Public Assessment Report

UKPAR

Voriconazole 50 mg film-coated Tablets
Voriconazole 200 mg film-coated Tablets

(Voriconazole)

UK Licence Numbers: PL 43801/0036-37

Sciecure Pharma Limited.
LAY SUMMARY

Voriconazole 50 mg film-coated Tablets
Voriconazole 200 mg film-coated Tablets

(voriconazole, film-coated tablet, 50 mg and 200 mg)

This is a summary of the Public Assessment Report (PAR) for Voriconazole 50 mg film-coated Tablets (PL 43801/0036) and Voriconazole 200 mg film-coated Tablets (PL 43801/0037). It explains how Voriconazole 50 mg and 200 mg film-coated Tablets were assessed and their authorisation recommended, as well as their conditions of use. It is not intended to provide practical advice on how to use Voriconazole 50 mg and 200 mg film-coated Tablets.

The products will be referred to as Voriconazole Tablets throughout the remainder of this public assessment report (PAR).

For practical information about using Voriconazole Tablets, patients should read the package leaflet or contact their doctor or pharmacist.

What are Voriconazole Tablets and what are they used for?
Voriconazole Tablets are a ‘generic medicine’. This means that Voriconazole Tablets are similar to a ‘reference medicine’ already authorised in the European Union (EU) called Vfend 50mg and 200mg Film-coated Tablets (Pfizer Limited).

Voriconazole Tablets are used for the treatment of patients (adults and children over the age of 2) with:
- Invasive aspergillosis (a type of fungal infection due to Aspergillus sp).
- Candidaemia (another type of fungal infection due to Candida sp) in non-neutropenic patients (patients without abnormally low white blood cells count).
- Serious invasive Candida sp. infections when the fungus is resistant to fluconazole (another antifungal medicine).
- Serious fungal infections caused by Scedosporium sp. or Fusarium sp. (two different species of fungi).

Voriconazole Tablets are intended for patients with worsening, possibly life-threatening, fungal infections.

Prevention of fungal infections in high risk bone marrow transplant recipients. This product should only be taken under the supervision of a doctor.

How do Voriconazole Tablets work?
This medicine contains the active ingredient voriconazole which is part of a group of medicines called antifungals. It works by killing or stopping the growth of the fungi that cause infections.

How are Voriconazole Tablets used?
The pharmaceutical form of Voriconazole Tablets is a film-coated tablet and the route of administration is oral (by mouth).

The patient should always take this medicine exactly as their doctor has told them. The patient should check with their doctor or pharmacist if they are not sure.

The patient’s doctor will determine their dose depending on the patient’s weight and the type of infection they have.
The recommended dose for adults (including elderly patients) is as follows:

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Patients 40 kg and above</th>
<th>Patients less than 40 kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose for the first 24 hours (Loading Dose)</td>
<td>400 mg every 12 hours for the first 24 hours</td>
<td>200 mg every 12 hours for the first 24 hours</td>
</tr>
<tr>
<td>Dose after the first 24 hours (Maintenance Dose)</td>
<td>200 mg twice a day</td>
<td>100 mg twice a day</td>
</tr>
</tbody>
</table>

Depending on the patient’s response to treatment, their doctor may increase the daily dose to 300 mg twice a day.

The patient’s doctor may decide to decrease the dose if they have mild to moderate cirrhosis.

**Use in children and adolescents**

The recommended dose for children and teenagers is as follows:

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Children aged 2 to less than 12 years and teenagers aged 12 to 14 years weighing less than 50 kg</th>
<th>Teenagers aged 12 to 14 years weighing 50 kg or more; and all teenagers older than 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose for the first 24 hours (Loading Dose)</td>
<td>Your treatment will be started as an infusion</td>
<td>400 mg every 12 hours for the first 24 hours</td>
</tr>
<tr>
<td>Dose after the first 24 hours (Maintenance Dose)</td>
<td>9 mg/kg twice a day (a maximum dose of 350 mg twice daily)</td>
<td>200 mg twice a day</td>
</tr>
</tbody>
</table>

The patient’s doctor may increase or decrease their daily dose depending on the patient’s response to treatment.

