VORICONAZOLE ACTAVIS
(voriconazole) Healthcare Professional Checklist

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

- Voriconazole has been associated with phototoxicity and pseudoporphyria. It is recommended that all patients, including children, avoid intense or prolonged exposure to direct sunlight during Voriconazole treatment and use measures such as protective clothing and sunscreen with high sun protection factor (SPF).
- Squamous cell carcinoma (SCC) of the skin has been reported in patients taking voriconazole, some of whom have reported prior phototoxic reactions.
- If phototoxic reactions occur, multidisciplinary advice should be sought and the patient should be referred to a dermatologist. Voriconazole discontinuation and use of alternative antifungal agents should be considered.
- Dermatologic evaluation should be performed on a regular basis, whenever Voriconazole is continued despite occurrence of phototoxicity-related lesions to allow early detection and management of premalignant lesions.
- Voriconazole should be discontinued if premalignant skin lesions or skin SCC are identified.
- 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.
- SCC has been reported in relation with long-term voriconazole treatment. Treatment duration should be as short as possible and long term (greater than 6 months) treatment or prophylaxis should be considered only if the benefits outweigh the potential risks.
- 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 and use of alternative antifungal agents must be considered.

Please review and answer the questions below for each patient receiving VORICONAZOLE:

Has your patient developed phototoxicity? YES ☐ NO ☐
***If YES,* please refer to Section 4.4 of the Summary of Product Characteristics (SmPC) for guidance.**

In case of phototoxicity, did you consider discontinuing treatment with VORICONAZOLE? YES ☐ NO ☐
***If YES*, please refer to Section 4.4 of the SmPC for further advice.**
***If NO*, VORICONAZOLE discontinuation and use of alternative antifungal agents should be considered. Please refer to the SmPC for further instruction.**

Have you arranged regular dermatologic evaluation for the patient if he/she presented phototoxicity and VORICONAZOLE is not discontinued? YES ☐ NO ☐
***If YES,* please refer to Section 4.4 of the SmPC for further details.**
***If NO*, regular dermatologic evaluation should be arranged promptly. Please refer to Section 4.4 of the SmPC for further details**

In case of premalignant skin lesions or SCC, did you discontinue treatment with VORICONAZOLE ACTAVIS? YES ☐ NO ☐
***If NO*, VORICONAZOLE ACTAVIS should be discontinued. Please refer to Section 4.4 of the SmPC for further advice.**

B) Important Information Regarding VORICONAZOLE and Liver Function Monitoring

- Patients receiving VORICONAZOLE 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 and at least weekly for the first month of treatment. If there are no changes in these LFTs after one month, monitoring frequency can be reduced to monthly.
- If the LFTs become markedly elevated, VORICONAZOLE 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 in patients with abnormal Liver Function Tests [LFTs] (Aspartate transaminase (AST), alanine transaminase (ALT), alkaline phosphatase (AP), or total bilirubin >5 times the upper limit of normal).
- Voriconazole 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.
- Voriconazole 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 and use of alternative antifungal agents must be considered.

Please review and answer the questions below for each patient receiving VORICONAZOLE:

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 Section 4.8 of the Summary of Product Characteristics (SmPC) for guidance.**

Does your patient have hepatic cirrhosis? YES ☐ NO ☐
***If YES*, dose moderation is advised. Please refer to Section 4.2 of the SmPC for details**

Have you arranged for routine monitoring of LFTs at least weekly for the first month of treatment for your patient while he/she is receiving treatment with VORICONAZOLE? YES ☐ NO ☐
***If YES*, please refer to Section 4.4 of the SmPC for further details.**
***If NO*, routine monitoring should be arranged promptly. Please refer to Section 4.4 of 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 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 sunscreen with high sun protective factor [SPF]) during treatment with VORICONAZOLE? YES ☐ NO ☐

Have you discussed the signs and symptoms of phototoxicity that warrant contacting the doctor immediately? 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 VORCONIZOLE ACTAVIS treatment is discontinued? YES ☐ NO ☐

Have you given the patient a **Patient Alert Card** that was provided to you in the package? YES ☐ NO ☐

Regarding hepatotoxicity

Have you discussed the risk of liver toxicity with Voriconazole 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.
Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via: HPRA Pharmacovigilance, Earlsfort Terrace, IRL-Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; Adverse events should also be reported to Actavis Ireland by calling (021) 4619040.