and Strength to Administer

Patients with previously demonstrated hypersensitivity (e.g., Stevens-Johnson syndrome, erythema multiforme, or toxic skin eruptions) to any of the components of this product. (4)

2.1 Hepatic Function

≥ 5.9

• USP 100 mg

Capsule Sprinkle Method of Administration

- At least 40 kg 600 mg three
- 200 mg capsules

2.2 Drug Interactions

Established and Other Potentially Significant Drug Interactions: Alteration in Dose or Regimen May Be Recommended Based on Drug Interaction Studies or Predicted Interaction

Table 5: Established and Other Potentially Significant Drug Interactions: Alteration in Dose or Regimen May Be Recommended Based on Drug Interaction Studies or Predicted Interaction

NRTI-experienced, NNRTI-, and Protease Inhibitor-Naive Patients

- Pain 1% 2% 8% 13% 6% 17%
- Vomiting 6% 3% 14% - - -

Drugs that can catalyze the metabolism of efavirenz include rifampin, rifabutin, indinavir, and rifaximin. The use of these drugs with efavirenz must be avoided or the dose of efavirenz must be decreased.

Concomitant use of efavirenz and St. John's wort should be avoided.

Use caution in patients with a history of seizures. (5.10)

Geriatric Use

Caution should be observed in elderly patients with impaired renal function when using efavirenz.

Cannabinoid

Test

Interaction

Protease inhibitor:

- ritonavir*

Other agents

- posaconazole* Avoid concomitant use unless the benefit outweighs the risks.

Echinyl estradiol/ progestin

+ efavirenz

Increased risk of contraceptive failure. Contraception should be used.

Increased risk of contraceptive failure. Contraception should be used.

Increased risk of contraceptive failure. Contraception should be used.

Increased risk of contraceptive failure. Contraception should be used.

Estradiol

+ efavirenz

Increased risk of contraceptive failure. Contraception should be used.

Increased risk of contraceptive failure. Contraception should be used.

Increased risk of contraceptive failure. Contraception should be used.

Increased risk of contraceptive failure. Contraception should be used.

Bupropion

+ efavirenz

Increases in bupropion dosage should be guided by clinical response. Bupropion dose should not exceed the maximum dosage recommended by the bupropion manufacturer.

17% 20% 21% 20% 18% 20%

Study 006

(n=66)

12.1 Treatment of overdose with efavirenz should consist of general supportive measures, including monitoring of vital signs and observation of the patient's clinical status. Administration of activated charcoal is not recommended.