

NEONATAL West of Scotland Drug Monographs

ORAL/OTHER ROUTES

Neonatal

Aciclovir

FORM Oral suspension 200mg in 5ml

INDICATION

1. Suppression of neonatal Herpes Simplex virus
2. Post Exposure Prophylaxis (PEP) of Varicella Zoster

DOSE RANGE

Indication 1: Suppression of neonatal Herpes Simplex virus

AGE	DOSE	FREQUENCY	ROUTE
Birth to 6 months	300mg/m ² /dose*	3 times daily	oral

*Use the modified body surface area (BSA) table to calculate doses. This table will give an approximation of the dose required. If a more accurate calculation of BSA is required please contact pharmacy

Modified BSA table

Body weight (kg)	Body Surface area (m ²)	Aciclovir dose (mg)
1	0.10	30
1.5	0.13	39
2	0.16	48
2.5	0.19	57
3	0.21	63
3.5	0.24	72
4	0.26	78
4.5	0.28	84
5	0.30	90
5.5	0.32	96
6	0.34	102
6.5	0.36	108
7	0.38	114
7.5	0.40	120
8	0.42	126

Round dose to nearest measurable dose for ease of administration

Duration of treatment as per appropriate specialist e.g. Dermatology/Infectious Diseases

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Indication 2: Post Exposure prophylaxis (PEP) of Varicella Zoster

Criteria	DOSE	FREQUENCY	ROUTE
Group 1: Neonates whose mother develops chickenpox in the period 7 days before to 7 days after delivery	10mg/kg Following at least 48 hours of IV aciclovir	4 times daily To complete 14 day course	oral
Group 2a: VZV antibody –ve, <1 year of age, have remained in hospital since birth and were born <28weeks gestation or <1kg birth weight Or VZV antibody –ve, who have a severe congenital or other underlying condition that requires prolonged intensive or special care during 1 st year of life	10mg/kg	4 times daily Commence from 7 days post exposure and continue for 14 days	oral
Group 2b: VZV susceptible neonates exposed to chickenpox or shingles (other than in the mother)** in the first 7 days of life	10mg/kg	4 times daily Commence from 7 days post exposure and continue for 14 days	oral

** for neonates exposed via mother (Group 1), see IV aciclovir and IV varicella zoster immunoglobulin (VZIG) monographs

FURTHER INFORMATION

- The use of the oral route in neonates is based on anecdotal evidence and the pharmacokinetics are uncertain.
- Diarrhoea has also been a particular problem.
- For post exposure prophylaxis, oral aciclovir is the recommended treatment. Where oral is contra-indicated due to renal toxicity or malabsorption see intravenous immunoglobulin (IVIG)(Post Exposure Prophylaxis) monograph (note IM VZIG no longer available)

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STORAGE Store at room temperature

LICENSED STATUS Unlicensed Use

APPLICABLE POLICIES West of Scotland Neonatal Guidelines

UK Health Security Agency Guidelines on post exposure prophylaxis (PEP) for varicella or shingles (accessible via www.gov.uk)

Consult local policy if applicable

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Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications.
This monograph should be used in conjunction with the terms of reference document prepared by the West of Scotland pharmacist network. Information is correct at the time of publication and as per local practice agreement.
For further advice contact your clinical pharmacist or pharmacy department.
