

Consensus Guidance on the Prescribing of Intravenous Aciclovir in Adults ≥ 16 years



TARGET AUDIENCE	NHS Lanarkshire secondary care
PATIENT GROUP	Adult patients (≥ 16 years) prescribed intravenous aciclovir

Clinical Guidelines Summary

Key Points

- Aciclovir dose is weight based and varies dependent on indication.
- Adjusted body weight should be used to calculate dose in obesity ($\text{BMI} \geq 30\text{kg/m}^2$).
- Be alert to increased risk of adverse effects in elderly patients and those with renal impairment.
- Symptoms of toxicity include renal failure and neurological symptoms including confusion, hallucinations, agitation, seizures and coma.

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Introduction

This guidance has been created to support safe and effective prescribing of intravenous (IV) Aciclovir in adult patients (≥ 16 years) in NHS Scotland. This guidance is for use by healthcare professionals. The information contained within this guidance is not exhaustive and this resource should therefore not be used in isolation when prescribing this medication.

Key Points
• Dose is weight based and varies dependent on indication.
• Adjusted body weight should be used to calculate dose in obesity (BMI ≥30kg/m ²).
• Be alert to increased risk of adverse effects in elderly patients and those with renal impairment.
• Symptoms of toxicity include renal failure and neurological symptoms including confusion, hallucinations, agitation, seizures and coma.

Prescribing

Dosage varies per indication⁷ and should be considered in line with the [British National Formulary](#) and manufacturer's information.

Licensed indications: herpes simplex treatment and prophylaxis in the immunocompromised, varicella zoster treatment, initial treatment of severe genital herpes simplex⁷

Off-label indications: herpes zoster treatment⁷

Obesity

Obesity is defined by the National Institute for Health and Care Excellence (NICE) as BMI ≥30kg/m².

Risk of toxicity is increased when IV Aciclovir is dosed as per actual body weight in obese patients^{3,4}. One pharmacokinetic study has shown that dosing using ideal body weight may lead to subtherapeutic plasma concentrations^{2,5}.

It is recommended that adjusted body weight (AdjBW) should be used when calculating doses for obese patients^{1,2,3,4,8}.

$$\text{AdjBW} = \text{IBW} + 0.4 (\text{actual body weight} - \text{IBW})$$

Renal impairment

The risk of neurological reactions is increased when administering to patients with renal impairment⁷. It is essential to maintain adequate hydration in this patient group.

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Dose reductions of intravenous Aciclovir are recommended in renal impairment.^{1,7} Use [Renal Drug Database](#) for advice on dosing in patients undergoing renal replacement therapy.

Contraindications

Known hypersensitivity to Aciclovir or product excipients^{4,7}.

Cautions

- Adequate hydration is essential for patients treated with IV Aciclovir⁴.
- Caution when prescribing for elderly patients as increased likelihood of renal impairment⁴.
- Risk of renal impairment increased if used in combination with other nephrotoxic drugs⁴.

Administration

Refer to [Medusa Injectable Medicines Guide](#) for information on intravenous administration.

Monitoring

All patients should be monitored for treatment efficacy. Refer to [British National Formulary](#) for known adverse effects with IV Aciclovir use.

Overdose

Overdose with intravenous Aciclovir can cause renal failure. Neurological effects such as confusion, agitation, hallucinations, seizures and coma can occur. Patients should be closely monitored for any signs and symptoms of toxicity⁴.

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References/Evidence

This guidance has been reviewed by the Association of Scottish Antimicrobial Pharmacists (ASAP) group and has been agreed to be adapted for use within NHS Lanarkshire.

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Reviewed by: Association of Scottish Antimicrobial Pharmacists members, September 2024.

Adapted for use in NHS Lanarkshire with thanks.

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