The tablets must only be given if the child is able to swallow tablets.

The tablets should be taken at least one hour before, or one hour after a meal. Swallow the tablet whole with some water.

If the patient is taking Voriconazole Tablets for the prevention of fungal infections, the patient’s doctor may stop giving Voriconazole Tablets if the patient develops treatment related side-effects.

Please read section 3 of the package leaflet for detailed dosing recommendations, the route of administration, and the duration of treatment.

This medicine can only be obtained with a prescription.

**What benefits of Voriconazole Tablets have been shown in studies?**

Because Voriconazole Tablets are a generic medicine, studies in patients have been limited to tests to determine that they are bioequivalent to the reference medicine, Vfend 50mg and 200mg Film-coated Tablets (Pfizer Limited). Two medicines are bioequivalent when they produce the same levels of the active substance in the body.
What are the possible side effects of Voriconazole Tablets?
Because Voriconazole Tablets are a generic medicine, their benefits and possible side effects are taken as being the same as the reference medicine.

For the full list of restrictions, see the package leaflet.

For the full list of all side effects reported with Voriconazole Tablets, see section 4 of the package leaflet available on the MHRA website.

Why were Voriconazole Tablets approved?
It was concluded that, in accordance with EU requirements, Voriconazole Tablets have been shown to have comparable quality and to be bioequivalent to Vfend 50mg and 200mg Film-coated Tablets (Pfizer Limited). Therefore, the MHRA decided that, as for Vfend 50mg and 200mg Film-coated Tablets (Pfizer Limited); the benefits are greater than the risks and recommended that they can be approved for use.

What measures are being taken to ensure the safe and effective use of Voriconazole Tablets?
A risk management plan (RMP) has been developed to ensure that Voriconazole Tablets are used as safely as possible. Based on this plan, safety information has been included in the Summary of Product Characteristics (SmPCs) and the package leaflet for Voriconazole Tablets including the appropriate precautions to be followed by healthcare professionals and patients.

Known side effects are continuously monitored. Furthermore new safety signals reported by patients/healthcare professionals will be monitored/reviewed continuously.

Other information about Voriconazole Tablets
The Marketing Authorisations for Voriconazole Tablets were granted in the UK on 07 October 2016.

The full PAR for Voriconazole Tablets follows this summary.

For more information about use of Voriconazole Tablets, read the package leaflet, or contact your doctor or pharmacist.

This summary was last updated in November 2016.
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I  INTRODUCTION
Based on the review of the data on quality, safety and efficacy, the Medicines and Healthcare products Regulatory Agency (MHRA) granted Sciecure Pharma Limited, marketing authorisations for the medicinal product Voriconazole Tablets (PL 43801/0036-37). Voriconazole Tablets are Prescription Only Medicines (POM).

Voriconazole is a broad-spectrum, triazole antifungal agent and is indicated in adults and children aged 2 years and above as follows:
- Treatment of invasive aspergillosis.
- Treatment of candidaemia in non-neutropenic patients.
- Treatment of fluconazole-resistant serious invasive Candida infections (including C. krusei).
- Treatment of serious fungal infections caused by Scedosporium spp. and Fusarium spp.

Voriconazole Tablets should be administered primarily to patients with progressive, possibly life-threatening infections.

Prophylaxis of invasive fungal infections in high risk allogeneic hematopoietic stem cell transplant (HSCT) recipients.

The applications were submitted under Article 10(1) of Directive 2001/83/EC, as amended, as generic applications. The reference medicinal products for these applications are Vfend 50mg Film-coated Tablets and Vfend 200mg Film-coated Tablets which were first authorized to Pfizer Limited on 19 March 2002 via the Centralised procedure (licence numbers EU/1/02/212/001-012 and 13).

