

For the use only of Registered Medical Practitioners or a Hospital or a Laboratory

ZOVIRAX ORAL FORMULATIONS

ZOVIRAX TABLETS / ZOVIRAX SUSPENSION

1. GENERIC NAME

Aciclovir Tablets IP / Aciclovir Oral Suspension IP

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Tablets:

Each uncoated tablet contains:

Aciclovir IP ... 200 mg / 400 mg / 800 mg

Suspension:

Each 5 ml (one teaspoonful)

Contains :

Aciclovir IP ... 400 mg

in a flavoured syrup base.

Colour: Carmoisine

3. DOSAGE FORM AND STRENGTH

Tablets

Oral suspension

Tablets:

Each uncoated tablet contains:

Aciclovir IP ... 200 mg / 400 mg / 800 mg

Suspension:

Each 5 ml (one teaspoonful)

contains

Aciclovir IP ... 400 mg

in a flavoured syrup base.

Colour: Carmoisine

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

ZOVIRAX oral formulations are indicated for the treatment of herpes simplex virus infections of the skin and mucous membranes, including initial and recurrent genital herpes.

ZOVIRAX oral formulations are indicated for the suppression (prevention of recurrences) of recurrent herpes simplex infections in immune-competent patients.

ZOVIRAX oral formulations are indicated for the prophylaxis of herpes simplex infections in immune-compromised patients.

ZOVIRAX oral formulations are indicated for the treatment of varicella infections (chicken-pox) and herpes zoster (shingles). Studies have shown that early treatment of shingles with *ZOVIRAX* has a beneficial effect on pain and can reduce the incidence of post-herpetic neuralgia (zoster-associated pain).

ZOVIRAX oral formulations are indicated for the management of certain severely immunocompromised patients, namely those with advanced HIV disease (CD4+ counts <200/mm³, including patients with AIDS or severe ARC) or following bone marrow transplantation. Studies have shown that oral *ZOVIRAX* given in conjunction with antiretroviral therapy (mainly oral zidovudine) reduced mortality in patients with advanced HIV disease and that oral *ZOVIRAX* preceded by one month's treatment with intravenous *ZOVIRAX* reduced mortality in bone marrow transplant recipients. In addition, oral *ZOVIRAX* provided effective prophylaxis for herpes virus disease.

4.2 Posology and Method of Administration

Adults

Treatment of herpes simplex

For treatment of herpes simplex infections, 200 mg *ZOVIRAX* should be taken five times daily at approximately four-hourly intervals omitting the night time dose. Treatment should continue for five days but in severe initial infections may have to be extended.

In severely immune-compromised patients (e.g. after marrow transplant) or in patients with impaired absorption from the gut the dose can be doubled to 400 mg or, alternatively, intravenous dosing could be considered.

Dosing should begin as early as possible after the start of an infection; for recurrent episodes this should preferably be during the prodromal period or when lesions first appear.

Suppression of herpes simplex

For suppression of herpes simplex infections in immune-competent patients, 200 mg *ZOVIRAX* should be taken four times daily at approximately six-hourly intervals.

Many patients may be conveniently managed on a regimen of 400 mg *ZOVIRAX* taken twice daily at approximately twelve-hourly intervals.

Dosage titration down to 200 mg *ZOVIRAX* taken thrice daily at approximately eight-hourly intervals or even twice daily at approximately twelve-hourly intervals, may prove effective.

Some patients may experience break-through infections on total daily doses of 800 mg *ZOVIRAX*.

Therapy should be interrupted periodically at intervals of six to twelve months in order to observe possible changes in the natural history of the disease.

Prophylaxis of herpes simplex

For prophylaxis of herpes simplex infections in immune-compromised patients, 200 mg *ZOVIRAX* should be taken four times daily at approximately six-hourly intervals.

In severely immune-compromised patients (e.g. after marrow transplant) or in patients with impaired absorption from the gut the dose can be doubled to 400 mg or, alternatively, intravenous dosing could be considered.

The duration of prophylactic administration is determined by the duration of the period at risk.

Treatment of varicella and herpes zoster

For treatment of varicella and herpes zoster infections, 800 mg *ZOVIRAX* should be taken five times daily at approximately four-hourly intervals; omitting the night time dose. Treatment should continue for seven days.

