

Selected Properties of Efavirenz

Other names	Sustiva® (North America), Stocrin® (Europe), DMP-266 Combination formulations: <ul style="list-style-type: none"> • Atripla®: efavirenz/emtricitabine/tenofovir (approved in US July 2006)
Manufacturer	Bristol Myers Squibb
Pharmacology/Mechanism of Action	Non-competitive, selective binding to reverse transcriptase enzyme causing conformational change that inactivates the catalytic site, preventing proviral DNA synthesis in HIV-1. Does not require intracellular phosphorylation.
Activity	IC ₉₀₋₉₅ : 1.7 - ≤25 nM (wild-type)
Resistance - genotypic	Mutations in the reverse transcriptase gene associated with resistance to reverse transcriptase inhibitors (IAS-USA Fall 2005 Resistance Mutations) <i>L100I[#], K103N*, V106M*, V108I, Y181C/T[#], Y188L*, G190S/A[#], P225H</i> *multi-NNRTI resistance <i>[#]accumulation of ≥2 leads to multi-NNRTI resistance</i>
Resistance - phenotypic	Phenotypic data on clinical virus isolates associated with various mutations using ViroLogic PhenoSense™ (http://hivdb.stanford.edu/) K103N: 19-fold ↑ (high resistance) V106A: 1.9-fold ↑ (low resistance) Y188L: 130-fold ↑ (high resistance) G190A: 7-fold ↑ (intermediate resistance) G190S: 52-fold ↑ (high resistance) Multiple mutations confer high-level resistance (100-200 fold) to efavirenz: L100I + K103N: 274-fold ↑ (high resistance) G190A + K103N: 213-fold ↑ (high resistance) K103N + P225H: 100-fold ↑ (high resistance) K103N + Y188L: 270-fold ↑ (high resistance)

Cross-Resistance	<p>K103N mutation confers high-level resistance to other NNRTIs.</p> <p>In vitro, efavirenz retains activity against variants containing V106A, Y181C, Y188C, G190A, and P236L mutations (all reported with other NNRTI therapies).</p> <p>Cross-resistance between efavirenz and protease inhibitors or nucleoside analogues unlikely because enzyme targets are different.</p>
Oral Bioavailability	
Effect of Food	Can take with or without food. High fat meal (670 kcal, 60% fat, 400 kcal fat) may ↑ EFV concentrations by 50%.
Protein Binding	99.75% (albumin)
Vd	
Tmax	3 - 5 hours
serum T_{1/2}	40-55 hours after multiple doses
Drug Concentrations	<p>Dose-related increases in C_{max} and AUC seen for doses up to 1600 mg; may have diminished absorption at higher doses.</p> <p>In 35 patients receiving efavirenz 600 mg once daily, steady-state C_{max} was 12.9 ± 3.7 μM (mean ± SD), steady state C_{min} was 5.6 ± 3.2 μM, and AUC was 184 ± 73 μM•h.</p>
Minimum target trough concentrations (for wildtype virus)	<p>C_{min}: >1000 ng/mL</p> <p>C_{max}: <4000 ng/mL</p>
CSF (% of serum)	In HIV-1 infected patients (n=9) who received efavirenz 200-600 mg once daily for at least one month, cerebrospinal fluid concentrations ranged from 0.26 to 1.19% (mean 0.69%) of the corresponding plasma concentration. This proportion is approximately 3-fold higher than the non-protein-bound (free) fraction of efavirenz in plasma.
Metabolism	Metabolism primarily via CYP 3A4, and 2B6; undergoes autoinduction (20-40%) during first two weeks of therapy; major metabolite (inactive): glucuronide conjugate
Excretion	14-34% (primarily hydroxylated metabolites) excreted in urine, 16-61% in feces.

Dosing – Adult	<p>600 mg once daily preferably before bedtime. Can take with food, however high fat foods may increase the absorption by 50%, thus potentially increasing side effects.</p> <p>NB: Efavirenz is contraindicated in pregnancy; women of childbearing potential should undergo pregnancy testing before initiation of efavirenz.</p>
Dosing – Pediatric	<p>Neonatal/Infants: unknown.</p> <p>Pediatric (> 3 y.o.): All administered once daily.</p> <p>10 to < 15 kg: 200 mg 15 to < 20 kg: 250 mg 20 to < 25 mg : 300 mg 25 to < 32.5 kg: 350 mg 32.5 to < 40 kg: 400 mg ≥ 40 kg: 600 mg.</p> <p>No data for dosing in children < 3 years old.</p>
Special instructions for pediatric patients	<p>Give at bedtime during first 2-4 weeks of therapy to decrease CNS effects</p> <p>Flavoured pediatric suspension available via expanded access (1-877-372-7097). Can open capsules and mix powder with apple sauce (but will result in hot “jalapeno” sensation). Try grape jelly to mask taste. For nasogastric administration, may open capsules and mix with either 5 mL MCT oil or 15 mL Ora-Sweet (grind powder first to enhance dissolution). Powder is insoluble in water; do NOT mix with polyethylene glycol (will ↓ bioavailability).</p>

