathway</th>
<th>Serum Half-Life</th>
<th>Adverse Events(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doravirine (DOR)</td>
<td>Pifeltro:</td>
<td>Pifeltro: One tablet once daily</td>
<td>CYP3A4/5 substrate</td>
<td>15 hours</td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td>• 100 mg tablet</td>
<td>See Appendix B, Table 1 for dosing information for Delstrigo.</td>
<td></td>
<td></td>
<td>Dizziness</td>
</tr>
<tr>
<td></td>
<td>Also available as part of the STR Delstrigo (DOR/TDF/3TC)(^c)</td>
<td></td>
<td></td>
<td></td>
<td>Abnormal dreams</td>
</tr>
<tr>
<td>Efavirenz (EFV)</td>
<td>Sustiva:</td>
<td>Sustiva: EFV 600 mg once daily, at or before bedtime</td>
<td>Metabolized by CYP2B6 (primary), 3A4, and 2A6</td>
<td>40–55 hours</td>
<td>Rash(^2)</td>
</tr>
<tr>
<td></td>
<td>• 50 and 200 mg capsules</td>
<td>Take on an empty stomach to reduce side effects.</td>
<td>CYP3A4 mixed inducer/inhibitor (more an inducer than an inhibitor)</td>
<td></td>
<td>Neuropsychiatric symptoms(^a)</td>
</tr>
<tr>
<td>Note: Generic product is available.</td>
<td>• 600 mg tablet</td>
<td>See Appendix B, Table 1 for dosing information for STRs that contain EFV.</td>
<td>CYP2B6 and 2C19 inducer</td>
<td></td>
<td>Serum transaminase elevations</td>
</tr>
<tr>
<td></td>
<td>STRs that Contain EFV(^c)</td>
<td></td>
<td></td>
<td></td>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td></td>
<td>• Atripla (EFV/TDF/FTC)</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></td>
<td>• Symfi (EFV 600 mg/TDF/3TC)</td>
<td></td>
<td></td>
<td></td>
<td>QT interval prolongation</td>
</tr>
<tr>
<td></td>
<td>• Symfi Lo (EFV 400 mg/TDF/3TC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etravirine (ETR)</td>
<td>Intence:</td>
<td>Intence: ETR 200 mg twice daily</td>
<td>CYP3A4, 2C9, and 2C19 substrate</td>
<td>41 hours</td>
<td>Rash, including Stevens-Johnson syndrome(^d)</td>
</tr>
<tr>
<td></td>
<td>• 25, 100, and 200 mg tablets</td>
<td>Take following a meal.</td>
<td>CYP3A4 inducer</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>CYP2C9 and 2C19 inhibitor</td>
<td></td>
<td>Nausea</td>
</tr>
</tbody>
</table>

\(^a\) Dosing recommendations vary depending on the具体STR drug regimen.

\(^b\) Adverse events may vary depending on the specific drug regimen.

\(^c\) STRs that Contain EFV refer to specific antiretroviral drug combinations containing efavirenz.

\(^d\) Stevens-Johnson syndrome is a rare and serious skin reaction that can occur with etravirine treatment.

\(^e\) HSRs (hypersensitivity reactions) can include rash, constitutional findings, and sometimes organ dysfunction (including hepatic failure).
### Appendix B, Table 4. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors  
(Version 5.0, Last updated December 18, 2019; last reviewed December 18, 2019) (page 2 of 2)

<table>
<thead>
<tr>
<th>Generic Name (Abbreviations)</th>
<th>Trade Name</th>
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<th>Adverse Events(^b)</th>
</tr>
</thead>
</table>
| Nevirapine (NVP) Viramune or Viramune XR | Note: Generic products are available. | 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\(^2\)  
**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/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  
STRs that Contain RPV:\(^c\)  
• 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\(^d\)  
Depression, insomnia, headache  
Hepatotoxicity  
QT interval prolongation |

\(^a\) 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.

\(^b\) Also see Table 17.

\(^c\) See Appendix B, Table 1 for information about these formulations.

\(^d\) 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.

\(^e\) Adverse events can include dizziness, somnolence, insomnia, abnormal dreams, depression, suicidality (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