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Aciclovir *(Acyclovir)* 200mg/5mL Suspension

Part A

Prescriber Criteria: Consultant

Outpatient use:

1. Chronic Kidney Disease – Renal Transplants Only
2. HIV/AIDS and HIV Related Diseases
3. Malignant Diseases
4. Primary Immunodeficiency Disorder
5. Secondary Immunodeficiency Disorder

Herpes Simplex and Varicella Zoster infections in patients who are unable to swallow tablets. Used for the treatment and prophylaxis of herpes infections in immunocompromised patients secondary to one of the above-mentioned conditions.

Duration of Approval:
1 year

Inpatient use:
Herpes Simplex and Varicella Zoster infections in patients who are unable to swallow tablets.

Part B

Prescriber Criteria: Consultant Dermatologist

Outpatient use:
Herpes Simplex and Varicella Zoster infections in patients who are unable to swallow tablets. Treatment of herpes infections, as requested by a Consultant Dermatologist, for pink cardholders for a maximum duration of 10 days.

Duration of Approval:
10 days (no permit is required)