indicate most frequent. Strikethrough

**efavirenz**

**Sustiva**

**Pharmacologic: antiretrovirals**

**Classification**

Indications

HIV infection (in combination with one or more other antiretroviral agents).

**Action**

Inhibits HIV reverse transcriptase, which results in disruption of DNA synthesis.

**Therapeutic Effects:** Slowed progression of HIV infection and decreased occurrence of opportunistic infections.

**PO rapid 3–5 hr 24 hr**

**ROUTE ONSET PEAK DURATION**

Following single dose—

**Half-life:** 55 hr.

**Metabolism and Excretion:** Mostly metabolized by the liver.

**Absorption:** 50% absorbed when ingested following a high-fat meal.

**Pharmacokinetics**

**Therapeutic Effects:**

Inhibits HIV reverse transcriptase, which results in disruption of DNA synthesis.

**HIV infection (in combination with one or more other antiretroviral agents).**

**Pregnancy Category D**

**Pharmacologic:**

**Therapeutic:** antiretrovirals

**Classification**

**Sustiva**

**(e-efavirenz)**

**Drug-Food:**

Use with St. John's wort, or ergot derivatives; Moderate to severe hepatic impairment.

**Drug-Natural Products:**

Use with St. John's wort, or ergot derivatives; Moderate to severe hepatic impairment.

**Drug-Drug:**

May lead to decreased effectiveness, including development of drug resistance (concurrent use contraindicated). Induces (stimulates) the hepatic cytochrome P450 3A4 enzyme system and would be expected to influence the effects of other drugs that are metabolized by this system. **Avoid use in pregnancy only if other options have been exhausted; birth defects have been reported.**

**Contraindicated in:**

**Contraindications/Precautions**

**Contraindicated in:**

Hypersensitivity; Concurrent use with telaprevir, norelgestromin, levonorgestrel. Use with other NNRTIs and protease inhibitors. May lead to decreased effectiveness, including development of drug resistance (concurrent use contraindicated).

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**Drug-Food:**

Ingestion following a high-fat meal **absorption by 50%**.

**Drug-Natural Products:**

Use with St. John's wort, or ergot derivatives; Moderate to severe hepatic impairment.

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Route/Dosage

PO (Adults and Children 14–40 kg): 600 mg once daily. Concurrent rifampin therapy (in patients 50 kg):—800 mg once daily.

PO (Children 14–25 kg) and 25–32.5 kg): 500 mg once daily.

PO (Children 25–32.5 kg): 250 mg once daily.

PO (Children 32.5–39.9 kg): 350 mg once daily.

PO (Children 39.9–50 kg): 250 mg once daily.

NURSING IMPLICATIONS

Assessment

● Assess for change in severity of HIV symptoms and for symptoms of opportunistic infections during therapy.

● Assess for rash, especially during 1st mo of therapy. Onset is usually within 2 wk and resolves with continued therapy within 1 mo. May range from mild maculopapular with erythema and pruritus to exfoliative dermatitis and Stevens-Johnson syndrome. Occurs more often and may be more severe in children. If rash is severe or accompanied by blisters, desquamation, mucosal involvement, or fever, therapy must be discontinued immediately. Efavirenz may be reinstated concurrently with antihistamines or corticosteroids in patients discontinuing due to rash.

● Assess patient for CNS and psychiatric symptoms (dizziness, impaired concentration, somnolence) during therapy. Symptoms usually begin during 1st or 2nd day of therapy and resolve after 2–4 wk. Administration at bedtime may minimize symptoms. Concurrent use with alcohol or psychotropic agents may cause additive CNS symptoms.

● Lab Test Considerations: Monitor viral load and CD4 cell count regularly during therapy.

● Monitor liver function tests in patients with a history of hepatitis B or C. May cause q increases in serum AST, ALT, and GGT concentrations. If moderate to severe liver function test abnormalities occur, efavirenz doses should be held until levels return to normal. Continue if liver function abnormalities occur when therapy is resumed.

● May cause ↑ in total cholesterol and serum triglyceride levels.

● Obtain a pregnancy test prior to starting therapy. May cause fetal harm if administered during first trimester of pregnancy.

Potential Nursing Diagnoses

● Noncompliance (Patient/Family Teaching)

Implementation

● PO: Administer on an empty stomach, preferably at bedtime to minimize nervous system side effects. Avoid taking with a high-fat meal. Do not break tablets.

● Capsule may be opened and contents sprinkled on a small amount (1 to 2 teaspoons) of food for children at least 3 months old and weighing at least 3.5 kg and adults who cannot swallow capsules or tablets. Open capsule carefully, avoid spillage or dispersion of contents into the air. For children receiving capsule filled with reconstituted room temperature infant formula, gently mix contents with 2 teaspoons (10 mL) of infant formula to form a paste. For patients able to tolerate solid foods, mix entire capsule contents gently with solid food (applesauce, grape jelly, yogurt). Administer once daily, 1 hour before or 2 hours after meals. Store the mixture within 2 hours after administration.

Patient/Family Teaching

● Emphasize the importance of taking efavirenz as directed. It must always be used in combination with other antiretroviral drugs. Do not take more than prescribed amount, and do not stop taking without consulting health care professional. Take missed doses as soon as remembered, do not double doses.

● Inform patient that efavirenz should not be shared with others.

● May cause dizziness, impaired concentration, or drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.


Continued

Efavirenz

- Instruct patient to notify health care professional immediately if rash occurs.
- Inform patient that efavirenz does not cure AIDS or prevent associated or opportunistic infections. Efavirenz does not reduce the risk of transmission of HIV to others through sexual contact or blood contamination. Caution patient to use a condom and to avoid sharing needles or donating blood to prevent spreading the HIV virus to others. Advise patient that the long-term effects of efavirenz are unknown at this time.
- Inform patient that redistribution and accumulation of body fat may occur, causing central obesity, dorsocervical fat enlargement (buffalo hump), peripheral wasting, truncal obesity, and striae. The cause and long-term effects are unknown.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications.
- Advise patients taking oral contraceptives to use a nonhormonal method of birth control during efavirenz therapy and for at least 12 wk following discontinuation and to notify health care professional if they become pregnant while taking efavirenz. Encourage patients who become pregnant during therapy to join the registry by calling 1-800-258-4263.

Evaluation/Desired Outcomes

- Delayed progression of AIDS and decreased opportunistic infections in patients with HIV.
- Decrease in viral load and increase in CD4 cell counts.

Why was this drug prescribed for your patient?

- Cautious drug name
- Genetic Implication
- Cautions indicate life-threatening, underlines most frequent
- Discontinued

- Immediate discontinuation
- Discontinued