Nevirapine

10 mg/mL oral mixture

Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate, and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements, and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

NVP

Dose and Indications

****To be used only on Infectious Diseases (ID) team recommendation****

Prevention of Vertical Transmission of HIV for High-Risk Mother-to-Child Transmission (MTCT)

Use with zidovudine and lamivudine to provide additional prophylaxis against vertical transmission of HIV (human immunodeficiency) for high risk MTCT.

Commence therapy within 4 hours of birth.

Oral

If mother has never taken nevirapine or has been taking nevirapine for less than 3 days:

2 mg/kg/dose orally, daily for 1 week.

Then 4 mg/kg/dose orally, daily for 1 week in the second week, then stop (the 'tail' of zidovudine and lamivudine needs to continue after for 2 weeks).

If mother was taking nevirapine for the last 3 days or more:

4 mg/kg/dose, daily for 2 weeks, then stop (the 'tail' of zidovudine and lamivudine needs to continue after for 2 weeks)

Commence together with zidovudine and lamivudine. Nevirapine has a long half-life. This regimen allows for a 2 week 'tail' cover with zidovudine and lamivudine.

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Preparation and Administration

Oral

The oral solution contains 10 mg/mL nevirapine.

Dose	2 mg	4 mg	6 mg	8 mg	10 mg	12 mg
Volume	0.2 mL	0.4 mL	0.6 mL	0.8 mL	1 mL	1.2 mL

Can be given without regard to feeds, however administering nevirapine with feeds may make it more tolerable to the neonate.

Adverse Effects

Common

Fever, nausea, headache, diarrhoea, malaise.

Infrequent

Blistering, oral lesions, conjunctivitis, facial oedema/ swelling, anaemia, neutropenia.

Rare

Rash and liver dysfunction.

Nevirapine has been associated with severe and potentially life-threatening rash and hepatotoxicity, however, is more common in adults than children.

Monitoring

Specific monitoring unnecessary due to short treatment course.

Practice Points

- To be used always in conjunction with zidovudine and lamivudine.
- Nevirapine is metabolised by CYP3A4 and also induces CYP3A4 and CYP2B6. Consider potential for drug interactions, consult Pharmacist for advice.

References

Palasanthiran P, et al, Management of Perinatal Infections, 2022, Third Edition, Australian Society for Infectious Diseases (ASID) Inc., Sydney, NSW

Guidelines for the Use of Antiretroviral Agents in Paediatric HIV Infection, Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, AIDsInfo 2021

South Australian Perinatal Practice Guideline, Clinical Guideline, HIV in Pregnancy, 2018

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Document Ownership & History

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Guideline history:
Is this a new Neonatal Medication Guideline (V1)? **N**
Does this Neonatal Medication Guideline amend or update and existing Neonatal Medication Guideline? **Y**
If so, which version? **V3.0**
Does this Neonatal Medication Guideline replace another Neonatal Medication Guideline with a different title? **N**
If so, which Neonatal Medication Guideline (title)?

Approval Date	Version	Who approved New/Revised Version	Reason for Change
04/07/2024	V3.1	Domain Custodian, Clinical Governance, Safety and Quality	Changes based on updated ASID Management of Perinatal Infections Guideline
29/06/2022	V3	Domain Custodian, Clinical Governance, Safety and Quality	Reviewed in line with 5-year review period
24/05/2018	V2.1	SA Health Safety and Quality Strategic Governance Committee	New template
05/2015	V2	SA Health Safety and Quality Strategic Governance Committee	Update on dosing regimen
09/2013	V1	SA Health Safety and Quality Strategic Governance Committee	Original SA Health Safety and Quality Strategic Governance Committee approved version