WHO-PQ RECOMMENDED PATIENT INFORMATION LEAFLET

This patient information leaflet focuses on uses of the medicine covered by WHO's Prequalification Team - Medicines. The recommendations for use are based on WHO guidelines and on information from stringent regulatory authorities.[*]
The medicine may be authorised for additional or different uses by national medicines regulatory authorities.

[*] https://extranet.who.int/pqweb/sites/default/files/documents/75%20SRA%20clarification_Feb2017_newtempl.pdf

Information for the patient

[HA567 trade name] †
Nevirapine

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have questions about the medicine, ask your health care provider.
- This medicine has been prescribed for your child only. Do not pass it on to others. It may harm them, even if their signs of illness seem to be the same as your child's.
- If you are concerned about any side effects, talk to your health care provider.This includes unwanted effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What [HA567 trade name] is and what it is used for

[HA567 trade name] contains the active ingredient nevirapine.

Nevirapine belongs to a group of medicines called antiretrovirals, which are used for the treatment of human immunodeficiency virus (HIV-1) infection. [HA567 trade name] is used to prevent HIV-1 infection in babies whose mothers have HIV.

Nevirapine helps to control HIV-1 infection by preventing the multiplication of HIV in the blood. Specifically, nevirapine interferes with the virus enzyme called reverse transcriptase, which is needed for making copies of the virus. Because of the way it works, nevirapine is called non-nucleoside reverse transcriptase inhibitor (often abbreviated NNRTI).

This product is intended for use in children. Some safety information on use in adults is also provided.

2. What you need to know before you give [HA567 trade name] to your child

Do not give your child [HA567 trade name]

- if your child is allergic to nevirapine or to any of the other ingredients of this medicine (listed in section 6)
- if your child has taken a medicine containing nevirapine before and had to stop the treatment because your child suffered from:
  - severe skin rash
  - skin rash with other symptoms, for example:
    - fever
    - blistering
    - mouth sores
    - inflammation of the eye

†Trade names are not prequalified by WHO. This is the national medicines regulatory agency's responsibility.

  - swelling of the face
  - general swelling
  - shortness of breath
  - muscle or joint pain
  - general feeling of illness
  - abdominal pain
  - allergic (hypersensitivity) reactions
  - inflammation of the liver (hepatitis)
- if your child has severe liver disease
- if your child has had to stop nevirapine treatment in the past because of changes in liver function

Take special care with [HA567 trade name]

During treatment with [HA567 trade name] you and your health care provider must watch out for signs of liver or skin reactions in your child. The reactions can become severe and even life-threatening. Your child is at the highest risk of such reactions in the first 6 weeks of treatment.

Your child **should stop taking** [HA567 trade name] and you **must contact** your health care provider at once if your child has severe rash or develops allergic reactions (hypersensitivity) together with other side effects such as:

- fever
- blistering
- mouth sores
- redness and swelling of the eye
- swelling of the face
- swelling in various parts of the body
- shortness of breath
- muscle or joint pain
- general feeling of illness
- abdominal (belly) pain.

If your child has a mild rash without any other reactions tell your health care provider at once. The health care provider will advise you whether your child should stop taking [HA567 trade name].
Although the rash may not seem unusual (for example, nappy rash), it might be caused by {DotWP-ProductName. If you are in doubt ask your child's health care provider.

Your child should stop taking [HA567 trade name] and you must contact your health care provider at once if your child has symptoms of liver damage. The following symptoms can suggest liver damage:

- loss of appetite
- feeling sick (nausea)
- vomiting
- yellow skin and eyes (jaundice)
- dark urine
- discoloured stool
- abdominal (belly) pain

If your child develops severe liver, skin or allergic (hypersensitivity) reactions whilst taking [HA567 trade name], your child should never take nevirapine again without checking with your health care provider.

Your child must take the dose of [HA567 trade name] as prescribed. This is especially important in the first 2 weeks of treatment (see more information in 'How to administer [HA567 trade name]').

