Cross Allergy between Non Nucleoside Transcriptase Inhibitors (NNRTI): Outcome with Challenge to the other NNRTI

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Background: Nevirapine (NVP) and Efavirenz (EFV) are drugs of first choice in Chilean national guidelines of HAART. Both are associated with rash, 11% for NVP (9% discontinuation) and 4.6% for EFV (1.1% discontinuation) according to ChiAC database. Guidelines recommend that if allergy occurs to any of the two, the offending drug should be changed to a protease inhibitor (PI), which are not included in first line therapy otherwise.

Objectives: Evaluate the presence of cross allergy between NVP/EFV in those cases not adhering to the guidelines. Evaluate the impact of this strategy on the induction of viral suppression.

Patients distribution

Methods: This was a prospective follow up (f/u) study of patients (pts) from ChiAC who developed allergic rash to NVP and changed to EFV and vice versa. 2429 pts were on first HAART from Jan/2001 to July/2006 and completing 8641pts/year f/u.

Results: 1547 pts were treated with EFV and 946 with NVP; 967 of these treatments required change of therapy, 554 (57.2%) of them, due to drug toxicity and 74 due to allergy. 35 pts with allergy to NVP switched to EFV; 2/35 (5.7%) developed rash within 30 days. This was not significantly different from 4.6% of primary allergy to EFV in the ChiAC population. 31/33 (93%) of those without secondary allergy obtained viral suppression for at least 15 month. Seven pts with EFV induced rash, underwent change to NVP, 2/7 (28.5%) developed rash; all remaining 5 patients obtained viral suppression for at least 15 month.

Conclusions: The rate of cross allergy from NVP to EFV was not significantly greater than the occurrence of rash after EFV when given as the first drug. Viral suppression after the change from NVP to EFV did not seem to be affected.

Cross allergy when giving NVP after EFV allergy could not be assessed due to the small number of cases. These findings support the use of EFV after allergy to NVP and may make unnecessary a change to PI.