Voriconazole

General	
Class of the drug:	Antimycotics
• Synonym(s):	
 Common trade name(s) in Switzerland: 	Vfend®
Conversion factors:	$mg/l \ge 2.86 = \mu mol/l$ $\mu mol/l \ge 0.35 = mg/l$
Clinical pharmacology	
Indications for TDM:	Individual dose adaptation
Protein binding:	58 %
Elimination half-life:	About 6 h for 200 mg (nonlinear pharmacokinetics)
Volume of distribution:	2 – 4.6 l/kg
Metabolism:	
- Main metabolic pathways:	N-oxidation and hydroxylation by CYP2C19, CYP2C9, CYP3A4
- Active metabolite(s)?	None
 Inhibitor or inducer of the cytochrome P450 system? 	Inhibits CYP2C19, CYP2C9 and CYP3A4
 Other significant pharmacokinetic interactions: 	No
Elimination of parent drug:	Mainly hepatic Renal < 2%
Typical therapeutic range:	1 - 6 mg/l (2.9 – 17.2 μmol/l)
Potentially toxic concentration:	Not known
Pre-analytics	
 Time to steady-state since beginning of treatment or change of posology: 	5 - 6 days (about 1 day with loading dose)
• Time for blood sampling:	Before next dose at steady state
• Type(s) of sample:	Serum or plasma
Stability:	Several days at 4°C

Analytics	
 Position(s) in the analysis list/Method: 	8632.02 HPLC/GC 8632.03 LC-MS/GC-MS
	Genotype status for CYP2C19 and/or coadmini-
Remarks	 stration of drugs that modulate CYP2C19 and CYP3A4 activities could affect voriconazole drug levels. The target range for CSF and aqueous humour is only 50% of the respective value in serum or plasma, due to missing proteins
References	 Johnson and Kauffman, Rev. Antiinfective Agents 36 (2003) 630 Arzneimittel Kompendium der Schweiz, Documed, 2005 Purkins et al., Br. J. Clin. Pharmacol. 5 6(2003) 2; ibid 56 (2003) 10; ibid 56 (2003) 17 Roffey et al., Drug Metab. Dispos. 31 (2003) 731. Hyland et al., Drug Metab. Dispos. 31 (2003) 540