- **MONITORING REQUIREMENTS**
- ▸ Hepatic disease Close monitoring of liver function required during first 18 weeks; monitor liver function before treatment then every 2 weeks for 2 months then after 1 month and then regularly.
- ▸ Rash Monitor closely for skin reactions during first 18 weeks.
- **PATIENT AND CARER ADVICE**

Hypersensitivity reactions Patients or carers should be told how to recognise hypersensitivity reactions and advised to discontinue treatment and seek immediate medical attention if severe skin reaction, hypersensitivity reactions, or symptoms of hepatitis develop.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Oral suspension

- ▸ **Viramune** (Boehringer Ingelheim Ltd)

Nevirapine (as Nevirapine hemihydrate) 10 mg per 1 ml Viramune 50mg/5ml oral suspension | 240 ml PoM £50.40

Modified-release tablet

CAUTIONARY AND ADVISORY LABELS 25

- ▸ **Nevirapine (Non-proprietary)**

Nevirapine 400 mg Nevirapine 400mg modified-release tablets | 30 tablet PoM £52.13–£170.00 DT = £83.18

- ▸ **Viramune** (Boehringer Ingelheim Ltd)

Nevirapine 100 mg Viramune 100mg modified-release tablets | 90 tablet PoM £127.50 (Hospital only)

Tablet

- ▸ **Nevirapine (Non-proprietary)**

Nevirapine 200 mg Nevirapine 200mg tablets | 60 tablet PoM £21.45–£170.00

Rilpivirine

07-Feb-2019

- **INDICATIONS AND DOSE**

HIV infection in combination with other antiretroviral drugs in patients not previously treated with antiretroviral therapy and if plasma HIV-1 RNA concentration less than or equal to 100 000 copies/mL

- ▸ BY MOUTH
- ▸ Child 12–17 years: 25 mg once daily

- **CAUTIONS** Acute porphyrias p. 624
- **INTERACTIONS** → Appendix 1: rilpivirine
- **SIDE-EFFECTS**
- ▸ **Common or very common** Appetite decreased · depression · dizziness · drowsiness · dry mouth · fatigue · gastrointestinal discomfort · headache · nausea · rash · sleep disorders · vomiting
- ▸ **Uncommon** Immune reconstitution inflammatory syndrome

SIDE-EFFECTS, FURTHER INFORMATION For further information regarding lipodystrophy, see HIV infection p. 425

- **PREGNANCY** Manufacturer advises avoid unless essential— no information available.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in moderate impairment (limited information available); avoid in severe impairment (no information available).
- **RENAL IMPAIRMENT** Manufacturer advises caution in severe impairment.
- **PATIENT AND CARER ADVICE** Patients or carers should be given advice on how to administer rilpivirine tablets.

Missed doses If a dose is more than 12 hours late, the missed dose should not be taken and the next dose should be taken at the normal time.

- **NATIONAL FUNDING/ACCESS DECISIONS**

All Wales Medicines Strategy Group (AWMSG) decisions

AWMSG No. 2936

The *All Wales Medicines Strategy Group* has advised (October 2016) that rilpivirine (*Edurant*®) is recommended as an option for use within NHS Wales in combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in antiretroviral treatment-naive patients from 12 years old to < 18 years old with a viral load ≤ 100,000 HIV-1 RNA copies/ml.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

CAUTIONARY AND ADVISORY LABELS 3, 21, 25

- ▸ **Edurant** (Janssen-Cilag Ltd)

Rilpivirine (as Rilpivirine hydrochloride) 25 mg Edurant 25mg tablets | 30 tablet PoM £200.27

Combinations available: ***Emtricitabine with rilpivirine and tenofovir alafenamide,*** p. 434

ANTIVIRALS › NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

Nucleoside reverse transcriptase inhibitors

- **SIDE-EFFECTS**
- ▸ **Common or very common** Abdominal pain · anaemia (may require transfusion) · appetite decreased · asthenia · diarrhoea · dizziness · headache · myalgia · nausea · skin reactions · vomiting
- ▸ **Uncommon** Hepatic steatosis · lactic acidosis · pancreatitis · thrombocytopenia
- ▸ **Frequency not known** Immune reconstitution inflammatory syndrome · osteonecrosis · weight increased

SIDE-EFFECTS, FURTHER INFORMATION Osteonecrosis has been reported in patients with advanced HIV disease or following long-term exposure to combination antiretroviral therapy.

- **PREGNANCY**

Monitoring Mitochondrial dysfunction has been reported in infants exposed to nucleoside reverse transcriptase inhibitors in utero; the main effects include haematological, metabolic, and neurological disorders; all infants whose mothers received nucleoside reverse transcriptase inhibitors during pregnancy should be monitored for relevant signs or symptoms.

- **HEPATIC IMPAIRMENT** In general, manufacturers advise caution in patients with chronic hepatitis B or C (increased risk of hepatic side-effects).

F above

Abacavir

10-Sep-2018

- **INDICATIONS AND DOSE**

HIV infection in combination with other antiretroviral drugs

- ▸ BY MOUTH
- ▸ Child 3 months–11 years: 8 mg/kg twice daily (max. per dose 300 mg), alternatively 16 mg/kg once daily (max. per dose 600 mg)
- ▸ Child 3 months–11 years (body-weight 14–20 kg): 150 mg twice daily, alternatively 300 mg once daily
- ▸ Child 3 months–11 years (body-weight 21–29 kg): 150 mg, taken in the morning and 300 mg, taken in the evening, alternatively 450 mg once daily
- ▸ Child 3 months–11 years (body-weight 30 kg and above): 300 mg twice daily, alternatively 600 mg once daily
- ▸ Child 12–17 years: 300 mg twice daily, alternatively 600 mg once daily

- **INTERACTIONS** → Appendix 1: abacavir