Aciclovir

FORM

Vial containing 250mg or 500mg powder for reconstitution
or 250mg/10ml concentrate for infusion

INDICATION

1.Treatment of Herpes Simplex and Varicella Zoster infections

2. Post exposure prophylaxis for varicella in neonates whose mother develops chickenpox in the period 7 days before to 7 days after delivery, in addition to intravenous Varicella Immunoglobulin (VZIG) - or if VZIG not available, Normal Intravenous Immunoglobulin (refer to appropriate monograph)

DOSE RANGE
Indication 1: Treatment

AGE	DOSE	FREQUENCY	ROUTE
0-6 months	20mg/kg	Every 8 hours*	IV

*Reduce dose if renally impaired with creatinine clearance less than 50ml/min (consult SPC/BNFc)

DOSE RANGE
Indication 2: Post exposure prophylaxis

AGE	DOSE	FREQUENCY	ROUTE
0-6 months	10mg/kg	Every 8 hours*	IV for 14 days**

*Reduce dose if renally impaired with creatinine clearance less than 50ml/min (consult SPC/BNFc)

** For post exposure prophylaxis, conversion to oral aciclovir (see oral monograph) can be considered after a minimum of 48hrs of intravenous therapy.

RECONSTITUTION

Add 10ml water for injection or sodium chloride 0.9% injection to each 250mg vial or 20ml to a 500mg vial and shake gently until completely dissolved, to produce a 25mg/5ml solution.

Concentrate for infusion is ready made at 25mg/ml

DILUTION

<u>Central Administration</u>

The appropriate dose may be given undiluted via a syringe pump over a minimum of 1 hour

<u>Peripheral Administration</u>

Dilute to 5mg/ml with sodium chloride as below and infuse the dose over 1 hour

Aciclovir 25mg/ml	8ml
Sodium chloride 0.9%	Up to 40ml total

Gives a 5mg in 1ml solution. Use the required volume.

METHOD OF ADMINISTRATION

I/V infusion over 1 hour
25mg/5ml solution is for CENTRAL USE only

COMPATIBILITY

Solution compatibility	Sodium chloride 0.45% & 0.9%, sodium chloride 0.18% with glucose 4%, sodium chloride 0.45% with glucose 2.5%, sodium chloride 0.9% with glucose 5% and compound sodium lactate infusion BP, glucose 5%
Solution incompatibility	TPN, lipid
IV Line compatibility	Calcium gluconate, dexamethasone, fluconazole, insulin, metronidazole. The following drugs when in glucose 5% only: heparin, milrinone, potassium chloride, sodium bicarbonate , vancomycin. No other drugs at the same time in the same line due to high pH
IV Line incompatibility	Caffeine citrate, caspofungin, dobutamine, dopamine, gentamicin, midazolam, morphine, paracetamol, piperacillin with tazobactam.

THIS LIST IS NOT EXHAUSTIVE PLEASE CONTACT PHARMACY FOR FURTHER INFORMATION ON COMPATIBILITY WITH ANY MEDICINES NOT INCLUDED

CAUTIONS, CONTRA-INDICATIONS AND SIDE EFFECTS

If renal impairment develops during treatment, a rapid response normally occurs following hydration of the patient and/or dose reduction or withdrawal. Specific care should be taken in all patients receiving high doses to ensure they are well hydrated, particularly if they have any renal impairment.

FURTHER INFORMATION Extravasation risk due to high pH

STORAGE Store at room temperature

LICENSED STATUS **Not licensed for post exposure prophylaxis**

APPLICABLE POLICIES West of Scotland Neonatal Guidelines – Immunisation Guideline

UK Health Security Agency Guideline on Post Exposure Prophylaxis for Varicella and Shingles; accessible via www.gov.uk

Consult local policy if applicable

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Administer reconstituted solutions immediately.
All vials, ampoules and infusion bags are for single use only unless otherwise stated.

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 please contact your clinical pharmacist or pharmacy department