ORAL VORICONAZOLE PRESCRIBING (Leeds CF Unit)

Confirm not pregnant and discuss contraception? No / NA

Contra-indications
- Rifampicin, carbamazepine (dec. levels of voriconazole)
- Sirolimus (inc. sirolimus concentrations)

Precautions
- QT interval/Cardiovascular disease
- Concomitant medications known to prolong QT interval
  - Quinolones e.g. Ciprofloxacin
  - Macrolides e.g. Azithromycin/ Erythromycin/Clarithromycin
  - Co-trimoxazole
  - Azoles- e.g. fluconazole, ketoconazole
- Ciclosporin- half ciclosporin dose and monitor levels and renal function
- Tacrolimus- reduce dose of tacrolimus to a third of the dose, monitor levels and renal function
- Omeprazole- half omeprazole dose
- Benzodiazepines e.g. midazolam/orazepam- prolonged sedative effect

Monitoring
Check before and during treatment:
- K, Mg and Ca before starting treatment (can cause decrease in plasma levels)
- LFT’s & bilirubin
- Renal function (esp. creatinine)

Age 2-11 years
200mg bd (regardless of age/weight)

Over 12 years of age
<table>
<thead>
<tr>
<th></th>
<th>&gt;40kg</th>
<th>&lt;40kg</th>
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</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>400mg bd</td>
<td>200mg bd</td>
</tr>
<tr>
<td>Day 2+</td>
<td>200mg bd</td>
<td>100mg bd</td>
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<tr>
<td>If no improvement at review</td>
<td>300mg bd</td>
<td>150mg bd</td>
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</tbody>
</table>

Inform patient of side-effects (list not exhaustive)
- Liver/renal toxicity
- Fever/rash/vomiting/diarrhoea/ headache, abdo.pain
- Photosensitivity
- Visual disturbances
- Stevens-Johnson syndrome
Consult the Summary of Product Characteristics (SmPC) for full details.

Voriconazole Record Sheet

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Further Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td></td>
</tr>
<tr>
<td>Length of prescription</td>
<td></td>
</tr>
<tr>
<td>U&amp;Es checked</td>
<td></td>
</tr>
<tr>
<td>LFTs checked</td>
<td></td>
</tr>
</tbody>
</table>

NOTES

Voriconazole is considered a ‘RED’ drug with LTHT and therefore cannot be prescribed by general practitioners.

At the end of treatment remember to restart ciclosporine/tacrolimus and omeprazole at the original dose and monitor levels where appropriate.