Appendix B, Table 4. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors

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The older non-nucleoside reverse transcriptase inhibitor (NNRTI) delavirdine (DLV) is no longer used commonly in clinical practice and is **not** listed this table. Please refer to the Food and Drug Administration product label for DLV for information regarding this drug.

Generic Name (Abbreviations) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events[b]
Doravirine (DOR) *Pifeltro*	**Pifeltro:** • 100-mg tablet Also available as part of the STR Delstrigo (DOR/TDF/3TC)[c]	**Pifeltro:** • DOR 100 mg PO once daily See Appendix B, Table 1 for dosing information for Delstrigo.	CYP3A4/5 substrate	15 hours	Nausea Dizziness Abnormal dreams
Efavirenz (EFV) *Sustiva* **Note:** Generic product is available.	**Sustiva:** • 50-mg and 200-mg capsules • 600-mg tablet **Generic:** • 600-mg tablet **STRs that Contain EFV:**[c] • Atripla (EFV/TDF/FTC) • Symfi (EFV 600 mg/TDF/3TC) • Symfi Lo (EFV 400 mg/TDF/3TC)	**Sustiva:** • EFV 600 mg PO once daily, at or before bedtime Take on an empty stomach to reduce side effects. See Appendix B, Table 1 for dosing information for STRs that contain EFV.	Metabolized by CYP2B6 (primary), 3A4, and 2A6 CYP3A4 mixed inducer/inhibitor (more an inducer than an inhibitor) CYP2B6 and 2C19 inducer	40–55 hours	Rash[d] Neuropsychiatric symptoms[e] Serum transaminase elevations Hyperlipidemia Use of EFV may lead to false-positive results with some cannabinoid and benzodiazepine screening assays. QT interval prolongation

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Generic Name (Abbreviations) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events[b]
Etravirine (ETR) *Intelence*	**Intelence:** • 25-mg, 100-mg, and 200-mg tablets	**Intelence:** • ETR 200 mg PO twice daily Take following a meal.	CYP3A4, 2C9, and 2C19 substrate CYP3A4 inducer CYP2C9 and 2C19 inhibitor	41 hours	Rash, including Stevens-Johnson syndrome[d] HSRs, characterized by rash, constitutional findings, and sometimes organ dysfunction (including hepatic failure), have been reported. Nausea
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 PO once daily for 14 days (lead-in period); thereafter, NVP 200 mg PO twice daily, *or* • NVP 400 mg (Viramune XR tablet) PO 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.	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 11).	25–30 hours	Rash, including Stevens-Johnson syndrome[d] **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.

Generic Name (Abbreviations) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/ Metabolic Pathway	Serum Half-Life	Adverse Events[b]
Rilpivirine (RPV) *Edurant*	**Edurant:** • 25 mg tablet **Coformulated STRs that Contain RPV:**[c] • Complera (RPV/TDF/FTC) • Juluca (DTG/RPV) • Odefsey (RPV/TAF/FTC) **Copackaged Intramuscular Regimen:** • Cabenuva (CAB plus RPV)	**Edurant:** • RPV 25 mg PO once daily Take with a meal. See Appendix B, Table 1 for dosing information for coformulated and copackaged regimens that contain RPV.	CYP3A4 substrate	PO: 50 hours IM: 13-28 weeks	Rash[d] Depression, insomnia, headache Hepatotoxicity QT interval prolongation IM formulation only: • Injection-site reactions (pain, induration, swelling, nodules) • Rare post-injection reaction (dyspnea, agitation, abdominal cramps, flushing) occurring within a few minutes after RPV IM injection; possibly associated with inadvertent IV administration.

[a] For dose adjustments in patients with renal or hepatic insufficiency, see Appendix B, Table 11. When no food restriction is listed, the ARV drug can be taken with or without food.

[b] Also see Table 20.

[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.

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Key: 3TC = lamivudine; ARV = antiretroviral; CAB = cabotegravir; CD4 = CD4 T lymphocyte; CYP = cytochrome P; DOR = doravirine; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; FTC = emtricitabine; HSR = hypersensitivity reaction; IM = intramuscular; IV = intravenous; NNRTI = non-nucleoside reverse transcriptase inhibitor; NVP = nevirapine; PO = orally; RPV = rilpivirine; STR = single-tablet regimen; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; XR = extended release