

Prior Authorization DRUG Guidelines

SUSTIVA (Efavirenz)

Effective Date: 1/28/14

Date Developed: 1/28/14 by Catherine Sanders, MD

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Sustiva is an Antiretroviral Agent, Reverse Transcriptase Inhibitor (Non-nucleoside) used in the treatment of HIV-1 infections. As a non-nucleoside reverse transcriptase inhibitor, efavirenz has activity against HIV-1 by binding to reverse transcriptase. It consequently blocks the RNA-dependent and DNA-dependent DNA polymerase activities including HIV-1 replication. It does not require intracellular phosphorylation for antiviral activity.

Pre-Authorization Criteria:

Sustiva is to be used for treatment of HIV-1 infection in combination with at least two other antiretroviral agents.

VCHCP requires that Sustiva be prescribed by an Immunology Clinic physician with current American Academy of HIV Medicine (AAHIVM) certification or a physician boarded in Infectious Disease.

Dosing: Adult:

HIV infection (as part of combination; a preferred regimen for therapy-naive patients with tenofovir and emtricitabine [DHHS, 2013]): Oral: 600 mg once daily

Dosage adjustment for concomitant rifampin (only if patient weighs ≥ 50 kg): Increase efavirenz dose to 800 mg once daily.

Dosage adjustment for concomitant voriconazole: Reduce efavirenz dose to 300 mg once daily and increase voriconazole to 400 mg every 12 hours.

Dosing: Pediatric:

Dosage is based on body weight.

HIV infection (as part of combination therapy): Children ≥ 3 months and ≥ 3.5 kg: Oral:

3.5 kg to < 5 kg: 100 mg once daily

5 kg to < 7.5 kg: 150 mg once daily

7.5 kg to < 15 kg: 200 mg once daily

15 kg to < 20 kg: 250 mg once daily

20 kg to < 25 kg: 300 mg once daily

25 kg to < 32.5 kg: 350 mg once daily

32.5 kg to < 40 kg: 400 mg once daily

≥ 40 kg: 600 mg once daily; Note: Dosage adjustments may be necessary if patient receives certain concomitant medications. Refer to adult dosing.

Dosing: Geriatric:

Refer to adult dosing.

Dosing: Renal Impairment:

No dosage adjustment provided in manufacturer's labeling (has not been studied); however, undergoes minimal renal excretion.

Dosing: Hepatic Impairment:

Mild impairment (Child-Pugh class A): No dosage adjustment necessary; use with caution.

Moderate-to-severe impairment (Child-Pugh class B or C): No dosage adjustment provided in manufacturer's labeling (has not been adequately studied); use not recommended.

Dosage Forms: U.S.:

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Capsule, Oral:

Sustiva: 50 mg, 200 mg

Tablet, Oral:

Sustiva: 600 mg

Generic Equivalent Available: U.S.-No

Prescribing and Access Restrictions:

Efavirenz oral solution is available only through an expanded access (compassionate use) program.

Enrollment information may be obtained by calling 877-372-7097.

Administration:

Administer on an empty stomach. Dosing at or before bedtime is recommended to limit central nervous system effects (DHHS, 2013). Tablets should not be broken.

Capsule contents may be sprinkled onto a small amount of soft food (eg, applesauce, grape jelly, yogurt) for pediatric or adult patients who cannot swallow capsules. Place 1-2 teaspoonfuls of food in a small container. Hold capsule horizontally over container and carefully twist in opposite directions to open, sprinkling contents over food. If more than 1 capsule is needed for a dose, add contents of all capsules needed to 1-2 teaspoonfuls of food; do not add more food. Use a small spoon to gently mix capsule contents with food and administer all of mixture to patient. To ensure entire capsule contents are administered, add another 2 teaspoonfuls of food to the container, mix to incorporate any drug residue, and administer.

Capsule contents may also be mixed with infant formula only for pediatric patients who cannot reliably consume solid foods. Combine entire contents of capsule(s) with 10 mL of reconstituted, room temperature infant formula in a 30 mL medicine cup, stir carefully, then draw up mixture in a 10 mL oral syringe for administration. If more than 1 capsule is needed for a dose, add contents of all capsules needed to 10 mL of formula; do not add more formula. To ensure entire capsule contents are administered, add another 10 mL of formula to the cup, stir to incorporate any drug residue, draw up in oral syringe and administer.

Administer within 30 minutes of mixing. Patient should not consume any additional food or administer additional formula for 2 hours after administration.

Exclusions:

Sustiva is not to be used as monotherapy.

Sustiva is not to be used in pregnancy. Women of childbearing potential should undergo pregnancy testing prior to initiation of therapy.

Adverse Reactions:

>10%: Dizziness, fever, depression, insomnia, anxiety, pain, headache, rash, HDL increased, total cholesterol increased, triglycerides increased, diarrhea, nausea, vomiting, cough

Other Severe Less Common Reactions:

Stevens-Johnson syndrome, erythema multiforme, exfoliative dermatitis, suicidality, psychiatric disorders, hallucinations, immune reconstitution syndrome, autoimmune disorders, hepatotoxicity, seizures, teratogenicity, fat redistribution,

References:

1. Adkins JC and Noble S, "Efavirenz," *Drugs*, 1998, 56(6):1055-64. [PubMed 9878993]
2. DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, Department of Health and Human Services," February 12, 2013;1-267. Available at <http://www.aidsinfo.nih.gov>
3. DHHS Panel on Opportunistic Infections (OI) in HIV-Infected Adults and Adolescents, "Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents: Recommendations from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA)," May 7, 2013. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf
4. DHHS Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission, "Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States," July 31, 2012. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/perinatalgl.pdf>
5. Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children, "Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection," August 16, 2010. Available at <http://www.aidsinfo.nih.gov>
6. www.uptodate.com: Efavirenz: Drug Information
7. www.epocrates.com: Sustiva Drug Information

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