In severely immune-compromised patients (e.g. after marrow transplant) or in patients with impaired absorption from the gut, consideration should be given to intravenous dosing.

Dosing should begin as early as possible after the start of an infection. Treatment yields better results if initiated as soon as possible after onset of the rash.

Management of CMV infection in severely immunocompromised patients

For management of severely immunocompromised patients, 800 mg *ZOVIRAX* should be taken four times daily at approximately six-hourly intervals.

In the management of bone marrow recipients this would normally be preceded by up to one month's therapy with intravenous *ZOVIRAX* (*see ZOVIRAX I.V. for Infusion prescribing information*).

The duration of treatment studied in bone marrow transplant patients was 6 months (from 1 to 7 months post-transplant). In patients with advanced HIV disease, study treatment was 12 months, but it is likely that these patients would continue to benefit from a longer duration of treatment.

Infants and Children

For treatment of herpes simplex infections, and for prophylaxis of herpes simplex infections in the immune-compromised, children aged two years and over should be given adult dosages and infants and children below the age of two years should be given half the adult dose. Do not dilute the oral suspension formulation.

For treatment of varicella infections in children:

6 years and over:	800 mg <i>ZOVIRAX</i> four times daily
2 - < 6 years:	400 mg <i>ZOVIRAX</i> four times daily
Under 2 years:	200 mg <i>ZOVIRAX</i> four times daily

Dosing may be more accurately calculated as 20 mg *ZOVIRAX*/kg body weight (not to exceed 800 mg) four times daily.

Treatment should continue for five days.

No specific data are available on the suppression of herpes simplex infections or the treatment of herpes zoster infections in immune-competent children.

Limited data suggest that for management of severely immunocompromised children, over two years of age, the adult dose may be given.

Elderly

The possibility of renal impairment in the elderly must be considered and the dosage should be adjusted accordingly (*see Renal Impairment*).

Adequate hydration of elderly patients taking high oral doses of *ZOVIRAX* should be maintained.

Renal Impairment

Caution is advised when administering *ZOVIRAX* oral formulations to patients with impaired renal function. Adequate hydration should be maintained.

In the treatment and prophylaxis of herpes simplex infections in patients with impaired renal function, the recommended oral doses will not lead to accumulation of aciclovir above levels that have been established safe by intravenous infusion. However, for patients with severe renal impairment (creatinine clearance less than 10 mL/minute) an adjustment of dosage to 200 mg twice daily at approximately twelve-hourly intervals is recommended.

In the treatment of varicella and herpes zoster infections and in the management of severely immunocompromised patients, it is recommended to adjust the dosage to 800 mg twice daily, at approximately twelve-hourly intervals, for patients with severe renal impairment (creatinine clearance less than 10 mL/minute) and to 800 mg three times daily, at intervals of approximately eight hours, for patients with moderate renal impairment (creatinine clearance in the range 10 to 25 mL/minute).

4.3 Contraindications

ZOVIRAX oral formulations are contraindicated in patients known to be hypersensitive to aciclovir or valaciclovir.

4.4 Special Warnings and Precautions for Use

Use in patients with renal impairment and in elderly patients:

Aciclovir is eliminated by renal clearance, therefore the dose must be reduced in patients with renal impairment (*see 4.2 Posology and Method of Administration*).

Elderly patients are likely to have reduced renal function and therefore the need for dose reduction must be considered in this group of patients.

Both elderly patients and patients with renal impairment are at increased risk of developing neurological side effects and should be closely monitored for evidence of these effects. In the reported cases, these reactions were generally reversible on discontinuation of treatment (*see 4.8 Undesirable Effects*).

Hydration status: Care should be taken to maintain adequate hydration in patients receiving high oral doses of aciclovir.

4.5 Drug Interactions

No clinically significant interactions have been identified.

Aciclovir is eliminated primarily unchanged in the urine via active renal tubular secretion. Any drugs administered concurrently that compete with this mechanism may increase aciclovir plasma concentrations. Probenecid and cimetidine increase the AUC of aciclovir by this mechanism, and reduce aciclovir renal clearance. Similarly increases in plasma AUCs of aciclovir and of the inactive metabolite of mycophenolate mofetil, an immunosuppressant agent used in transplant patients, have been shown when the drugs are coadministered. However no dosage adjustment is necessary because of the wide therapeutic index of aciclovir.

