



OFFICE of the DEPUTY PRIME MINISTER
MINISTRY for HEALTH
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

DH Circular 41/2020
DH 540/2020

16th April 2020

Attention All: Consultants
Medical Officers
Pharmacists
Pharmacy Technicians
Nurses

Re: Posaconazole 40mg/mL Suspension and Voriconazole 200mg Tablets

As part of Government commitment towards increasing access to medicines and strengthening of the formulary, it is being brought to your attention that posaconazole 200mg/5mL oral suspension and voriconazole 200mg tablets are now available on the Government Formulary List for in-patient and out-patient use.

Both Posaconazole oral suspension and voriconazole tablets can be prescribed by Consultant Infectious Diseases Physician, Consultant Infectious Diseases Paediatrician, Consultant Haematologist, Consultant Oncologist and Mater Dei Hospital Antibiotic Team Consultant.

Posaconazole oral suspension and voriconazole tablets are regulated with protocols 164 and 305 respectively. Attached as Annex 1 and Annex 2.

For your attention please.

Dr. Denis Vella Baldacchino
Chief Medical Officer

Posaconazole 40mg/ml Suspension

Prescriber Criteria: Consultant Infectious Diseases Physician
Consultant Infectious Diseases Paediatrician
Consultant Haematologist
Consultant Oncologist
Mater Dei Hospital Antibiotic Team Consultant

Out-patient and In-patient use:

1. Chronic Kidney Disease – Renal Transplants Only
2. Cystic Fibrosis
3. HIV/AIDS and HIV Related Diseases
4. Malignant Diseases
5. Primary Immunodeficiency Disorder
6. Secondary Immunodeficiency Disorder

Reserved as:

- Alternative treatment of mucormycosis when first line treatment (liposomal amphotericin) is inappropriate
- Step down oral therapy of mucormycosis
- Alternative prophylactic treatment of fungal infections during prolonged periods of neutropenia when first (itraconazole) and second line (fluconazole) therapy is inappropriate
- Second line prophylaxis during induction chemotherapy (Itraconazole first line)

Other indications are to be considered on a case by case basis by the members of the antibiotic team.

Duration of approval:

1 year

Voriconazole 200mg Tablets

Prescriber Criteria: Consultant Infectious Diseases Physician
Consultant Infectious Diseases Paediatrician
Consultant Haematologist
Consultant Oncologist
Mater Dei Hospital Antibiotic Team Consultant

Out-patient and In-patient use:

1. Chronic Kidney Disease – Renal Transplants Only
2. Cystic Fibrosis
3. HIV/AIDS and HIV Related Diseases
4. Malignant Diseases
5. Primary Immunodeficiency Disorder
6. Secondary Immunodeficiency Disorder

Reseved as:

- First-line treatment of invasive aspergillosis (based on clinical or radiological findings)
- Alternative treatment of aspergilloma where primary treatment (Itraconazole) is inappropriate
- Prophylaxis as first line in hematopoietic stem cell transplantation (HCST) both during the initial neutropaenic phase and graft versus host disease (GVHD) phase.

Other indications are to be considered on a case by case basis by the members of the antibiotic team.

Duration of Approval:

1 year