



# Nevirapine



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## What is nevirapine?

Nevirapine is a medication used to treat HIV. It was originally marketed under the brand name *Viramune*, but generic versions are also available and it is more likely that you will be prescribed one of these. Nevirapine is taken in combination with other antiretroviral drugs.

The usual dose of nevirapine is one 200mg tablet twice per day or one 400mg tablet once a day. When you start nevirapine, you will initially take one 200mg tablet once a day, for two weeks, before your dose is increased. This reduces the risk of developing a rash as a side-effect of treatment.

Men should not start treatment with nevirapine if their CD4 cell count is above 400 and women should not start treatment with nevirapine if their CD4 cell count is above 250, as this increases the risk of potentially dangerous side-effects.

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## How does nevirapine work?

Nevirapine is from a class of drugs known as non-nucleoside reverse transcriptase inhibitors (NNRTIs). Your doctor will prescribe nevirapine as part of your HIV treatment, along with antiretrovirals from another class of drugs. It is important to take all the drugs as prescribed, every day. Each drug class works against HIV in a different way.

The aim of HIV treatment is to reduce the level of HIV in your body (viral load). Ideally, your viral load should become so low that it is undetectable – usually less than 50 copies of virus per ml of blood. Taking HIV treatment and having an undetectable viral load protects your immune system and stops HIV being passed on to someone else during sex.

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## How do I take nevirapine?

You can take nevirapine with or without food.

HIV treatment works best if you take it every day. When would be a good time for you to plan to take your treatment? Think about your daily routine and when you will find it easiest to take your treatment.

If you forget to take a dose of nevirapine, take it as soon as you remember. If it is more than 8 hours since your dose was due, then just skip the dose you've forgotten and carry on.



If you regularly forget to take your treatment, or you aren't taking it for another reason, it's important to talk to your doctor about this.

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## Allergic reaction

Nevirapine can cause a serious hypersensitivity (allergic) reaction in some people.

This is more likely in the first 18 weeks of treatment, and especially in the first 6 weeks of treatment, so your doctor will monitor you more closely than usual during this time. The reaction is more likely in people who have higher CD4 counts when they start taking nevirapine.

The symptoms of the reaction are a rash, along with other symptoms which may include: fever, blisters, sores in the mouth, eye inflammation, facial or other swelling, difficulty breathing, muscle or joint pain, generally feeling ill.

Another possible serious reaction affects the liver. Symptoms of liver problems include yellowing of the skin or whites of the eyes (jaundice), dark or tea-coloured urine, pale-coloured stools, nausea, vomiting, loss of appetite and pain, aching or sensitivity on the right side of your body.

If you experience symptoms of an allergic reaction or liver problems you should contact a doctor immediately (either your HIV clinic or A&E if your clinic is closed).

You should never retry nevirapine, if you have had an allergic reaction to it previously.

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## What are the other possible side-effects of nevirapine?

All drugs have possible side-effects. It's a good idea to talk to your doctor about possible side-effects before you start taking a drug. If you experience something that might be a side-effect, talk to your doctor about what can be done. A full list of side-effects, including less common side-effects, should be included in the leaflet that comes in the packaging with nevirapine. As well as the information on side-effects below, it's important to understand the potential for an allergic reaction (see previous section). If you have any questions about this, talk to your doctor or pharmacist.

We generally divide side-effects into two types:

Common – a side-effect that occurs in at least one in a hundred people (more than 1%) who take this drug.



Rare – a side-effect that occurs in fewer than one in a hundred people (less than 1%) who take this drug.

The most common side-effects of nevirapine are (most common in bold):

**Rash**, allergic reaction, headache, nausea, vomiting, abdominal pain, diarrhoea, raised liver enzymes, raised blood pressure, fatigue and fever.

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## Does nevirapine interact with other drugs?

You should always tell your doctor and pharmacist about any other drugs or medication you are taking. That includes anything prescribed by another doctor, medicines you have bought from a high-street chemist, herbal and alternative treatments, and recreational or party drugs ('chems').

Some medicines or drugs are not safe if taken together – the interaction could cause increased, dangerous levels, or it could stop one or both of the drugs from working. Other drug interactions are less dangerous but still need to be taken seriously. If levels of one drug are affected, you may need to change the dose you take. This must only be done on the advice of your HIV doctor.

A list of drugs, known to have interactions with nevirapine, should be included in the leaflet that comes in the packaging with nevirapine. Tell your doctor if you are taking any of these drugs, and other drugs that are not on the list.

You should not take nevirapine with St John's wort.

Some drugs can interact with nevirapine and change blood levels of one or both drugs. This is the case for the anti-HIV drugs atazanavir, fosamprenavir, lopinavir/ritonavir and efavirenz. It is also the case for other drugs including antibiotics used to treat certain infections such as tuberculosis (rifampicin, rifabutin and clarithromycin), anti-fungal medicines, methadone and warfarin.

Nevirapine may reduce the effectiveness of some hormonal contraceptives (such as the pill, patches or an implant). If you are using this type of contraceptive to prevent pregnancy you should talk to your doctor about using an additional or different type of contraception.

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## Can I take nevirapine in pregnancy?

There are other things which are important to your health and HIV care, and which you and your doctor may take into account when making decisions about your treatment. For example, if you are considering having a baby.



Nevirapine is considered an option for women who want to get pregnant, or who are pregnant, but there are other options. If you are planning to have a baby or think there is the possibility you might get pregnant, talk to your doctor about which drug combination would be best for you.

## Talking to your doctor

If you have any concerns about your treatment or other aspects of your health, it's important to talk to your doctor about them.

For example, if you have a symptom or side-effect or if you are having problems taking your treatment every day, it's important that your doctor knows about this. If you are taking any other medication or recreational drugs, or if you have another medical condition, this is also important for your doctor to know about.

Building a relationship with a doctor may take time. You may feel very comfortable talking to your doctor, but some people find it more difficult, particularly when talking about sex, mental health, or symptoms they find embarrassing. It's also easy to forget things you wanted to talk about.

Preparing for an appointment can be very helpful. Take some time to think about what you are going to say. You might find it helpful to talk to someone else first, or to make some notes and bring them to your appointment. Our online tool *Talking points* may help you to prepare for your next appointment – visit [www.aidsmap.com/talking-points](http://www.aidsmap.com/talking-points)

*For detailed information on this drug, visit the [nevirapine](#) pages in the HIV treatments directory.*

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We recommend that this information should always be used in conjunction with professional medical advice.

This factsheet is produced by an organisation called NAM, and has been reviewed by members of our volunteer panels of people living with HIV and medical professionals. We welcome your feedback on our information resources.

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