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.

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:** • One tablet 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 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 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
Etravirine (ETR) *Intelence*	**Intelence:** • 25, 100, and 200 mg tablets	**Intelence:** • ETR 200 mg 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

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Generic Name (Abbreviations) *Trade Name*	Formulations	Dosing Recommendations[a]	Elimination/Metabolic Pathway	Serum Half-Life	Adverse Events[b]
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[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.
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