4.6 Use in Special Population (such as pregnant women, lactating women, paediatric patients, geriatric patients etc.)

Infants and Children

For treatment of herpes simplex infections, and for prophylaxis of herpes simplex infections in the immune-compromised, children aged two years and over should be given adult dosages and infants and children below the age of two years should be given half the adult dose. Do not dilute the oral suspension formulation.

For treatment of varicella infections in children:

<i>6 years and over:</i>	<i>800 mg ZOVIRAX</i> four times daily
<i>2 - < 6 years:</i>	<i>400 mg ZOVIRAX</i> four times daily
<i>Under 2 years:</i>	<i>200 mg ZOVIRAX</i> four times daily

Dosing may be more accurately calculated as 20 mg ZOVIRAX/kg body weight (not to exceed 800 mg) four times daily.

Treatment should continue for five days.

No specific data are available on the suppression of herpes simplex infections or the treatment of herpes zoster infections in immune-competent children.

Limited data suggest that for management of severely immunocompromised children, over two years of age, the adult dose may be given.

Elderly

The possibility of renal impairment in the elderly must be considered and the dosage should be adjusted accordingly (*see Renal Impairment*).

Adequate hydration of elderly patients taking high oral doses of *ZOVIRAX* should be maintained.

Renal Impairment

Caution is advised when administering *ZOVIRAX* oral formulations to patients with impaired renal function. Adequate hydration should be maintained.

In the treatment and prophylaxis of herpes simplex infections in patients with impaired renal function, the recommended oral doses will not lead to accumulation of aciclovir above levels that have been established safe by intravenous infusion. However, for patients with severe renal impairment (creatinine clearance less than 10 mL/minute) an adjustment of dosage to 200 mg twice daily at approximately twelve-hourly intervals is recommended.

In the treatment of varicella and herpes zoster infections and in the management of severely immunocompromised patients, it is recommended to adjust the dosage to 800 mg twice daily, at approximately twelve-hourly intervals, for patients with severe renal impairment (creatinine clearance less than 10 mL/minute) and to 800 mg three times daily, at intervals of approximately eight hours, for patients with moderate renal impairment (creatinine clearance in the range 10 to 25 mL/minute).

Pregnancy and Lactation

Pregnancy

A post marketing aciclovir pregnancy registry has documented pregnancy outcomes in women exposed to any formulation of *ZOVIRAX*. The registry findings have not shown an increase in the number of birth defects amongst *ZOVIRAX* exposed subjects compared with the general population, and any birth defects showed no uniqueness or consistent pattern to suggest a common cause.

The use of aciclovir should be considered only when the potential benefits outweigh the possibility of unknown risks.

Lactation

Following oral administration of 200 mg aciclovir five times a day, aciclovir has been detected in breast milk at concentrations ranging from 0.6 to 4.1 times the corresponding plasma levels. These levels would potentially expose nursing infants to aciclovir dosages of up to 0.3 mg/kg/day. Caution is therefore advised if *ZOVIRAX* is to be administered to a nursing woman.

4.7 Effects on Ability to Drive and Use Machines

The clinical status of the patient and the adverse event profile of *ZOVIRAX* should be borne in mind when considering the patient's ability to drive or operate machinery. There have been no studies to investigate the effect of aciclovir on driving performance or the ability to operate machinery. Further, a detrimental effect on such activities cannot be predicted from the pharmacology of the active substance.

4.8 Undesirable Effects

The frequency categories associated with the adverse events below are estimates. For most events, suitable data for estimating incidence were not available. In addition, adverse events may vary in their incidence depending on the indication.

The following convention has been used for the classification of undesirable effects in terms of frequency: - Very common $\geq 1/10$, common $\geq 1/100$ and $< 1/10$, uncommon $\geq 1/1000$ and $< 1/100$, rare $\geq 1/10,000$ and $< 1/1000$, very rare $< 1/10,000$.

Blood and lymphatic system disorders

Very rare: Anaemia, leukopenia, thrombocytopenia.

Immune system disorders

Rare: Anaphylaxis.

Psychiatric and nervous system disorders

Common: Headache, dizziness.

