Valtrex (valacyclovir hydrochloride) - Drug Summary

GlaxoSmithKline LLC

Jump to Section
- THERAPEUTIC CLASS
- DEA CLASS
- ADULT DOSAGE & INDICATIONS
- PEDIATRIC DOSAGE & INDICATIONS
- DOSING CONSIDERATIONS
- ▼ *View All Sections...*

Related Drug Information ▼

Valtrex
(valacyclovir hydrochloride)

THERAPEUTIC CLASS

Nucleoside analogue

DEA CLASS

RX

ADULT DOSAGE & INDICATIONS

Herpes Labialis (Cold Sores)

2g q12h for 1 day
Initiate at earliest symptom

Genital Herpes

Initial Episode: 1g bid for 10 days
Most effective when given w/in 48 hrs of onset of signs/symptoms

Recurrent Episodes: 500mg bid for 3 days
Initiate at 1st sign/symptom of episode

Suppressive Therapy:
Normal Immune Function:
1g qd
Alternative if ≤9 Recurrences/Year: 500mg qd

HIV-1 Infected Patients:
CD4+ Count ≥100 cells/mm^3: 500mg bid

Reduction of Transmission:
≤9 Recurrences/Year: 500mg qd for the source partner

Herpes Zoster

1g tid for 7 days
Initiate at earliest sign/symptom
Most effective if initiated w/in 48 hrs of rash onset

PEDIATRIC DOSAGE & INDICATIONS

Herpes Labialis (Cold Sores)

≥12 Years:
2g q12h for 1 day
Initiate at earliest symptom

Chickenpox

2-<18 Years:
20mg/kg tid for 5 days
Initiate at earliest sign/symptom
Max: 1g tid

DOSING CONSIDERATIONS

Renal Impairment
Herpes Labialis:
CrCl 30-49mL/min: Reduce dose to 1g q12h for 1 day
CrCl 10-29mL/min: Reduce dose to 500mg q12h for 1 day

CrCl <10mL/min: Reduce dose to 500mg single dose

Genital Herpes (Initial Episode):
CrCl 10-29mL/min: 1g q24h
CrCl <10mL/min: 500mg q24h

Genital Herpes (Recurrent Episode):
CrCl ≤29mL/min: 500mg q24h

Genital Herpes (Suppressive Therapy):
Immunocompetent Patients:
CrCl ≤29mL/min: 500mg q24h
Alternative if ≤9 Recurrences/Year:
CrCl ≤29mL/min: 500mg q48h

HIV-1 Infected Patients:
CrCl ≤29mL/min: 500mg q24h

Herpes Zoster:
CrCl 30-49mL/min: Reduce dose to 1g q12h
CrCl 10-29mL/min: Reduce dose to 1g q24h
CrCl <10mL/min: Reduce dose to 500mg q24h

Hemodialysis Patients:
Administer dose after hemodialysis

ADMINISTRATION

Oral route

Shake oral sus well before using

Preparation of Oral Sus

Ingredients for Preparation: Valtrex caplets 500mg, cherry flavor, and Suspension Structured Vehicle USP-NF (SSV)

1. Use a pestle and mortar to grind the required number of caplets until a fine powder
(5 caplets for 25mg/mL sus; 10 caplets for 50mg/mL sus)
2. Add approx 5mL aliquots of SSV to the mortar and triturate the powder until a paste has been produced
3. Continue to add approx 5mL aliquots of SSV to the mortar, mixing thoroughly between additions, until a concentrated sus is produced, to a minimum total quantity of 20mL SSV and a max total quantity of 40mL SSV for both the 25mg/mL and 50mg/mL sus
4. Transfer the mixture to a suitable 100mL measuring flask
5. Transfer the cherry flavor to the mortar and dissolve in approx 5mL of SSV. Once dissolved, add to the measuring flask
6. Rinse the mortar at least 3X w/ approx 5mL aliquots of SSV, transferring the rinsing to the measuring flask between additions
7. Make the sus to volume (100mL) w/ SSV and shake thoroughly to mix
8. Transfer the sus to an amber glass medicine bottle w/ a child-resistant closure

HOW SUPPLIED

Tab: 500mg, 1g* *scored

WARNINGS/PRECAUTIONS

Thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS) in immunocompromised patients reported at doses of 8g qd; immediately d/c if signs/symptoms occur. Acute renal failure reported. Maintain adequate hydration. CNS adverse reactions (eg, agitation, hallucinations, confusion, delirium, seizures, encephalopathy) reported in patients with or without reduced renal function and in those with underlying renal disease who received higher than recommended doses for their level of renal function; d/c if these occur. Caution in elderly and with renal impairment.

ADVERSE REACTIONS

Headache, N/V, abdominal pain, dysmenorrhea, arthralgia, nasopharyngitis, fatigue, rash, URTIs, pyrexia, decreased neutrophil counts, diarrhea, elevated ALT/AST.

DRUG INTERACTIONS

Caution with potentially nephrotoxic drugs.

PREGNANCY AND LACTATION

Category B, caution in nursing.

MECHANISM OF ACTION

Nucleoside analogue DNA polymerase inhibitor; rapidly converted to acyclovir, which stops replication of herpes viral DNA by competitive inhibition of viral DNA polymerase, incorporation into and termination of growing viral DNA chain, and inactivation of viral DNA polymerase.

PHARMACOKINETICS

Absorption: Rapid. Absolute bioavailability (54.5% acyclovir). Oral administration of variable doses resulted in different parameters. **Distribution:** Plasma protein binding (13.5-17.9%, 9-33% acyclovir); found in breast milk. **Metabolism:** Hepatic/Intestinal (1st pass) to acyclovir and L-valine. **Elimination:** Urine (46%), feces (47%); $T_{1/2}$=2.5-3.3 hrs.

ASSESSMENT

Assess for hypersensitivity, immunocompromised state, renal impairment, hydration status, pregnancy/nursing status, and possible drug interactions.

MONITORING

Monitor for signs/symptoms of renal toxicity, TTP/HUS, CNS effects, and other adverse reactions.

PATIENT COUNSELING

Advise to maintain adequate hydration. Inform that drug is not a cure for cold sores or genital herpes. For patients with cold sores, instruct to initiate treatment at earliest symptom of a cold sore; inform that treatment should not exceed 1 day (2 doses) and that doses should be taken 12 hrs apart. For patients with genital herpes, instruct to avoid contact with lesions or sexual intercourse when lesions and/or symptoms are present to avoid infecting partner(s), and to use safe sex practice in combination with suppressive therapy. For patients with herpes zoster, advise to initiate treatment as soon as possible after diagnosis. For patients with chickenpox, advise to initiate treatment at the earliest sign/symptom.

STORAGE

15-25°C (59-77°F).

Back to top