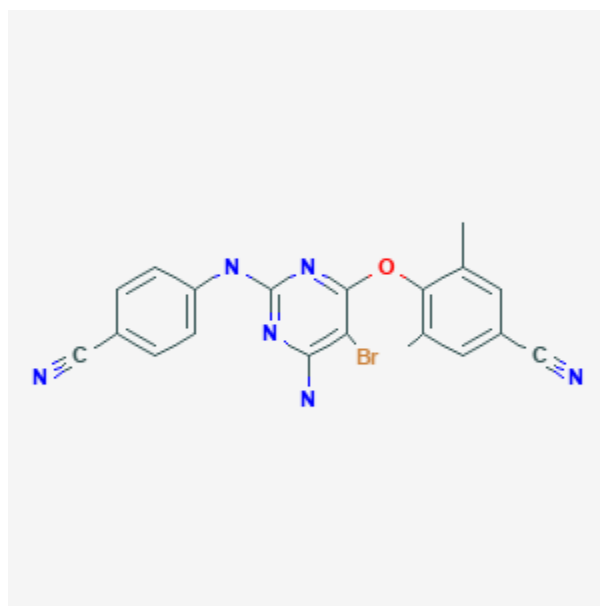




Etravirine

Revised: October 31, 2018.

CASRN: 269055-15-4



Drug Levels and Effects

Summary of Use during Lactation

In the United States and other developed countries, HIV-infected mothers should generally not breastfeed their infants. In countries in which no acceptable, feasible, sustainable and safe replacement feeding is available, World Health Organization guidelines recommend that all women with an HIV infection who are pregnant or breastfeeding should be maintained on antiretroviral therapy for at least the duration of risk for mother-to-child transmission. Mothers should exclusively breastfeed their infants for the first 6 months of life; breastfeeding with complementary feeding should continue through at least 12 months of life up to 24 months of life.[1] The first choice regimen for nursing mothers is tenofovir, efavirenz and either lamivudine or emtricitabine. If these drugs are unavailable, alternative regimens include: 1) zidovudine, lamivudine and efavirenz; 2) zidovudine, lamivudine and nevirapine; or 3) tenofovir, nevirapine and either lamivudine or emtricitabine. Exclusively

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breastfed infants should also receive 6 weeks of prophylaxis with nevirapine.[2][3] Etravirine is excreted in breastmilk in concentrations exceeding the maternal plasma HIV inhibitory concentration.

Drug Levels

Maternal Levels. Nine HIV-positive women had etravirine added to their existing antiretroviral regimens between postpartum days 1 and 14 postpartum. The dosage was not stated, but was presumably 200 mg twice daily. Breastmilk and maternal serum samples were obtained at 0, 2, 5, 8 and 24 hours after the dose of etravirine on days 5 and 14 postpartum. The median breastmilk concentration of etravirine on day 5 was 241 mcg/L (range 161 to 891 mcg/L) and on day 14 was 798 mcg/L (range 161 to 2714 mcg/L). The median milk to plasma ratio was 1.09 on day 5 and 3.27 on day 14.[4]

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

Alternate Drugs to Consider

Lamivudine, Nelfinavir, Nevirapine, Zidovudine

References

1. Anon. Guideline: Updates on HIV and infant feeding: The duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. Geneva: World Health Organization. 2016. PubMed PMID: 27583316.
2. World Health Organization. HIV and infant feeding: update. 2007. Available at: http://whqlibdoc.who.int/publications/2007/9789241595964_eng.pdf
3. World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization. 2013. Available at: <http://www.who.int/hiv/pub/guidelines/arv2013/en/>
4. Spencer LY, Liu S, Wang CH et al. Intensive etravirine PK and HIV-1 viral load in breast milk and plasma in HIV+ women receiving HAART. Top Antivir Med. 2014;22 (e-1):466. Abstract. Available at: <https://www.iasusa.org/tam/april-2014>

Substance Identification

Substance Name

Etravirine

CAS Registry Number

269055-15-4

Drug Class

Breast Feeding

Lactation

Anti-Infective Agents

Anti-HIV Agents

Antiviral Agents

Anti-Retroviral Agents

Reverse Transcriptase Inhibitors