Very rare: Agitation, confusion, tremor, ataxia, dysarthria, hallucinations, psychotic symptoms, convulsions, somnolence, encephalopathy, coma.

The above events are generally reversible and usually reported in patients with renal impairment, or with other predisposing factors. (see 4.4 *Special Warnings and Precautions for Use*).

Respiratory, thoracic and mediastinal disorders

Rare: Dyspnoea.

Gastrointestinal disorders

Common: Nausea, vomiting, diarrhoea, abdominal pains.

Hepato-biliary disorders

Rare: Reversible rises in bilirubin and liver related enzymes.

Very rare: Hepatitis, jaundice.

Skin and subcutaneous tissue disorders

Common: Pruritus, rashes (including photosensitivity).
Uncommon: Urticaria. Accelerated diffuse hair loss.

Accelerated diffuse hair loss has been associated with a wide variety of disease processes and medicines, the relationship of the event to aciclovir therapy is uncertain.

Rare: Angioedema.

Renal and urinary disorders

Rare: Increases in blood urea and creatinine.
Very rare: Acute renal failure, renal pain.

Renal pain may be associated with renal failure.

General disorders and administration site conditions

Common: Fatigue, fever.

4.9 Overdose

Symptoms and signs

Aciclovir is only partly absorbed in the gastrointestinal tract. Patients have ingested overdoses of up to 20 g aciclovir on a single occasion, usually without toxic effects. Accidental, repeated overdoses of oral aciclovir over several days have been associated with gastrointestinal effects (such as nausea and vomiting) and neurological effects (headache and confusion).

Overdosage of intravenous aciclovir has resulted in elevations of serum creatinine, blood urea nitrogen and subsequent renal failure. Neurological effects including confusion, hallucinations, agitation, seizures and coma have been described in association with intravenous overdosage.

Treatment

Patients should be observed closely for signs of toxicity. Haemodialysis significantly enhances the removal of aciclovir from the blood and may, therefore, be considered a management option in the event of symptomatic overdose.

5. PHARMACOLOGICAL PROPERTIES

ATC Code

Pharmacotherapeutic group: Direct acting antivirals, Nucleosides and nucleotides
excl. reverse transcriptase inhibitors.

ATC code: J05AB01

5.1 Mechanism of Action

Aciclovir is a synthetic purine nucleoside analogue with *in vitro* and *in vivo* inhibitory activity against human herpes viruses, including herpes simplex virus (HSV) types 1 and 2, varicella zoster virus (VZV), Epstein Barr virus (EBV) and cytomegalovirus (CMV). In cell culture, aciclovir has the greatest antiviral activity against HSV-1, followed (in decreasing order of potency) by HSV-2, VZV, EBV and CMV.

The inhibitory activity of aciclovir for HSV-1, HSV-2, VZV, EBV and CMV is highly selective. The enzyme thymidine kinase (TK) of normal, non-infected cells does not use aciclovir effectively as a substrate, hence toxicity to mammalian host cells is low; however, TK encoded by HSV, VZV and EBV converts aciclovir to aciclovir monophosphate, a nucleoside analogue, which is further converted to the diphosphate and finally to the triphosphate by cellular enzymes. Aciclovir triphosphate interferes with the viral DNA polymerase and inhibits viral DNA replication with resultant chain termination following its incorporation into the viral DNA.

5.2 Pharmacodynamic Properties

Pharmacodynamic Effects

Prolonged or repeated courses of aciclovir in severely immune-compromised individuals may result in the selection of virus strains with reduced sensitivity, which may not respond to continued aciclovir treatment.

Most of the clinical isolates with reduced sensitivity have been relatively deficient in viral TK however, strains with altered viral TK or DNA polymerase have also been reported. In vitro exposure of HSV isolates to aciclovir can also lead to the emergence of less sensitive strains. The relationship between the in vitro determined sensitivity of HSV isolates and clinical response to aciclovir therapy is not clear.

All patients should be cautioned to ensure they avoid the potential of virus transmission, particularly when active lesions are present.