The following patients are at higher risk of liver problems while taking [HA567 trade name]:

- women
- people who have hepatitis B or C infection

- people whose liver function tests are abnormal
- people with higher CD4 cell count at the start of nevirapine therapy (women more than 250 CD4-cells per cubic millimetre, men more than 400 CD4-cells per cubic millimetre)

If your child is also taking zidovudine, tell your health care provider because it may be necessary to check your child's white blood cells.

Nevirapine is not a cure for HIV infection. Therefore, your child may continue to develop infections and other illnesses associated with HIV infection. Therefore, your child should be in regular contact with the health care provider.

Nevirapine does not prevent the risk of passing on HIV to others through blood or sexual contact and precautions are needed to prevent passing on HIV to other people. Ask your health care provider for more information.

Taking other medicines

Before your child starts nevirapine treatment, tell your health care provider if your child is taking or has taken any medicines, including medicines obtained without a prescription. Your health care provider might need to check if your child's other medicines are still needed and if any doses need to be changed. Carefully read the package leaflet of all other HIV medicines your child is taking with [HA567 trade name].

If your child is taking or is prescribed a medicine which contains rifampicin to treat tuberculosis, you must tell your health care provider before taking this medicine with [HA567 trade name].

Tell your health care provider if your child is taking or has recently taken:

- St John's wort (*Hypericum perforatum*, medicine to treat depression)
- rifabutin and rifampicin (medicines to treat tuberculosis)
- clarithromycin and other macrolides antibiotics (medicine to treat bacterial infection) fluconazole, itraconazole and ketoconazole (medicines to treat fungal infection)
- methadone (medicine for opioid addiction)
- warfarin (medicine to prevent blood clotting)
- atazanavir, delavirdine, efavirenz, elvitegravir/cobicistat, etravirine, fosamprenavir, lopinavir/ritonavir, rilpivirine and zidovudine (medicines to treat HIV-infection)
- boceprevir and telaprevir (medicines to treat hepatitis C)

Your health care provider will carefully check the effect of [HA567 trade name] and any of these medicines if your child is taking them together.

A contraceptive (birth control) pill or other types of hormonal contraception may not be suitable for a woman starting nevirapine treatment. The woman should ask her health care provider for advice on an alternative method of contraception. Barrier methods of contraception (e.g., condoms) are suitable and they prevent passing on of HIV to another person.

A woman using post-menopausal hormone replacement therapy should take advice from her health care provider before starting nevirapine treatment.

Taking [HA567 trade name] with food and drink

There are no restrictions on taking [HA567 trade name] with food and drink.

Pregnancy and breast-feeding

A woman who is pregnant or thinks she may be pregnant should ask her health care provider before taking any medicine.

If a mother wants to breast-feed her baby, she should ask her health care provider for advice on the risks and benefits. Treatment with medicines of mother or child or both may be needed.

Driving and using machines

The effect of nevirapine on a person's ability to drive vehicles and use machinery has not been specifically studied. Nevirapine may make a person feel tired. If the person feels tired or feels that the ability to drive or use machines may be affected then the person should not drive or use machines.

Ingredients of [HA567 trade name]

[HA567 trade name] contains lactose. If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicinal product.

3. How to give [HA567 trade name]

Always give this medicine exactly as described in this leaflet or as your health care provider has told you. Check with your health care provider if you are not sure.

Give [HA567 trade name] by mouth only. Your child may take [HA567 trade name] with food or between meals.

You can divide the tablet into two equal doses (each containing 10 mg) by carefully breaking the tablet along the scoreline. If your child cannot swallow the tablets whole, the tablets may be crushed and added to a small amount of semi-solid food or liquid, all of which should be consumed immediately.

Dose

Your child's health care provider works out the dose for your child according to your child's age and body weight. Make sure that your child's health care provider clearly tells you what dose you must give to your child.

Recommended doses for preventing HIV infection in infants born to HIV-positive women are shown below. However, it may not be possible to use [HA567 trade name] for some of the recommended doses and your child may need alternative formulations, such as oral solution.

