HEALTHCARE PROFESSIONAL CHECKLIST

Voriconazole 200 mg Powder for Solution for Infusion

JCSH PHARMA LIMITED

Voriconazole 200 mg Powder for Solution for Infusion Healthcare Professional Checklist

Please complete this Checklist at each visit with your patient being treated with Voriconazole 200 mg Powder for Solution for Infusion. Each of the three sections includes important risk information followed by a series of check boxes to help in the management of your patient for whom you prescribed Voriconazole 200 mg Powder for Solution for Infusion.

A) Minimizing the Risk of Phototoxicity and Skin Squamous Cell Carcinoma

- Voriconazole 200 mg Powder for Solution for Infusion has been associated with phototoxicity and pseudoporphyria. It is recommended that all patients, including children, avoid exposure to direct sunlight during Voriconazole 200 mg Powder for Solution for Infusion treatment and use measures such as protective clothing and sufficient sunscreen with high sun protection factor (SPF).

- The frequency of phototoxicity reactions is higher in the paediatric population. As an evolution towards SCC has been reported, stringent measures for the photoprotection are warranted in this population of patients. In children experiencing photoaging injuries such as lentigines or ephelides, sun avoidance and dermatologic follow-up are recommended even after treatment discontinuation.

- Squamous cell carcinoma (SCC) of the skin has been reported in patients taking Voriconazole 200 mg Powder for Solution for Infusion, some of whom have reported prior phototoxic reactions.

- If phototoxic reactions occur, multidisciplinary advice (e.g., a consultation with a dermatologist) should be sought for the patient. Voriconazole 200 mg Powder for Solution for Infusion discontinuation and use of alternative antifungal agents should be considered.

- Dermatologic evaluation should be performed on a regular basis whenever Voriconazole 200 mg Powder for Solution for Infusion is continued, despite occurrence of phototoxicity-related lesions, to allow early detection and management of premalignant lesions.

- Voriconazole 200 mg Powder for Solution for Infusion should be discontinued if premalignant skin lesions or skin SCC are identified.

- SCC has been reported in relation with long-term Voriconazole 200 mg Powder for Solution for Infusion treatment. Treatment duration should be as short as possible. Long-term exposure (treatment or prophylaxis) greater than 180 days (6 months) requires careful assessment of the benefit risk balance and physicians should therefore consider the need to limit the exposure to Voriconazole 200 mg Powder for Solution for Infusion.

- For prophylaxis use, dose adjustments are not recommended in the case of lack of efficacy or treatment-related adverse events. In the case of treatment-related adverse events, discontinuation of Voriconazole 200 mg Powder for Solution for Infusion and use of alternative antifungal agents must be considered.

Refer to the Summary of Product Characteristics for full prescribing information.

Please review and answer the questions below for each patient receiving Voriconazole 200 mg Powder for Solution for Infusion:

Has your patient developed phototoxicity? YES ☐ NO ☐
If YES, please refer to the Summary of Product Characteristics (SmPC) for guidance.

Have you arranged regular dermatologic evaluation for the patient if he / she presented with phototoxicity? YES ☐ NO ☐
If YES, please refer to the SmPC for further details.
If NO, regular dermatologic evaluation should be arranged promptly.
Please refer to the SmPC for further details.

In case of phototoxicity, did you consider discontinuing treatment with Voriconazole 200 mg Powder for Solution for Infusion?
YES ☐ NO ☐
If YES, please refer to the SmPC for further advice.
If NO, Voriconazole 200 mg Powder for Solution for Infusion discontinuation should be considered.
Please refer to the SmPC for further instruction.

In case of premalignant skin lesions or SSC, did you discontinue treatment with Voriconazole 200 mg Powder for Solution for Infusion? YES ☐ NO ☐
If NO, Voriconazole 200 mg Powder for Solution for Infusion should be discontinued.
Please refer to the SmPC for further advice.

B) Important Information Regarding Voriconazole 200 mg Powder for Solution for Infusion and Liver Function Monitoring

Patients receiving Voriconazole 200 mg Powder for Solution for Infusion must be carefully monitored for hepatic toxicity.

- Clinical management should include laboratory evaluation of hepatic function (specifically AST and ALT) at the initiation of treatment with Voriconazole 200 mg Powder for Solution for Infusion and at least weekly for the first month of treatment. If there are no changes in these liver function tests (LFTs) after one month, monitoring frequency can be reduced to monthly.

