

NEONATAL West of Scotland Drug Monographs
Parenteral Routes

Neonatal

Intravenous Immunoglobulin (IVIG) for Post Exposure Prophylaxis of Varicella

FORM Solution for infusion containing 1g in 10ml of human normal immunoglobulin (10%)

INDICATION Post exposure prophylaxis(PEP) of Varicella as indicated below

DOSE RANGE

INDICATION	DOSE	FREQUENCY	ROUTE
Post exposure prophylaxis of varicella in Group 1* neonates where mother develops chickenpox in the period 7 days before to 7 days after delivery and where Varitect®CP cannot be sourced within 96hours	200mg/kg	One dose As soon as possible after exposure	IV
Post exposure prophylaxis of varicella in Group 2* infants/neonates eligible for PEP but who cannot take oral aciclovir due to malabsorption or renal toxicity	200mg/kg	One dose Preferably within 7 days of exposure but can be given later if necessary	IV

*Definitions of Group 1 and 2 see UK Health Security Agency Guideline on post exposure prophylaxis for varicella and shingles (gov.uk)

RECONSTITUTION

Already in solution

DILUTION

Normal immunoglobulin 1g in 10ml solution	5ml
Glucose 5%	Up to 10ml

This gives a 5% solution. Dose = 4ml/kg of this solution

METHOD OF ADMINISTRATION

IV infusion over 4-6 hours

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COMPATIBILITY **Should not be run with any other medicines/fluids**

FURTHER INFORMATION IVIG request form should be completed

Recommended infusion rates differs from manufacturer guidance are based on clinical experience from multiple centres

LICENSED STATUS Unlicensed for above indication

APPLICABLE POLICIES West of Scotland Neonatal Guidelines

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

Clinical Guidelines on Immunoglobulin Use/Immunoglobulin request form:
www.nppeag.scot.nhs.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