Infant age	Dose* in mg	Dose*as 20-mg tablet
Birth to 6 weeks		
• Weight at birth less than 2 kg	initially, 2 mg/kg once daily	Use alternative formulation
• Weight at birth 2–2.5 kg	10 mg once daily	½ tablet once daily
• Weight at birth > 2.5 kg	15 mg once daily	Use alternative formulation
6 weeks to 6 months†	20 mg once daily	1 tablet once daily
6 months to 9 months†	30 mg once daily	1½ tablets once daily
over 9 months†	40 mg once daily	2 tablets once daily

* Recommended duration of prophylaxis is 6 weeks but 4 weeks may be considered if formula feeds are used.

† Prophylaxis may be continued for longer than 6 weeks and up to 12 weeks in special circumstances such as mother receiving limited antiretroviral therapy that does not suppress HIV or infant exposed to HIV after birth and breastfeeding

Your child should continue to take [HA567 trade name] for as long as instructed by your child's health care provider.
Your child's health care provider may interrupt or stop treatment with [HA567 trade name] if your child's liver tests are abnormal or your child has unwanted effects such as rash.

If your child takes more [HA567 trade name] than your child should
Your child should not receive more [HA567 trade name] than prescribed by your child's health care provider. There is little information on the effects of overdose with [HA567 trade name]. See your child's health care provider if your child has taken more [HA567 trade name] than your child should.

If your child forgets to take [HA567 trade name]
Try not to miss a dose. If your child has missed a dose within 8 hours, give the missed dose as soon as possible. If more than 8 hours have passed since your child's dose was missed, omit the missed dose and give the next dose at the usual time.

If your child stops taking [HA567 trade name]
Taking all doses at the right time ensures that the medicine work as well as possible. It is important that your child continues taking [HA567 trade name] as prescribed.
If you have any questions on the use of this medicine, ask your child's health care provider.

Making [HA567 trade name] mixture
If your child cannot swallow the tablet(s), then make a mixture of the tablet(s) in some water.

To make the mixture you will need:
- [HA567 trade name] tablets
- A small cup or bowl
- Drinking water
- A teaspoon
- A 10-mL oral syringe

Make the medicine mixture as follows:
1. Clean and dry your hands before making up the medicine
2. Add the required number of [HA567 trade name] tablets to a bowl
3. Using a syringe, add a small amount of clean drinking water to the bowl. The tablet(s) should be mixed in a minimum of 10 mL water; the maximum volume of water recommended for dispersion of a dose is 50 mL.
4. Stir gently until the medicine is mixed well.
5. Give all of the medicine mixture to the child using teaspoon.
6. You may give the child a little milk/juice/water after giving the medicine. This will help to take away the taste of the medicine.
7. Repeat these steps every time you need to give the medicine.

4. Possible side effects

Like all medicines, [HA567 trade name] can cause side effects, but not everybody gets them.

The most important side effects of nevirapine are severe and life-threatening skin reactions and serious liver damage. These reactions occur mainly in the first 18 weeks of treatment with [HA567 trade name]. This is therefore an important period which requires close monitoring by your health care provider.

When rash occurs, it is normally mild to moderate. However, in some patients a rash, which appears as a blistering skin reaction, can be severe (Stevens-Johnson syndrome and toxic epidermal necrolysis) and deaths have been recorded. Most of the cases of both severe rash and mild/moderate rash occur in the first six weeks of treatment.

Allergic (hypersensitivity) reactions can occur. Such reactions may appear as anaphylaxis (a severe form of allergic reaction) with symptoms such as rash, swelling of the face, difficulty breathing (bronchial spasm), anaphylactic shock.

The side effects described below have occurred in patients given nevirapine:

Very common (occurring in more than 1 in 10 patients treated):
- rash

Common (occurring in 1 in 100 to 1 in 10 patients treated):
- decreased number of white blood cells (granulocytopenia)
- allergic reactions (hypersensitivity)
- headache
- feeling sick (nausea)
- vomiting
- abdominal pain
- loose stools (diarrhoea)
- inflammation of the liver (hepatitis)
- feeling tired (fatigue)
- fever
- abnormal liver function tests

