South Australian Neonatal Medication Guidelines

valGANcinglovir
50mg/mL oral mixture

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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

This is a High Risk Medication

Valganciclovir is an oral prodrug of ganciclovir; a cytotoxic agent

Dose and Indications

Consult ID/ Microbiology prior to use

Symptomatic congenital cytomegalovirus (CMV) disease; Acute acquired severe CMV disease

Oral
16mg/kg/dose 12 hourly

Patients are usually treated for at least 6 weeks; maximum recommended duration of therapy is 6 months.

Preparation and Administration

Oral
Give with feeds to increase absorption.

The 50mg/mL mixture contains:

<table>
<thead>
<tr>
<th>Dose</th>
<th>8mg</th>
<th>12mg</th>
<th>16mg</th>
<th>24mg</th>
<th>32mg</th>
<th>40mg</th>
<th>56mg</th>
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<tbody>
<tr>
<td>Volume</td>
<td>0.16mL</td>
<td>0.24mL</td>
<td>0.32mL</td>
<td>0.48mL</td>
<td>0.64mL</td>
<td>0.8mL</td>
<td>1.12mL</td>
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</table>

Store in fridge
Adverse Effects

Common
Anaemia, neutropenia, thrombocytopenia, fever, diarrhoea, constipation, oral candidiasis, seizures, dermatitis, sweating, cough, raised liver enzymes, increased serum creatinine

Infrequent
Mouth ulceration

Monitoring
- Complete Blood Count; weekly for 6 weeks, then 2 weekly for 8 weeks and then monthly until completion of treatment course
- Renal function - monthly
- Liver function - monthly

Practice Points
- Withhold valganciclovir if;
  - absolute neutrophil count is < 0.5 x 10⁹/L
  - platelet count is < 25 x 10⁹/L unless thrombocytopenia is due to CMV disease
  - haemoglobin is < 80g/L
- If valganciclovir is withheld, consult ID for further advice
- Neutropenia is dose dependent and reversible; usually occurring in the first 1 – 2 weeks of treatment
- Valganciclovir is converted in the body to ganciclovir; a cytotoxic agent.
- Renally excreted as ganciclovir (unchanged active drug). Dose adjustments may be required for infants with renal impairment.
- Cytotoxic precautions should be adhered to according to local and SA Health policy (see Cytotoxic Drugs and Related Waste: A Risk Management Guide for South Australian Health Services, 2015). This recommendations for:
  - Drug administration
  - Cleaning of spills
  - Handling of waste and laundry

References
Document Ownership & History

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Does this policy amend or update an existing policy? N
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If so, which policy (title)?