5.3 Pharmacokinetic Properties

Absorption

Aciclovir is only partially absorbed from the gut. The average oral bioavailability varies between 10 and 20%. Under fasting conditions, mean peak concentrations (C_{max}) of 0.4 microgram/ml are achieved at approximately 1.6 hours after a 200 mg dose administered as oral suspension or capsule. Mean peak plasma concentrations (C_{ssmax}) increase to 0.7 microgram/ml (3.1 micromoles) at steady state following doses of 200 mg administered every four hours. A less than proportional increase is observed for C_{ssmax} levels following doses of 400 mg and 800 mg administered four-hourly, with values reaching 1.2 and 1.8 microgram/ml (5.3 and 8 micromoles), respectively.

Distribution

The mean volume of distribution of 26 L indicates that aciclovir is distributed within total body water. Apparent values after oral administration (Vd/F) ranged from 2.3 to 17.8 L/kg. As plasma protein binding is relatively low (9 to 33%), drug interactions involving binding site displacement are not anticipated. Cerebrospinal fluid levels are approximately 50% of corresponding plasma levels at steady-state.

Metabolism

Aciclovir is predominantly excreted unchanged by the kidney. The only known urinary metabolite is 9-[(carboxymethoxy) methyl]guanine, and accounts for 10-15% of the dose excreted in the urine.

Elimination

Mean systemic exposure ($AUC_{0-\infty}$) to aciclovir ranges between 1.9 and 2.2 microgram*h/mL after a 200 mg dose. In adults the terminal plasma half-life after oral administration has been shown to vary between 2.8 and 4.1 hours. Renal clearance of aciclovir ($CL_R = 14.3$ L/h) is substantially greater than creatinine clearance, indicating that tubular secretion, in addition to glomerular filtration, contributes to the renal elimination of the drug. The half-life and total clearance of aciclovir are dependent on renal function. Therefore, dosage adjustment is recommended for renally impaired patients.

In neonates (0 to 3 months of age) treated with doses of 10 mg/kg administered by infusion over a one-hour period every 8 hours the terminal plasma half-life was 3.8 hours.

Special Patient Populations

In patients with chronic renal failure the mean terminal half-life was found to be 19.5 hours. The mean aciclovir half-life during haemodialysis was 5.7 hours. Plasma aciclovir levels dropped approximately 60% during dialysis.

In the elderly total body clearance falls with increasing age, associated with decreases in creatinine clearance, although there is little change in the terminal plasma half-life.

Studies have shown no apparent changes in the pharmacokinetic behaviour of aciclovir or zidovudine when both are administered simultaneously to HIV infected patients.

5.4 Clinical Studies

There is no information on the effect of *ZOVIRAX* oral formulations on human female fertility. In a study of 20 male patients with normal sperm count, oral aciclovir administered at doses of up to 1g per day for up to six months has been shown to have no clinically significant effect on sperm count, motility or morphology.

6. NONCLINICAL PROPERTIES

6.1 Animal Toxicology or Pharmacology

Mutagenicity

The results of a wide range of mutagenicity tests *in vitro* and *in vivo* indicate that aciclovir is unlikely to pose a genetic risk to man.

Carcinogenicity

Aciclovir was not carcinogenic in long-term studies in the rat and the mouse.

Fertility

Largely reversible adverse effects on spermatogenesis in association with overall toxicity in rats and dogs have been reported only at doses of aciclovir greatly in excess of those employed therapeutically. Two-generation studies in mice did not reveal any effect of orally administered aciclovir on fertility.

Teratogenicity

Systemic administration of aciclovir in internationally accepted standard tests did not produce embryotoxic or teratogenic effects in rabbits, rats or mice. In a non-standard test in rats, foetal abnormalities were observed but only following such high subcutaneous doses that maternal toxicity was produced. The clinical relevance of these findings is uncertain.

7. DESCRIPTION

Tablets
Oral suspension

Tablets:

Each uncoated tablet contains:
Aciclovir IP ... 200 mg / 400 mg / 800 mg

Suspension:

Each 5 ml (one teaspoonful)

Contains:
Aciclovir IP ... 400 mg
in a flavoured syrup base.
Colour: Carmoisine

8. PHARMACEUTICAL PARTICULARS

List of Excipients

Tablets: Microcrystalline Cellulose, Sodium Starch Glycolate, Starch Maize, Magnesium Stearate, Purified water

Suspension: Sorbitol Solution 70%, Glycerin, Methylparaben, Propylparaben, Cellulose Dispersible, Flavour Raspberry, Carmoisine Supra, Purified water

8.1 Incompatibilities

There are no special requirements for use on handling of this product.

