LamiVUDine

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

3TC

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 nevirapine to provide additional prophylaxis against vertical transmission of HIV (human immunodeficiency) for high risk MTCT.

Commence therapy within 4 hours of birth.

Oral

2 mg/kg/dose every 12 hours for 4 weeks.

Commence together with zidovudine and nevirapine.

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Preparation and Administration

Oral

The oral solution contains 10 mg/mL lamivudine.

Can be given without regard to feeds.

Dose	2 mg	4 mg	6 mg	8 mg
Volume	0.2 mL	0.4 mL	0.6 mL	0.8 mL

Adverse Effects

Common

Abdominal pain, diarrhoea, malaise, rash, neutropenia, anaemia.

Infrequent

Pancreatitis.

Nucleoside Reverse Transcriptase Inhibitors have been associated with lactic acidosis and hepatic steatosis.

Monitoring

- Monitor for lactic acidosis.
- Hepatic function.
- Full blood count at baseline, 2 and 4 weeks.

Practice Points

- To be used always in conjunction with zidovudine and nevirapine.
- Lamivudine is generally well tolerated.
- Lamivudine is primarily eliminated unchanged in the urine. Although there are no dosing recommendations available for neonates with renal impairment, consider a dose reduction or increase in dosing interval in consultation with Infectious Diseases.

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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If so, which 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	V3.0	Domain Custodian, Clinical Governance, Safety and Quality	Reviewed in line with 5-year schedule
24/05/2018	V2.0	SA Health Safety and Quality Strategic Governance Committee	New template
03/2015	V1.0	SA Health Safety and Quality Strategic Governance Committee	Original SA Health Safety and Quality Strategic Governance Committee approved version

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