Voriconazole is a triazole antifungal agent. The primary mode of action of voriconazole is the inhibition of fungal cytochrome P450-mediated 14 alpha-lanosterol demethylation, an essential step in fungal ergosterol biosynthesis. The accumulation of 14 alpha-methyl sterols correlates with the subsequent loss of ergosterol in the fungal cell membrane and may be responsible for the antifungal activity of voriconazole. Voriconazole has been shown to be more selective for fungal cytochrome P-450 enzymes than for various mammalian cytochrome P-450 enzyme systems.

Results from one bioequivalence study were submitted to support these applications conducted under fasting conditions. The applicant has stated that the bioequivalence study was conducted in agreement with the Helsinki Declaration (1964 and following amendments), ICH- Good Clinical Practice (GCP) [1996], EEC rules concerning human experimentation (No. 9115071EEC) and Directive 20001120/EC of The European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulation and administrative provisions of the Member States relating to the implement of good clinical practice in the conduct of clinical trials on medicinal products for human use.

With the exception of the bioequivalence study, no new non-clinical or clinical data were submitted, which is acceptable given that these applications were based on being generic medicinal products of originator products that have been in clinical use for over 10 years.

The MHRA has been assured that acceptable standards of Good Manufacturing Practice (GMP) are in place for this product type at all sites responsible for the manufacture and assembly of this product.

No new or unexpected safety concerns arose during the review of information provided by the Marketing Authorisation Holder and it was, therefore, judged that the benefits of taking Voriconazole Tablets outweigh the risks and Marketing Authorisations were granted.
II QUALITY ASPECTS

II.1 Introduction
Each film-coated tablet contains 50 mg or 200 mg of the active ingredient voriconazole. Other ingredients consist of the pharmaceutical excipients:

**Tablet core:**
Lactose monohydrate, pre-gelatinised starch, croscarmellose sodium, povidone, purified water and magnesium stearate.

**Tablet film-coat (Opadry II white):**
Hypromellose, titanium dioxide (E171), lactose monohydrate, triacetin and purified water.

Both strengths of the finished product are packed into polyvinyl chloride (PVC)/aluminium blisters containing 28 tablets (2 x 14).

Satisfactory specifications and Certificates of Analysis have been provided for all packaging components.

II.2 Drug Substance

**Voriconazole**

**INN:** Voriconazole

**Chemical name:** \((2R,3S)-2-(2,4-Difluorophenyl)-3-(5-fluoropyrimidin-4-yl)-1-(1H-1,2,4-triazol-1-yl)butan-2-ol.\)

Structure:

![Voriconazole Structure](image)

**Molecular formula:** \(\text{C}_{16}\text{H}_{14}\text{F}_{3}\text{N}_{5}\text{O}\)
**Molecular weight:** 349.3
**Appearance:** White or almost white powder.
**Solubility:** Very slightly soluble in water, freely soluble in acetone and in methylene chloride.

Voriconazole is the subject of a European Pharmacopoeia monograph.

All aspects of the manufacture and control of the active substance, voriconazole, are covered by a European Directorate for the Quality of Medicines and Healthcare (EDQM) Certificate of Suitability.

II.3. Medicinal Product

**Pharmaceutical Development**
The objective of the development programme was to formulate safe, efficacious, film-coated tablets containing 50 mg or 200 mg voriconazole per tablet that are generic versions of the reference products Vfend 50mg and 200mg Film-coated Tablets (Pfizer Limited).

A satisfactory account of the pharmaceutical development has been provided.
Comparative in-vitro dissolution and impurity profiles have been provided for the proposed and originator products.

All excipients comply with their respective European Pharmacopoeia monographs with the exception of film coat Opadry II white, which is controlled to a suitable in-house specification. Satisfactory Certificates of Analysis have been provided for all excipients. Suitable batch analysis data have been provided for each excipient.

With the exception of lactose monohydrate none of the excipients used contain material of animal or human origin. The supplier of lactose monohydrate has confirmed that it is sourced from healthy animals under the same conditions as milk for human consumption.

No genetically modified organisms (GMO) have been used in the preparation of this product.

**Manufacture of the product**
Satisfactory batch formulae have been provided for the manufacture of the product, along with an appropriate account of the manufacturing process. The manufacturing process has been validated at commercial scale batch size and has shown satisfactory results.