8.2 Shelf Life

The expiry date is indicated on the label and packaging.

8.3 Packaging Information

Nature and Specification of Container

Tablets: Aluminium blister foil strips.

Suspension: Glass bottle with measuring spoon.

Oral Suspensions containing 400 mg per 5 mL

All presentations may not be marketed in India.

8.4 Storage and Handling Information

Tablets: Store in dry place protected from light at temperatures not exceeding 25°C.

Suspension: Store in a well closed container at temperature not exceeding 30°C. Protect from light. Do not freeze.
Shake well before use.

Keep out of reach of children

9. PATIENT COUNSELLING INFORMATION

Registered Medical Practitioners may counsel their patients (and/or their patient's parents) based on the patient information provided in this section:

This medicine has been prescribed for you personally or someone under your care. Don't pass it on to other people - it may harm them even if their symptoms seem to be the same as yours.

What Zovirax oral formulations is and What it is Used for

ZOVIRAX oral formulations contains a medicine called aciclovir. This belongs to a group of medicines called antivirals. It works by stopping the growth of certain viruses.

ZOVIRAX oral formulations can be used to:

- treat chicken-pox and shingles
- help reduce the nerve pain that can exist after the shingles rash has cleared

- treat cold sores, genital herpes and other herpes simplex infections
- stop cold sores, genital herpes and other herpes virus infections from coming back after you have had them
- prevent herpes virus infections in people whose immune systems work less well, which means their bodies are less able to fight infections.

Before you take ZOVIRAX oral formulations

Don't take ZOVIRAX oral formulations

If you are allergic (*hypersensitive*) to aciclovir, valaciclovir or any other ingredients of ZOVIRAX oral formulations.

➔ if you think this applies to you, don't take ZOVIRAX oral formulations until you have checked with your doctor.

Take special care with ZOVIRAX oral formulations

Before you take ZOVIRAX oral formulations your doctor needs to know:

- if you have kidney disease
- if you are over 65 years old

Check with your doctor if you think any of these may apply to you. Your doctor may lower your dose of ZOVIRAX oral formulations.

You must make sure you drink plenty of liquids such as water while you are taking ZOVIRAX oral formulations.

Other medicines and ZOVIRAX oral formulations

Tell your doctor if you're taking any other medicines, if you've taken any recently, or if you start taking new ones. This includes medicines bought without a prescription.

Pregnancy and breast-feeding

If you are pregnant, or think you could be, or if you are planning to become pregnant, don't take ZOVIRAX Oral Formulations without checking with your doctor. Your doctor will consider the benefit to you and the risk to your baby of taking ZOVIRAX oral formulations while you're pregnant.

The ingredients in ZOVIRAX oral formulations can pass into breast milk. If you are breast-feeding, you must check with your doctor before you take ZOVIRAX oral formulations.

Driving and using machines

Some side effects such as feeling drowsy or sleepy may impair your ability to concentrate and react. Make sure you are not affected before you drive or operate machinery

How to Take ZOVIRAX oral formulations

How much to take

Always take ZOVIRAX oral formulations exactly as your doctor has told you to.

Check with your doctor if you're not sure.

Your doctor will decide on the correct dose to take, how often and for how long, depending on:

- the type of infection you have
- whether it is to treat the infection or to stop it coming back

How to take

Take ZOVIRAX oral formulations by mouth.

Tablets only

Swallow the tablet whole, with some water.

Oral suspension

Always shake the bottle before use.

If you forget to take ZOVIRAX oral formulations

Take ZOVIRAX Oral Formulations as soon as you remember, however if it is nearly time for your next dose skip the missed dose.

- Don't take a double dose to make up for a missed dose.

If you take too much ZOVIRAX oral formulations

If you accidentally take too much ZOVIRAX oral formulations, contact your doctor for advice.

If you have taken too much ZOVIRAX oral formulations you may:

- feel sick (*nausea*), have a headache or vomit
- feel confused or agitated
- see or hear things that aren't really there (*hallucinations*)
- have fits (*seizures*)
- become unconscious (*coma*).