Uncommon (occurring in 1 in 1000 to 1 in 100 patients treated):
- allergic reaction characterised by rash, swelling of the face, difficulty breathing (bronchial spasm) or anaphylactic shock
- decreased numbers of red blood cells (anaemia)
- yellow skin (jaundice)
- severe and life-threatening skin rashes (Stevens-Johnson syndrome/toxic epidermal necrolysis)
- hives (urticaria)
- accumulation of fluid and swelling under the skin (angioedema)
- joint pain (arthralgia)
- muscle pain
- decreased blood phosphorus
- increased blood pressure

Rare: (occurring in 1 in 10 000 to 1 in 1000 patients treated):
- sudden and intense inflammation of the liver (fulminant hepatitis)
- drug rash with symptoms which affect the whole body (drug rash with eosinophilia and systemic symptoms)
- sudden and intense inflammation of the liver (fulminant hepatitis)
- drug rash with symptoms which affect the whole body (drug rash with eosinophilia and systemic symptoms)

Combination antiretroviral therapy may cause changes in body shape due to changes in fat distribution. These may include loss of fat from legs, arms and face, increased fat in the abdomen (belly) and other internal organs, breast enlargement and fatty lumps on the back of the neck (‘buffalo hump’). The cause and long-term health effects of these conditions are not known. Combination antiretroviral therapy may also cause raised lactic acid, resistance to insulin, raised sugar in the blood, and increased fats in the blood (hyperlipaemia).

The following events have also been reported when nevirapine has been used in combination with other antiretroviral medicines:
- decreased numbers of red blood cells or platelets
- inflammation of the pancreas
- decrease in or abnormal skin sensations

These events are commonly associated with other antiretroviral medicines and may be expected when nevirapine is used in combination with other medicines; however, it is unlikely that these events are due to treatment with nevirapine.

Use in children
Reduction in white blood cells (granulocytopenia) is more common in children. A reduction in red blood cells (anaemia), which may be related to nevirapine therapy, is also more common in children.
Please inform your health care provider of any side effects; if any side effects get serious, or if you notice any side effects not listed in this leaflet.

Reporting of side effects

If your child gets any side effects, talk to your health care provider. This includes unwanted effects not listed in this leaflet. If available, you can also report side effects directly through the national reporting system. By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store [HA567 trade name]

Keep this medicine out of the reach and sight of children.

Do not use [HA567 trade name] after the expiry date which is stated on the bottle and on the blister card after "EXP". The expiry date refers to the last day of that month.

This product should be stored below 30°C.

Do not use this medicine if you notice that it is different from the description below.

To protect the environment, medicines should not be disposed of in wastewater or household waste. Ask your health care provider or pharmacist how to dispose of medicines no longer required.

6. Contents of the pack and other information

What [HA567 trade name] contains

- The active ingredient is nevirapine 20 mg.
- The other ingredients of [HA567 trade name] are lactose monohydrate, microcrystalline cellulose, sodium starch glycolate, povidone, colloidal silicon dioxide and magnesium stearate.

What [HA567 trade name] looks like and contents of the pack

White to off-white, oval-shaped, uncoated tablet, debossed with 20 on one side and scored on the other side. The tablet can be divided into equal doses.

HDPE bottle
Round, opaque, white-coloured HDPE bottle, with a polypropylene child-resistant cap.
Pack sizes: 30, 60 and 90 tablets.

Blisters
PVC/PVDC-Al blisters. Pack sizes:10 tablets per blister card. 3 or 6 cards in a carton.

Supplier
Micro Labs Limited
31, Race Course Road
Bangalore - 560001
Karnataka
India
Tel: + 91 80 2237 0451 to 2237 0456
Fax: + 91 80 2237 0463
Email: exp@microlabs.in

Manufacturer
Micro Labs Limited
Plot No: S-155 to S-159 & N1, Phase III & IV
Verna Industrial Estate
Verna Salcette - 403722, Goa
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Tel: + 91-832-6686262
Fax: +91-832-6686203
Email: jainethesh@microlabs.in

For any information about this medicine, contact the local representative of the supplier.

This leaflet was last revised in February 2021.

Detailed information on this medicine is available on the World Health Organization (WHO) website: https://extranet.who.int/pqweb/medicines