- **Noxafil** (Merck Sharp & Dohme Ltd)
  **Posaconazole 40 mg per 1 ml** Noxafil 40mg/ml oral suspension | 105 ml PoM £491.20 DT = £491.20 (Hospital only)

**Gastro-resistant tablet**

CAUTIONARY AND ADVISORY LABELS 3, 9, 25

- **Posaconazole (Non-proprietary)**
  **Posaconazole 100 mg** Posaconazole 100mg gastro-resistant tablets | 24 tablet PoM £58.50–£596.96 DT = £596.96 | 24 tablet PoM £507.42 DT = £596.96 (Hospital only) | 96 tablet PoM £229.11–£2,387.85 | 96 tablet PoM £2,029.67–£2,387.85 (Hospital only)
- **Noxafil** (Merck Sharp & Dohme Ltd)
  **Posaconazole 100 mg** Noxafil 100mg gastro-resistant tablets | 24 tablet PoM £596.96 DT = £596.96 | 96 tablet PoM £2,387.85

## Voriconazole

24-Jan-2020

### INDICATIONS AND DOSE

**Invasive aspergillosis | Serious infections caused by *Scedosporium* spp., *Fusarium* spp., or invasive fluconazole-resistant *Candida* spp. (including *C. krusei*)**

- BY MOUTH
- Adult (body-weight up to 40 kg): Initially 200 mg every 12 hours for 2 doses, then 100 mg every 12 hours, increased if necessary to 150 mg every 12 hours
- Adult (body-weight 40 kg and above): Initially 400 mg every 12 hours for 2 doses, then 200 mg every 12 hours, increased if necessary to 300 mg every 12 hours
- BY INTRAVENOUS INFUSION
- Adult: Initially 6 mg/kg every 12 hours for 2 doses, then 4 mg/kg every 12 hours; reduced if not tolerated to 3 mg/kg every 12 hours; for max. 6 months

DOSE ADJUSTMENTS DUE TO INTERACTIONS

- With intravenous use Manufacturer advises increase maintenance dose to 5 mg/kg every 12 hours with concurrent use of fosphenytoin, phenytoin or rifabutin.
- With oral use

Manufacturer advises increase maintenance dose with concurrent use of fosphenytoin or phenytoin; 400 mg every 12 hours for patients of body-weight 40 kg and above; 200 mg every 12 hours for patients of body-weight less than 40 kg. Manufacturer advises if concurrent use of rifabutin is unavoidable, increase maintenance dose to 350 mg every 12 hours for patients of body-weight 40 kg and above; 200 mg every 12 hours for patients of body-weight less than 40 kg.

- **CONTRA-INDICATIONS** Acute porphyrias p. 1120
- **CAUTIONS** Avoid exposure to sunlight · bradycardia · cardiomyopathy · electrolyte disturbances · history of QT interval prolongation · patients at risk of pancreatitis · symptomatic arrhythmias
- **INTERACTIONS** → Appendix 1: antifungals, azoles
- **SIDE-EFFECTS**

GENERAL SIDE-EFFECTS

- **Common or very common** Acute kidney injury · agranulocytosis · alopecia · anaemia · anxiety · arrhythmias · asthenia · bone marrow disorders · chest pain · chills · confusion · constipation · depression · diarrhoea · dizziness · drowsiness · dyspnoea · electrolyte imbalance · eye disorders · eye inflammation · fever · gastrointestinal discomfort · haemorrhage · hallucination · headache · hepatic disorders · hypoglycaemia · hypotension · increased risk of infection · insomnia · leucopenia · muscle tone increased · nausea · neutropenia · oedema · oral disorders · pain · pulmonary oedema · respiratory disorders · seizure · sensation abnormal · skin reactions · syncope · tetany · thrombocytopenia · tremor · vision disorders · vomiting
- **Uncommon** Adrenal insufficiency · arthritis · brain oedema · duodenitis · encephalopathy · eosinophilia · gallbladder disorders · hearing impairment · hypothyroidism · influenza like illness · lymphadenopathy · lymphangitis · movement disorders · nephritis · nerve disorders · pancreatitis · parkinsonism · phototoxicity · proteinuria · pseudomembranous enterocolitis · QT interval prolongation · renal tubular necrosis · severe cutaneous adverse reactions (SCARs) · taste altered · thrombophlebitis · tinnitus · vertigo
- **Rare or very rare** Angioedema · cardiac conduction disorders · disseminated intravascular coagulation · hyperthyroidism
- **Frequency not known** Cutaneous lupus erythematosus · periostitis (more common in transplant patients) · squamous cell carcinoma (more common in presence of phototoxicity)

SPECIFIC SIDE-EFFECTS

- With intravenous use Infusion related reaction

SIDE-EFFECTS, FURTHER INFORMATION **Hepatotoxicity** Hepatitis, cholestasis, and acute hepatic failure have been reported; risk of hepatotoxicity increased in patients with haematological malignancy. Consider treatment discontinuation if severe abnormalities in liver function tests.

**Phototoxicity** Phototoxicity occurs uncommonly. If phototoxicity occurs, consider treatment discontinuation; if treatment is continued, monitor for pre-malignant skin lesions and squamous cell carcinoma, and discontinue treatment if they occur.

- **CONCEPTION AND CONTRACEPTION** Effective contraception required during treatment.
- **PREGNANCY** Toxicity in *animal* studies—manufacturer advises avoid unless potential benefit outweighs risk.
- **BREAST FEEDING** Manufacturer advises avoid—no information available.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution, particularly in severe impairment (no information available).
  **Dose adjustments** Manufacturer advises use usual initial loading dose then halve maintenance dose in mild to moderate cirrhosis.
- **RENAL IMPAIRMENT** Intravenous vehicle may accumulate if eGFR less than 50 mL/minute/1.73 $m^2$—use intravenous infusion only if potential benefit outweighs risk, and monitor renal function; alternatively, use tablets or oral suspension (no dose adjustment required).
- **MONITORING REQUIREMENTS**
  - Monitor renal function.
  - Monitor liver function before starting treatment, then at least weekly for 1 month, and then monthly during treatment.
- **DIRECTIONS FOR ADMINISTRATION**
  - With intravenous use For *intravenous infusion*, reconstitute each 200 mg with 19 mL Water for Injections *or* Sodium Chloride 0.9% to produce a 10 mg/mL solution; dilute dose to concentration of 0.5–5 mg/mL with Glucose 5% or Sodium Chloride 0.9% and give intermittently at a rate not exceeding 3 mg/kg/hour.
- **PRESCRIBING AND DISPENSING INFORMATION** Flavours of oral liquid formulations may include orange.
- **PATIENT AND CARER ADVICE** Patients and their carers should be told how to recognise symptoms of liver disorder, and advised to seek immediate medical attention if symptoms such as persistent nausea, vomiting, malaise or jaundice develop.

  Patients and their carers should be advised that patients should avoid intense or prolonged exposure to direct sunlight, and to avoid the use of sunbeds. In sunlight, patients should cover sun-exposed areas of skin and use a sunscreen with a high sun protection factor. Patients should seek medical attention if they experience sunburn or a severe skin reaction following exposure to light or sun.