Voriconazole

<table>
<tr><td colspan="3">Voriconazole dosing is weight based; ensure accuracy of documented weight before administration</td></tr>
<tr><td colspan="3">Reserve Antimicrobial
See CUH Antimicrobial Guidelines on Eolas for further information</td></tr>
<tr><td colspan="3">CAUTION: High Administration Risk Rating</td></tr>
<tr><td colspan="3">CAUTION: Voriconazole is administered as a loading dose followed by a maintenance dose. Double check the correct dose has been prescribed.</td></tr>
<tr><td>Form</td><td>200mg dry powder vial</td><td>Store below 25°C</td></tr>
<tr><td>Reconstitution</td><td colspan="2">Add 19mL WFI or sodium chloride 0.9% to a 200mg vial.
Discard the vial if vacuum does not pull the diluent into the vial.
This produces 20mL of a 10mg/mL solution.
Dilute further before administration.</td></tr>
<tr><td>Compatibility and Stability</td><td colspan="2">Glucose 5%
Sodium Chloride 0.9%</td></tr>
<tr><td>Administration</td><td colspan="2">IV Infusion only
Withdraw volume from vial(s) which equates to the dose required. This should be diluted using a compatible infusion fluid to produce a solution with a final concentration of 0.5 - 5mg/mL.

Suggested dilution:<table><tr><th>Required Dose</th><th>Volume of Infusion Fluid</th></tr><tr><td>50 - 500mg</td><td>100mL</td></tr><tr><td>Over 500mg</td><td>250mL</td></tr></table>Infuse over 60 - 180 minutes at a rate not exceeding 3mg/kg/hour.</td></tr>
<tr><td>Extravasation</td><td colspan="2">Extravasation may cause tissue damage due to low pH.
If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely using a recognised phlebitis scoring tool. Re-site cannula at first signs of inflammation.</td></tr>
<tr><td>Monitor</td><td colspan="2">Monitor for electrolyte disturbances (hypokalaemia, hypomagnesemia, hypocalcaemia) before and during voriconazole therapy, liver function, renal function. Monitor infusion site.</td></tr>
<tr><td>Additional Information</td><td colspan="2">• A loading dose regimen is required consisting of two doses administered 12 hours apart. Commence maintenance dosing (twice daily) 12 hours after second loading dose.
• Electrolyte disturbances such as hypokalaemia, hypomagnesaemia and hypocalcaemia should be monitored and corrected, if necessary, prior to initiation
• In patients with renal impairment (creatinine clearance less than 50mL/minute) use intravenous infusion only if the potential benefit outweighs the risk, and monitor renal function (risk of accumulation of excipient, sulfobutylether beta cyclodextrin sodium (SBECD)
• Never administer Voriconazole as an IV bolus.</td></tr>
</table>

	• Voriconazole has excellent oral bioavailability, consider oral route from the onset, or a rapid IV to oral switch as appropriate - see CUH Adult Antimicrobial Guidelines on Eolas for further information.

Information provided relates to Vfend® (Pfizer)