Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

• The use of interpreter services where necessary,
• Advising consumers of their choice and ensuring informed consent is obtained,
• Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
• Documenting all care in accordance with mandatory and local requirements

Synonyms
3TC

Dose and Indications

To be used only on Infectious Diseases team recommendation

Prevention of vertical transmission of HIV

Use with zidovudine and nevirapine to provide additional prophylaxis against vertical transmission of HIV (human immunodeficiency) for infants of mothers with a detectable viral load at ≥ 36 weeks, late maternal presentation and viral load is unknown, or mother found to be HIV positive just after delivery.

Oral
2mg/kg/dose every 12 hours for 4 weeks

Commence together with zidovudine and nevirapine, as soon as possible after birth within 6 to 12 hours of delivery
Preparation and Administration

**Oral**
The oral solution contains 10mg/mL lamivudine
Can be given without regard to feeds.

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<th>2mg</th>
<th>4mg</th>
<th>6mg</th>
<th>8mg</th>
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<td>0.2mL</td>
<td>0.4mL</td>
<td>0.6mL</td>
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**Adverse Effects**

**Common**
Abdominal pain, diarrhoea, malaise, rash, neutropenia, anaemia

**Infrequent**
Pancreatitis

Nucleoside Reverse Transcriptase Inhibitors have been associated with lactic acidosis and hepatic steatosis

**Monitoring**
- Monitor for lactic acidosis
- Hepatic function
- Full blood count at baseline, 2 and 4 weeks

**Practice Points**
- To be used always in conjunction with zidovudine and nevirapine
- Lamivudine is generally well tolerated
- Lamivudine is primarily eliminated unchanged in the urine. Although there are no dosing recommendations available for neonates with renal impairment, consider a dose reduction or increase in dosing interval in consultation with Infectious Diseases

**References**
- Guidelines for the Use of Antiretroviral Agents in Paediatric HIV Infection, Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, AIDSInfo 2021
- South Australian Perinatal Practice Guideline, Clinical Guideline, HIV in Pregnancy, 2018
LamiVUDine
10mg/mL oral mixture

Document Ownership & History
Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: Health.NeoMed@sa.gov.au
Endorsed by: Domain Custodian, Clinical Governance, Safety and Quality
Next review due: 29/06/2027
PDS reference: NMG024
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Is this a new policy (V1)? N
Does this policy amend or update an existing policy? Y
If so, which version? V2.0
Does this policy replace another policy with a different title? N
If so, which policy (title)?

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