



NEVIRAPINE (Viramune)

WHAT IS NEVIRAPINE?

Nevirapine is a drug used for antiviral therapy. It is also called Viramune®. It is manufactured by Boehringer Ingelheim.

Nevirapine is a non-nucleoside reverse transcriptase inhibitor (a “non-nuke” or NNRTI). These drugs stop HIV from multiplying by preventing the reverse transcriptase enzyme from working. This enzyme changes HIV’s genetic material (RNA) into the form of DNA. This step has to occur before HIV’s genetic code gets inserted into an infected cell’s genetic codes.

WHO SHOULD TAKE IT?

Nevirapine was approved in 1996 as an antiviral drug for people with HIV infection. It has been studied in adults and children over 2 months old.

There are no absolute rules about when to start antiviral drugs. You and your doctor should consider your T-cell count, your viral load, any symptoms you are having, and your attitude about taking HIV medications. Fact Sheet 404 has more information about guidelines for the use of antiviral medications. Nevirapine should usually not be started in women with over 250 T-cells or in men with over 400 T-cells due to the risk of liver problems.

If you take nevirapine with other antiviral drugs, you can reduce your viral load to extremely low levels, and increase your T-cell counts. This should mean staying healthier longer.

Nevirapine can also be used to prevent transmission of HIV from a pregnant woman to her new child. Although AZT (another anti-HIV drug) prevents more infections, nevirapine costs less and works better where women breast-feed their babies. The mother gets one dose when she arrives at the hospital in labor. Then the newborn gets one dose during the first three days of life. This approach could be very beneficial in developing countries.

Unfortunately, resistance to nevirapine develops in many women who use it when they are pregnant. This resistance can be transmitted through breast feeding. Researchers are reviewing whether a short course of nevirapine should be used to prevent transmission of HIV to a newborn.

WHAT ABOUT DRUG RESISTANCE?

Many new copies of HIV are mutations. They are slightly different from the original virus. Some mutations can keep multiplying even when you are taking an antiviral drug. When this happens, the drug will stop working. This is called “developing resistance” to the drug. See Fact Sheet 126 for more information on resistance.

Sometimes, if your virus develops resistance to one drug, it will also have resistance to other antiviral drugs. This is called “cross-resistance”. Cross-resistance among NNRTIs develops very easily. If you develop resistance to one NNRTI, you probably won’t be able to use any of them in your antiviral therapy.

Resistance can develop quickly. It is very important to take antiviral medications according to instructions, on schedule, and not to skip or reduce doses.

HOW IS IT TAKEN?

Nevirapine is available in 200-milligram (mg) pills. The recommended dose for adults is 200 mg per day for two weeks (the lead-in period), then 400mg per day (200mg twice per day). It is important to follow this schedule to reduce the risk of serious side effects.

WHAT ARE THE SIDE EFFECTS?

When you start any antiviral treatment you may have temporary side effects such as headaches, high blood pressure, or a general sense of feeling ill. These side effects usually get better or disappear over time.

The most serious side effect of nevirapine is liver damage which in some cases can be fatal. The greatest risk of these problems is during the first 6 weeks of treatment with nevirapine. However, patients should be carefully monitored during the first 18 weeks taking the drug to watch for signs of skin or liver problems. In some cases, liver problems can get worse even after nevirapine is stopped.

Because of the risk of liver damage, nevirapine should not be used for post-exposure prophylaxis (treatment after exposure to HIV, or PEP). See Fact Sheet 156 for more information on PEP.

The most common side effect is a skin rash, which develops in about 25 percent of people taking the drug. This side effect is much more common for women than for men. If you develop a rash during the lead-in (lower dose) period, you should not increase to the full dose. If the rash is uncomfortable, you should stop taking the drug. Some doctors used the drug prednisone to treat the rash. However, research showed that it can actually make the rash worse.

A rare side effect is Stevens-Johnson syndrome. This is a serious skin rash that can be fatal.

HOW DOES IT REACT WITH OTHER DRUGS?

Nevirapine is broken down by the liver and can interact with other drugs that also use the liver. **Combining these drugs can change the amount of each drug in your bloodstream and cause an under- or overdose. Drugs to watch out for include drugs to treat tuberculosis (see fact sheet 518), several antihistamines, sedatives, and anti-fungal drugs. Make sure that your doctor knows about ALL drugs you are taking.**

Nevirapine makes the liver work faster. This reduces the blood levels of most protease inhibitors. There is very little information about combining nevirapine with protease inhibitors.

Nevirapine lowers blood levels of some birth control medications, which could make them ineffective.

It also lowers blood levels of methadone. This can cause symptoms of drug withdrawal. Methadone doses may need to be increased for people taking nevirapine.

Revised January 30, 2005