

## Nevirapine

**FORM** Oral Suspension 50mg/5ml

**INDICATION** Prophylaxis against vertical transmission of HIV to neonate, as a constituent of combination therapy.

(See WoS guideline for further information)

**DOSE RANGE (Commence within 4 hours after birth)**

AGE	DOSE	FREQUENCY	ROUTE
Neonate – 6 months	Initially 2mg/kg*	ONCE daily for 1 week	Oral
	THEN 4mg/kg	ONCE daily for 1 week	Oral

\* If the mother has been taking nevirapine antenatally, for more than 3 days immediately prior to delivery, the infant's liver enzymes will already be induced and he/she should be commenced on the higher dose (4mg/kg) and continued on this dose for two weeks.  
Round calculated dose up to the next 0.5mg dose for ease of administration.

**CAUTIONS, CONTRA-INDICATIONS AND SIDE EFFECTS**

- See Summary of Product Characteristics and most recent edition of BNF for Children (links below)

**FURTHER INFORMATION**

- If the baby is vomiting there should be early recourse to IV Zidovudine therapy
- Monotherapy with nevirapine should be avoided because of the high rate of resistance development. It should be used with two other antiretrovirals.
- Use with caution in infants with mild to moderate hepatic impairment. LFT's should be monitored closely.
- The concomitant use of rifampicin is not recommended as it reduces nevirapine plasma levels.
- Fluconazole can increase nevirapine plasma levels by 100% - caution in use.

**LICENSED STATUS** Not licensed in children under 2 months of age

**LINKS** [BNF for Children](#): / [Electronic Medicines Compendium](#)

**APPLICABLE POLICIES** [West of Scotland Neonatal Guidelines](#):

Consult local policy if applicable

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Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications. This monograph should be used in conjunction with the package insert, BNF for Children, and Summary of Product Characteristics. For further advice contact your clinical pharmacist or pharmacy department.