- If the LFTs become markedly elevated, Voriconazole 200 mg Powder for Solution for Infusion should be discontinued, unless the medical judgment of the risk-benefit balance of the treatment for the patient justifies continued use.

- There are limited data on the safety of Voriconazole 200 mg Powder for Solution for Infusion in patients with abnormal LFTs (aspartate transaminase [AST], alanine transaminase [ALT], alkaline phosphatase [AP], or total bilirubin >5 times the upper limit of normal).

- Voriconazole 200 mg Powder for Solution for Infusion has been associated with elevations in LFTs and clinical signs of liver damage, such as jaundice, and must only be used in patients with severe hepatic impairment if the benefit outweighs the potential risk.

- It is recommended that the standard loading dose regimens be used but that the maintenance dose be halved in patients with mild to moderate hepatic cirrhosis (Child-Pugh A and B) receiving Voriconazole 200 mg Powder for Solution for Infusion.

- Voriconazole 200 mg Powder for Solution for Infusion has not been studied in patients with severe chronic hepatic cirrhosis (Child-Pugh C).

- For prophylaxis use, dose adjustments are not recommended in the case of lack of efficacy or treatment-related adverse events. In the case of treatment-related adverse events, discontinuation of Voriconazole 200 mg Powder for Solution for Infusion and use of alternative antifungal agents must be considered.

Please review and answer the questions below for each patient receiving Voriconazole 200 mg Powder for Solution for Infusion:

Have you recently checked liver function test (LFT) results for your patient? YES ☐ NO ☐
If YES, use these results to closely monitor hepatic drug toxicity.
Please refer to the Summary of Product Characteristics (SmPC) for guidance.

Does your patient have hepatic cirrhosis? YES ☐ NO ☐
If YES, dose adjustment is advised.
Please refer to the SmPC for details.

Have you arranged for routine monitoring of LFTs for your patient at least weekly for the first month of treatment while he / she is receiving treatment with Voriconazole 200 mg Powder for Solution for Infusion? YES ☐ NO ☐
If YES, please refer to the SmPC for further details.
If NO, routine monitoring should be arranged promptly.
Please refer to the SmPC for further details.

C) Discussion with Your Patient

Regarding phototoxicity and skin SCC

Have you discussed the risks of phototoxicity and skin SCC with Voriconazole 200 mg Powder for Solution for Infusion and the need for regular dermatological evaluation (if phototoxicity occurs)? YES ☐ NO ☐

Have you discussed the need to avoid sunlight and sun exposure (including use of protective clothing and sufficient sunscreen with high sun protective factor [SPF]) during treatment with Voriconazole 200 mg Powder for Solution for Infusion?
YES ☐ NO ☐

Have you discussed the signs and symptoms of phototoxicity that warrant contacting the doctor immediately?	YES	☐	NO	☐
Have you given the patient a Patient Alert Card that was provided to you in the package?	YES	☐	NO	☐
Have you discussed with caregivers / parents of your paediatric patients, who experience photoaging injuries, the need to avoid all sun exposure and have follow-up dermatologic evaluations even after Voriconazole 200 mg Powder for Solution for Infusion treatment is discontinued?	YES	☐	NO	☐

Regarding hepatotoxicity

Have you discussed the risk of liver toxicity with Voriconazole 200 mg Powder for Solution for Infusion and the need for periodic monitoring of liver function?	YES	☐	NO	☐
Have you discussed the signs and symptoms of liver injury that warrant contacting the doctor immediately?	YES	☐	NO	☐

Please retain the completed checklist in patient's medical record.

Please report any suspected adverse drug reactions related to Voriconazole 200 mg Powder for Solution for Infusion in the usual way, as follows:

Reporting can be done by contacting JCSH Pharma Limited at office address, 5 Millmead, Guildford, Surrey, GU2 4BE, United Kingdom.

https://jcshpharma.co.uk/contact-us
Tel: +44 (0) 1483 923111 or
Email: pv@jcshpharma.co.uk

Alternatively, Healthcare professionals are asked to report any suspected adverse reactions the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard
or search for MHRA Yellow Card in the Google Play or Apple App Store.