<p>Adjust in Liver Dysfunction</p>	<p>Limited data available. In 10 volunteers with chronic liver disease, efavirenz C_{max} was significantly lower compared to healthy volunteers (3.72 +/- 1.22 uM vs. 5.74 +/- 1.14 uM, respectively) while half-life was longer (152 +/- 41 h vs. 118 +/- 46 h, respectively). There were no significant differences in efavirenz AUC between the two groups (299 +/- 109 uM.h and 305 +/- 124 uM.h in the chronic liver disease and healthy volunteer subjects, respectively). s (Fiske et al. CROI 99, #367). A case report documents elevated efavirenz and nelfinavir concentrations in 2 subjects with hepatic impairment, compared to controls (Maserati et al. 1999). Use with caution in patients with impaired hepatic function. Dosage adjustment may be required.</p> <p>In a case control study, HIV-positive subjects with hepatitis B or C coinfection and mild hepatic dysfunction (Child-Pugh score 5-6) did not experience significant differences in efavirenz levels over 2 years compared to a matched HIV-monoinfected control group.(Pereira et al. 2007)</p>
<p>Adjust in Renal Failure/Dialysis</p>	<p>No adjustment necessary in end-stage renal disease.</p> <p>Hemodialysis: Hemodialysis does not affect pharmacokinetics of efavirenz [Gupta et al. CROI 2006]. Efavirenz may be administered regardless of hemodialysis schedule because of its extensive hepatic metabolism.</p> <p>CAPD: impact of CAPD on efavirenz removal seems to be minimal. No dosage adjustment required.</p>

<p>Toxicity</p>	<p>Rash (26%): usually grade 1/2, can often treat through. Grade 3/4 rash (1%) . SJS (0.1%). Median time to onset 11 days, median duration 14 days. Mild rash treated symptomatically with antihistamines, analgesics/NSAIDs. Discontinue drug if severe rash or rash with constitutional symptoms (fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, lymphadenopathy, increased LFTs or general malaise), and do not rechallenge. Avoid use of other NNRTIs with history of severe rash to efavirenz.</p> <p>CNS (52%): dizziness, impaired concentration, somnolence, abnormal dreams, insomnia, confusion, agitation, depersonalization, amnesia, hallucinations, euphoria. Symptoms usually resolve within a few weeks without interrupting therapy, and may be minimized by bedtime dosing (2.6% discontinuation rate). Worsening of underlying mental illnesses and increased suicidal ideation has been observed.</p> <p>Other: teratogenic in monkeys, increased AST/ALT, false-positive cannabinoid test, nausea, vomiting, diarrhea, headache</p>
<p>Pregnancy & Lactation</p>	<p>Pregnancy risk category D: <u>contra-indicated in pregnancy.</u> Teratogenic effects (i.e. anencephaly, anophthalmia, cleft palate) seen in 3/20 (15%) of monkeys at efavirenz exposures similar to those seen in humans. There are 3 case reports of neural tube defects and 1 case of Dandy Walker Syndrome in humans with first trimester drug exposure. Use of efavirenz is contraindicated in the first trimester of pregnancy. Use after the 2nd trimester can be considered only if there are no other alternatives. Adequate contraception should be used post-partum and in all females of childbearing age. Women of childbearing potential should undergo pregnancy testing before initiation of efavirenz.</p> <p>Antiretroviral Pregnancy Registry to monitor fetal outcomes of pregnant women exposed to efavirenz: 1-800-258-4263. Studies in rats have shown that efavirenz is excreted in milk.</p>
<p>Drug Interactions</p>	<p>Efavirenz can either induce or inhibit CYP3A4. Also inhibits 2C9, 2C19. See NNRTI interaction chart</p>

Baseline Assessment	Psychiatric assessment (depression, sleep patterns, any CNS disturbances), pregnancy status and adequate contraception in females of childbearing age, CBC/diff, LFTs, examine skin for baseline.
Routine Labs	Psychiatric assessment ,CBC/diff, LFTs q3-6mo. Assess for skin rash and CNS effects every 1-2 weeks when starting therapy for the first 6 weeks. D/C drug: LFTs >5xULN, severe rash or rash with constitutional symptoms (see above under toxicity).
Dosage Forms	Capsules: <ul style="list-style-type: none"> • 600 mg (yellow), DIN 02246045 (30 tablets/bottle) • 200 mg (gold), DIN 02239888 (90 capsules/bottle) • 100 mg (white), DIN 02239887 (30 capsules/bottle) • 50 mg (gold and white), DIN 02239886 (30 capsules/bottle) <p>Pediatric Suspension (strawberry-mint flavour) available via Expanded Access (1-877-372-7097).</p> <p>Combination formulations:</p> <ul style="list-style-type: none"> • Atripla®: efavirenz 600 mg/emtricitabine 200 mg/tenofovir 300 mg tablet (approved in US July 2006)
Storage	Efavirenz capsules and tablets should be stored at 25°C (77°F). Store suspension at room temperature.

References:

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