# Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Voriconazole Prescribing Aid

#### Voriconazole Prescribing Aid

Please see BNF or SPC for full prescribing information.

## Dose :

IV: Loading dose 6 mg/kg IV every 12 hours for 2 doses, then maintenance dose 4 mg/kg IV every 12 hours. 1-3

Oral: N.B. Oral voriconazole must be taken on an empty stomach for effect.

If patient is on NG feed, a 3 hour feedbreak is required for each dose: Stop NG feed 2 hours before dose, restart NG feed 1 hour after dose.<sup>4</sup>

Adult (body-weight up to 40 kg): Initially 200 mg PO every 12 hours for 2 doses, then 100 mg PO every 12 hours, increased if necessary to 150 mg PO every 12 hours. <sup>1-3</sup>

Adult (body-weight 40 kg and above): Initially 400 mg PO every 12 hours for 2 doses, then 200 mg PO every 12 hours, increased if necessary to 300 mg PO every 12 hours. <sup>1-3</sup>

#### **Dose in Renal Impairment :**

No dose adjustment required in renal impairment or CRRT.<sup>5</sup> When CrCl < 50 mL/min, accumulation of the intravenous vehicle may occur. Monitor renal function if patient on IV treatment.<sup>1,5</sup>

Use oral route unless risk/benefit justifies use of IV, e.g. check if patient absorbing PO/NG medicines.

## **Drug Interactions :**

Voriconazole can increase QTc - monitor, particularly if patient on other medication which can increase QTc.<sup>6</sup>

Simvastatin: Voriconazole increases exposure to simvastatin. Suggest HOLD (combination contra-indicated).<sup>6</sup>

Atorvastatin: Voriconazole increases exposure to atorvastatin. Suggest HOLD (manufacturer advises to avoid or use a lower maximum dose and monitor for rhabdomyolysis).<sup>6</sup>

Benzodiazepines: Voriconazole is likely to increase the concentration of benzodiazepines and lead to a prolonged sedative effect, dose reduction may be required. <sup>6</sup>

Phenytoin decreases the exposure to voriconazole and voriconazole increases exposure to phenytoin. Manufacturer advises avoid or adjust voriconazole dose and monitor phenytoin level.<sup>6</sup>

Multiple other interactions, see BNF or SPC.

## **Therapeutic Drug Monitoring :**

Check trough level after 3 to 5 days.<sup>7</sup>

Use serum bottle brown top tube

Repeat level in the second week to ensure it is in therapeutic range.<sup>7</sup>

In practice, send level on Monday so that Laboratory Referrals can send out on Tuesday morning for processing on Wednesday. Result usually available by Friday evening.

### Other Monitoring :

Monitor ALT and AST 1-3

Monitor for rash – risk of SJS or TEN with voriconazole. 2,3

Reports of prolonged visual adverse reactions, including blurred vision, optic neuritis and papilloedema.<sup>2,3</sup>

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Risk of phototoxicity. 1-3

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