Ask your doctor for advice.

Possible Side Effects

Like all medicines, ZOVIRAX oral formulations can cause side effects, but not everybody gets them.

Severe allergic reactions: These are rare (these may affect up to 1 in 1,000 people) taking ZOVIRAX oral formulations. Signs include:

- itchy, bumpy rash (hives)
- swelling, sometimes of the face or mouth (angioedema), causing difficulty in breathing
- collapse.

Contact a doctor immediately if you get these symptoms. Stop taking ZOVIRAX oral formulations.

Common side effects

These may affect up to 1 in 10 people:

- headache
- dizziness
- feeling sick (*nausea*) or being sick (*vomiting*)
- diarrhoea
- stomach pains
- itching, skin reaction after exposure to light (*photosensitivity*)
- lack of energy (*fatigue*)
- high temperature (*fever*).

Uncommon side effects

These may affect up to 1 in 100 people:

- itchy, bumpy rash (*hives*)(*urticaria*)
- hair loss.

Rare side effects

These may affect up to 1 in 1,000 people:

- shortness of breath
- effects on blood and urine tests
- swelling of the face, lips, mouth, tongue or throat (*angioedema*)
- increases in the enzymes that work in the liver

Very rare side effects

These may affect up to 1 in 10,000 people:

- feeling agitated or confused
- feeling shaky, unsteady and a lack of co-ordination (*ataxia*)
- difficulty speaking or hoarseness (*dysarthria*)
- seeing or hearing things that are not really there (*hallucinations*)
- fits (*seizures*)
- feeling drowsy or sleepy
- inability to think or judge clearly or concentrate
- disturbances of behaviour, speech and eye movements (*encephalopathy*)
- unconsciousness (*coma*)
- yellowing of the skin and whites of the eyes (*jaundice*), inflammation of the liver (*hepatitis*)
- pain in the lower back, the kidney area of the back or just above the hip (*renal pain*), kidney failure

Very rare side effects that may show up in blood tests

These may affect up to 1 in 10,000 people:

- reduced numbers of red blood cells (*anaemia*)
- reduced numbers of white blood cells (*leukopenia*)
- reduced numbers of blood platelets (cells that help blood to clot) (*thrombocytopenia*)

If you get side effects

Tell your doctor if any of the side effects become severe or troublesome, or if you notice any side effects not listed above.

How to store ZOVIRAX oral formulations

Keep out of the sight and reach of children

Do not take ZOVIRAX oral formulations after the expiry date shown on the pack

Tablets: Store in dry place protected from light at temperatures not exceeding 25°C.

Suspension: Store in a well closed container at temperature not exceeding 30°C. Protect from light. Do not freeze.
Shake well before use.

Keep out of children.

Further Information

What ZOVIRAX oral formulations contains

Tablets

Oral suspension

Tablets:

Each uncoated tablet contains:

Aciclovir IP ... 200 mg / 400 mg / 800 mg

Suspension:

Each 5 ml: (one teaspoonful)

Contains:

Aciclovir IP ... 400 mg

in a flavoured syrup base.

Colour: Carmoisine

The other ingredients are:

Tablets: Microcrystalline Cellulose, Sodium Starch Glycolate, Starch Maize, Magnesium Stearate, Purified water

Suspension: Sorbitol Solution 70%, Glycerin, Methyl Paraben, Propyl Paraben, Cellulose Dispersible, Flavour Raspberry, Carmoisine Supra, Purified water

What ZOVIRAX oral formulations looks like and contents of the pack

Tablets: Aluminium blister foil strips.

Suspension: Glass bottle with measuring spoon.

10. DETAILS OF MANUFACTURER

The Manufacturing Site details are mentioned on the label and packaging

For further information please contact:
GlaxoSmithKline Pharmaceuticals Limited.

Registered Office
Dr. Annie Besant Road, Worli
Mumbai 400 030, India.

11. DETAILS OF PERMISSION OR LICENSE NUMBER WITH DATE

Manufacturing License number is indicated on the label and packaging

12. DATE OF REVISION

11 November 2020

Trade marks are owned by or licensed to the GSK group of companies.

Version : ZOVOR/PI/IN/2020/02

Adapted from GDS 31 / IPI 08 dated 3rd April 2020