NEVIRAPINE

Read in conjunction with Disclaimer

Formulary: Restricted Requires Neonatologist or Microbiologist review within 24 hours of initiation. For the treatment of HIV infection in combination with other antiviral agents.	
Presentation	**Oral suspension:** 50 mg/ 5 mL = **10 mg/mL**
Classification	Antiretroviral – Non-nucleoside reverse transcriptase inhibitors.
Indication	Post exposure propylaxis for high risk infants in combination with zidovudine and lamivudine.

Special Considerations	• Hepatic impairment
	  ○ **Mild impairment:** Use with caution; monitor closely for symptoms of drug-induced toxicity.
	  ○ **Moderate to severe impairment:** Use is contraindicated. Permanently discontinue if symptomatic hepatic events occur or if any severe transaminase elevations are observed.
	• Nevirapine has been associated with severe and potentially life-threatening rash and hepatotoxicity, however, is more common in adults than children.

Monitoring	• ALT and AST at baseline, 2 weeks, 4 weeks, and then every 3 months. • Full blood count at baseline, 2 and 4 weeks. • Check transaminase levels immediately if a patient presents with signs or symptoms indicative of hepatitis and/or a hypersensitivity reaction, or if patient develops rash within first 18 weeks of nevirapine therapy. Permanently discontinue nevirapine in patients with rash-associated transaminase elevations.
Interactions	• **Fluconazole** may increase nevirapine concentration and the risk of adverse effects. • **Rifampicin** may decrease nevirapine concentration and efficacy.
Side Effects	Limited data; no toxicity reported in neonates. Common adverse events in children and adults include rash, fever, nausea, headache, diarrhea, abdominal pain, fatigue, granulocytopenia, neutropenia, anaemia, abnormal hepatic transaminases and hepatotoxicity.
Storage & Stability	Store at room temperature, below 30°C. • Discard 6 months after opening.
Comments	Nevirapine is also known as NVP.

ORAL

Presentation	**Oral suspension:** 50 mg/ 5 mL = **10 mg/mL**
Dosage	***Only to be prescribed in conjunction with zidovudine and lamivudine.***

Corrected Gestational Age	Postnatal Age	Dose	Frequency
32 to 33+6 weeks	Less than 14 days	2 mg/kg	Every 12 hours
	14 to 28 days	4 mg/kg	Every 12 hours
34 to 36+6 weeks	Less than 7 days	4 mg/kg	Every 12 hours
	7 to 28 days	6 mg/kg	Every 12 hours
37 weeks and over	All	6 mg/kg	Every 12 hours

Continue for the first 4 weeks of life, then stop.

Dose adjustment

- Round doses to the nearest 0.5 mg to assist in administration.
- Although lead-in dosing for nevirapine therapy initiation is recommended in pediatric patients 2 years of age and above to allow for enzymatic autoinduction and reduce the occurrence of rash, it is not necessary in neonates and has been associated with subtherapeutic nevirapine levels.
- **Hepatic impairment:** No data available for dosage adjustment. Use with caution in mild impairment. Contraindicated in moderate to severe impairment or if AST or ALT concentration greater than 5 times upper limit of normal.

Administration	• Shake well before use • Draw prescribed dose into oral/enteral syringe • Can be given Oral/OGT/NGT • May be given anytime in relation to feeds

Related Policies, Procedures, and Guidelines

CAHS Neonatology Guidelines:

HIV Prevention In Infants Born To HIV Positive Women

Newborn Care of the Infant Born to a Mother receiving Minical or No Antenatal Care

Pharmaceutical and Medicines Management Guidelines:

CAHS Neonatology – Medication Administration Guideline

References

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