

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension

Tablet

CAUTIONARY AND ADVISORY LABELS 9, 21

▶ **Griseofulvin (Non-proprietary)**Griseofulvin 125 mg Griseofulvin 125mg tablets | 100 tablet [PoM]
£96.67 DT = £96.67Griseofulvin 500 mg Griseofulvin 500mg tablets | 90 tablet [PoM]
£81.32 | 100 tablet [PoM] £90.34 DT = £90.35

3.1 Pneumocystis pneumonia

Pneumocystis pneumonia

Overview

Pneumonia caused by *Pneumocystis jirovecii* (*Pneumocystis carinii*) occurs in immunosuppressed patients; it is a common cause of pneumonia in AIDS. Pneumocystis pneumonia should generally be treated by those experienced in its management. Blood gas measurement is used to assess disease severity.

Treatment**Mild to moderate disease**

Co-trimoxazole p. 594 in high dosage is the drug of choice for the treatment of mild to moderate pneumocystis pneumonia.

Atovaquone below is licensed for the treatment of mild to moderate pneumocystis infection in patients who cannot tolerate co-trimoxazole. A combination of dapsona p. 610 with trimethoprim p. 607 is given by mouth for the treatment of mild to moderate disease [unlicensed indication].

A combination of clindamycin p. 564 and primaquine p. 654 by mouth is used in the treatment of mild to moderate disease [unlicensed indication]; this combination is associated with considerable toxicity.

Severe disease

Co-trimoxazole in high dosage, given by mouth or by intravenous infusion, is the drug of choice for the treatment of severe pneumocystis pneumonia. Pentamidine isetionate below given by intravenous infusion is an alternative for patients who cannot tolerate co-trimoxazole, or who have not responded to it. Pentamidine isetionate is a potentially toxic drug that can cause severe hypotension during or immediately after infusion.

Corticosteroid treatment can be lifesaving in those with severe pneumocystis pneumonia.

Adjunctive therapy

In moderate to severe infections associated with HIV infection, prednisolone p. 716 is given by mouth for 5 days (alternatively, hydrocortisone p. 713 may be given parenterally); the dose is then reduced to complete 21 days of treatment. Corticosteroid treatment should ideally be started at the same time as the anti-pneumocystis therapy and certainly no later than 24–72 hours afterwards. The corticosteroid should be withdrawn before anti-pneumocystis treatment is complete.

Prophylaxis

Prophylaxis against pneumocystis pneumonia should be given to all patients with a history of the infection. Prophylaxis against pneumocystis pneumonia should also be considered for severely immunocompromised patients. Prophylaxis should continue until immunity recovers sufficiently. It should not be discontinued if the patient has oral candidiasis, continues to lose weight, or is receiving cytotoxic therapy or long-term immunosuppressant therapy.

Co-trimoxazole by mouth is the drug of choice for prophylaxis against pneumocystis pneumonia. It is given daily or on alternate days (3 times a week); the dose may be reduced to improve tolerance.

Inhaled pentamidine isetionate is better tolerated than parenteral pentamidine isetionate. Intermittent inhalation of pentamidine isetionate is used for prophylaxis against pneumocystis pneumonia in patients unable to tolerate co-trimoxazole. It is effective but patients may be prone to extrapulmonary infection. Alternatively, dapsona can be used. Atovaquone has also been used for prophylaxis [unlicensed indication].

ANTIPROTOZOALS > OTHER

Atovaquone

27-May-2020

● **INDICATIONS AND DOSE**

Treatment of mild to moderate *Pneumocystis jirovecii* (*Pneumocystis carinii*) pneumonia in patients intolerant of co-trimoxazole

▶ **BY MOUTH**

▶ Adult: 750 mg twice daily for 21 days, dose to be taken with food, particularly high fat food

Prophylaxis against pneumocystis pneumonia

▶ **BY MOUTH**

▶ Adult: 750 mg twice daily

- **UNLICENSED USE** Not licensed for prophylaxis against pneumocystis pneumonia.

- **CAUTIONS** Elderly · initial diarrhoea and difficulty in taking with food may reduce absorption (and require alternative therapy) · other causes of pulmonary disease should be sought and treated

- **INTERACTIONS** → Appendix 1: antimalarials

● **SIDE-EFFECTS**

- ▶ **Common or very common** Anaemia · angioedema · bronchospasm · diarrhoea · headache · hypersensitivity · hyponatraemia · insomnia · nausea · neutropenia · skin reactions · throat tightness · vomiting
- ▶ **Frequency not known** Stevens-Johnson syndrome
- **PREGNANCY** Manufacturer advises avoid unless potential benefit outweighs risk—no information available.
- **BREAST FEEDING** Manufacturer advises avoid.
- **HEPATIC IMPAIRMENT** Manufacturer advises use with caution in significant impairment and monitor closely—no information available.
- **RENAL IMPAIRMENT** Manufacturer advises caution. **Monitoring** Monitor more closely in renal impairment.
- **PRESCRIBING AND DISPENSING INFORMATION** Flavours of oral liquid formulations may include tutti-frutti.

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Oral suspension

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▶ **Atovaquone (Non-proprietary)**

Atovaquone 150 mg per 1 ml Atovaquone 750mg/5ml oral suspension sugar-free | 250 ml [PoM] £470.60

▶ **Wellvone (GlaxoSmithKline UK Ltd)**

Atovaquone 150 mg per 1 ml Wellvone 750mg/5ml oral suspension sugar-free | 226 ml [PoM] £486.37 DT = £486.37

Pentamidine isetionate

16-Mar-2020

● **INDICATIONS AND DOSE**

Treatment of *Pneumocystis jirovecii* (*Pneumocystis carinii*) pneumonia (specialist use only)

▶ **BY INTRAVENOUS INFUSION**

▶ Adult: 4 mg/kg once daily for at least 14 days

continued →