South Australian Neonatal Medication Guidelines

Nevirapine

10mg/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 team recommendation

Prevention of vertical transmission of HIV

Use with zidovudine and lamivudine to provide additional prophylaxis against vertical transmission of HIV (human immunodeficiency) for infants of mothers with a detectable viral load at ≥ 36 weeks, late maternal presentation and viral load is unknown, or mother found to be HIV positive just after delivery.

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

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

- 4 mg/kg/dose, daily for 2 weeks, then stop

Commence together with zidovudine and lamivudine, as soon as possible after birth within 6 to 12 hours of delivery

Nevirapine

10mg/mL oral mixture

Preparation and Administration

Oral

The oral solution contains 10mg/mL nevirapine

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

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, 2014, Australasian Society for Infectious Diseases, 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

Document Ownership & History

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05/2015	V2	SA Health Safety and Quality Strategic Governance Committee	Update on dosing regimen
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