

- **HEPATIC IMPAIRMENT** Manufacturer advises caution, particularly in severe impairment (no information available).

Dose adjustments ▶ Child 12-17 years Manufacturer advises use usual initial loading dose then halve maintenance doses in mild to moderate cirrhosis.

- **RENAL IMPAIRMENT**

- ▶ Child 2-12 years No information available.
- ▶ Child 12-17 years Intravenous vehicle may accumulate if estimated glomerular filtration rate less than 50 mL/minute/1.73 m²—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.

Patients and their carers should be advised to keep the alert card with them at all times.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder for solution for infusion

EXCIPIENTS: May contain Sulfbutylether beta cyclodextrin sodium

ELECTROLYTES: May contain Sodium

- ▶ **Voriconazole (Non-proprietary)**

Voriconazole 200 mg Voriconazole 200mg powder for solution for infusion vials | 1 vial [PoM] £51.43-£77.14 (Hospital only)

- ▶ **VFEND** (Pfizer Ltd)

Voriconazole 200 mg VFEND 200mg powder for solution for infusion vials | 1 vial [PoM] £77.14 (Hospital only)

Oral suspension

CAUTIONARY AND ADVISORY LABELS 9, 11, 23

- ▶ **VFEND** (Pfizer Ltd)

Voriconazole 40 mg per 1 ml VFEND 40mg/ml oral suspension | 75 ml [PoM] £551.37

Tablet

CAUTIONARY AND ADVISORY LABELS 9, 11, 23

- ▶ **Voriconazole (Non-proprietary)**

Voriconazole 50 mg Voriconazole 50mg tablets | 28 tablet [PoM] £275.68 DT = £194.79

Voriconazole 100 mg Voriconazole 100mg tablets | 28 tablet [PoM] £275.68

Voriconazole 200 mg Voriconazole 200mg tablets | 28 tablet [PoM] £1,102.74 DT = £680.92

- ▶ **VFEND** (Pfizer Ltd)

Voriconazole 50 mg VFEND 50mg tablets | 28 tablet [PoM] £275.68 DT = £194.79

Voriconazole 200 mg VFEND 200mg tablets | 28 tablet [PoM] £1,102.74 DT = £680.92

ANTIFUNGALS > OTHER

Flucytosine

- **INDICATIONS AND DOSE**

Systemic yeast and fungal infections | Adjunct to amphotericin in severe systemic candidiasis and in other severe or long-standing infections

▶ BY INTRAVENOUS INFUSION, OR BY MOUTH

▶ Neonate: 50 mg/kg every 12 hours.

▶ Child: Usual dose 50 mg/kg every 6 hours usually for not more than 7 days, alternatively 25–37.5 mg/kg every 6 hours usually for not more than 7 days, lower dose may be sufficient for sensitive organisms

Cryptococcal meningitis (adjunct to amphotericin)

▶ BY INTRAVENOUS INFUSION, OR BY MOUTH

▶ Neonate: 50 mg/kg every 12 hours.

▶ Child: 25 mg/kg every 6 hours for 2 weeks

- **UNLICENSED USE**

▶ With oral use Tablets not licensed.

- **CAUTIONS** Blood disorders

- **INTERACTIONS** → Appendix 1: flucytosine

- **SIDE-EFFECTS** Agranulocytosis · aplastic anaemia · blood disorder · cardiotoxicity · confusion · diarrhoea · hallucination · headache · hepatic disorders · leucopenia · nausea · rash · sedation · seizure · thrombocytopenia · toxic epidermal necrolysis · ventricular dysfunction · vertigo · vomiting

- **PREGNANCY** Teratogenic in *animal* studies; manufacturer advises use only if potential benefit outweighs risk.

- **BREAST FEEDING** Manufacturer advises avoid.

- **RENAL IMPAIRMENT**

Dose adjustments Use normal dose every 12 hours if creatinine clearance 20–40 mL/minute; use normal dose every 24 hours if creatinine clearance 10–20 mL/minute; use initial normal dose if creatinine clearance less than 10 mL/minute and then adjust dose according to plasma-flucytosine concentration.

Monitoring In renal impairment liver- and kidney-function tests and blood counts required weekly.

- **MONITORING REQUIREMENTS**

- ▶ For plasma concentration monitoring, blood should be taken shortly before starting the next infusion; plasma concentration for optimum response 25–50 mg/litre (200–400 micromol/litre)—should not be allowed to exceed 80 mg/litre (620 micromol/litre).

- ▶ Liver and kidney function tests and blood counts required (weekly in blood disorders).

- **DIRECTIONS FOR ADMINISTRATION** For *intravenous infusion*, give over 20–40 minutes.

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

Solution for infusion

ELECTROLYTES: May contain Sodium

- ▶ **Ancotil** (Meda Pharmaceuticals Ltd)

Flucytosine 10 mg per 1 ml Ancotil 2.5g/250ml solution for infusion bottles | 5 bottle [PoM] £151.67 (Hospital only)

Tablet

- ▶ **Ancotil** (ICN Pharmaceuticals France S.A.)

Flucytosine 500 mg Ancotil 500mg tablets | 100 tablet [PoM] £