

Co-administration with drugs such as carbamazepine, ergotamine, pimozide and cisapride is contraindicated.

Hepatic toxicity including fatal liver failure can occur so patients need regular monitoring of liver function. A more common adverse reaction is altered vision. This affects approximately 30% of patients. They may complain of blurring, photophobia or changes in colour vision. Some will develop hallucinations. Rashes are common and some patients have developed Stevens-Johnson syndrome.

Although voriconazole has some significant adverse effects some of these, such as renal dysfunction, occurred less frequently than they did with amphotericin B. There is, however, controversy about whether voriconazole is as effective as amphotericin B. In the study of febrile neutropenia the overall treatment success rate was 26% for voriconazole and 30.6% for liposomal amphotericin B. The American Antiviral Drugs Advisory Committee recommended that the Food and Drug Administration should not approve voriconazole.² While there are problems with fluconazole and itraconazole, the role of voriconazole requires further study.

REFERENCES[†]

1. Walsh TJ, Pappas P, Winston DJ, Lazarus HM, Petersen F, Raffalli J, et al. Voriconazole compared with liposomal amphotericin B for empirical antifungal therapy in patients with neutropenia and persistent fever. *N Engl J Med* 2002;346:225-34.
2. Powers JH, Dixon CA, Goldberger MJ. Voriconazole versus liposomal amphotericin B in patients with neutropenia and persistent fever [letter]. *N Engl J Med* 2002;346:289-90.

[†] At the time the comment was prepared, a scientific discussion about this drug was available on the web site of the European Agency for the Evaluation of Medicinal Products (www.emea.eu.int).

Correction

New drugs (Aust Prescr 2003;26:46)

There was an error in the comment about fibrin sealant Tisseel Duo 500 (see letter page 76). The components of this new presentation of fibrin sealant are contained in preloaded syringes rather than vials. The product only needs to be thawed out before use, so the preparation time can be reduced by warming. After thawing, the product is viable for up to 48, not four, hours.

Answers to self-test questions

1. False	3. True	5. False
2. True	4. True	6. False
7. False		
8. True		

www.australianprescriber.com

Australian Prescriber is available on the internet in full text, free of charge. Go to Contact Us/New issue notification to be sent an e-mail each time a new issue goes online.

Australian Prescriber mailing list

Australian Prescriber is distributed every two months, free of charge, to medical practitioners, dentists and pharmacists in Australia, on request. It is also distributed free of charge, in bulk, to medical, dental and pharmacy students through their training institutions in Australia. To be placed on the mailing list, contact the Australian Prescriber Mailing Service.

Tick whichever of the following apply:

I have access to the *Australian Prescriber* web site on the internet Yes No

Place me on the mailing list

Delete me from the mailing list

My reference number is

Change my address

My reference number is

Send me all the available back issues

NAME:

ADDRESS:

.....

.....

.....

PROFESSION:

(general practitioner, resident, psychiatrist, surgeon, dentist, pharmacist, etc.)

Postal: Australian Prescriber Mailing Service
GPO Box 1909
CANBERRA ACT 2601
AUSTRALIA

Telephone: (02) 6241 6044 Fax: (02) 6241 4633

Editorial office

For general correspondence such as letters to the Editor, please contact the Editor.

Telephone: (02) 6282 6755

Facsimile: (02) 6282 6855

Postal: The Editor
Australian Prescriber
Suite 3, 2 Phipps Close
DEAKIN ACT 2600
AUSTRALIA

E-mail: info@australianprescriber.com

Web site: www.australianprescriber.com