**Finished Product Specifications**
The finished product specifications proposed are acceptable. Test methods have been described that have been adequately validated. Batch data have been provided that comply with the release specifications. Certificates of Analysis have been provided for all working standards used.

**Stability of the Product**
Finished product stability studies were performed in accordance with current guidelines on batches of the finished product in the packaging proposed for marketing. The data from these studies support a shelf life of 36 months with no special storage conditions.

Suitable post approval stability commitments have been provided to continue stability testing on batches of finished product.

**II.4 Discussion on chemical, pharmaceutical and biological aspects**
There are no objections to the approval of these applications from a pharmaceutical viewpoint.

**III NON-CLINICAL ASPECTS**

**III.1 Introduction**
As the pharmacodynamic, pharmacokinetic and toxicological properties of voriconazole are well-known, no new non-clinical studies are required and none have been provided. An overview based on the literature review is, thus, appropriate.

The applicant’s non-clinical expert report has been written by an appropriately qualified person and is satisfactory, providing an appropriate review of the relevant non-clinical pharmacology, pharmacokinetics and toxicology.

**III.2 Pharmacology**
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

**III.3 Pharmacokinetics**
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.
III.4 Toxicology  
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

III.5 Ecotoxicity/environmental risk assessment (ERA)  
Since Voriconazole Tablets are intended for generic substitution, this will not lead to an increased exposure to the environment. An environmental risk assessment is therefore not deemed necessary.

III.6 Discussion on the non-clinical aspects  
There are no objections to the approval of these applications from a non-clinical viewpoint.

IV CLINICAL ASPECTS

IV.1 Introduction  
The clinical pharmacology of voriconazole is well-known. With the exception of data from the bioequivalence study detailed below, no new pharmacodynamics or pharmacokinetic data are provided or are required for these applications.

No new efficacy or safety studies have been performed and none are required for this type of application. A comprehensive review of the published literature has been provided by the applicant, citing the well-established clinical pharmacology, efficacy and safety of voriconazole.

Based on the data provided, Voriconazole Tablets can be considered bioequivalent to Vfend 50mg and 200mg Film-coated Tablets (Pfizer Limited).

IV.2 Pharmacokinetics  
In support of these applications, the applicant submitted results from the following bioequivalence study:

STUDY  
An open label, two-stage, two-period, two-sequence, two-way crossover, controlled, randomised single dose bioequivalence study to compare the pharmacokinetics of the applicant’s test product Voriconazole 200 mg film-coated Tablets (Sciencure Pharma Limited) versus the reference product, Vfend 200mg Film-coated Tablets (Pfizer Limited), in healthy adult subjects under fasting conditions.

Following an overnight fast of at least 10 hours, subjects were dosed with a single oral dose of either the test or the reference product.

Blood samples were collected for plasma levels before dosing and up to and including 48 hours after each administration. The washout period between the treatment phases was at least 7 days.

AUC$_{0-t}$ and C$_{max}$ comparison  
For all the primary parameters considered for bioequivalence assessment (AUC$_{0-t}$ and C$_{max}$) a classic (shortest) confidence interval for the ratio of the population geometric means (TEST /REFERENCE) was calculated according to the limit of significance, alpha, as follows,

After the first stage was performed:  
The 90% confidence interval of the geometric mean TEST/REFERENCE ratios obtained for AUC$_{0-t}$ and C$_{max}$ parameters were estimated and calculated power for estimated ratio of 95% and a 5% level of significance, alpha. Because the 90% confidence limits were inside of regulatory limits of 80.00-125.00% but the power was below 80% for C$_{max}$, the 94.12% confidence limit for C$_{max}$ was calculated and assessed for bioequivalence on these limits.

If the 94.12% confidence interval was within an acceptance range of 80.00 - 125.00%, then bioequivalence was to be concluded after the first stage. In this case, no second stage would be required.
For $\text{AUC}_\text{O-t}$, the power was over 80% and therefore the assessment was based on the 90% confidence limits. If the limits lie within an acceptance interval of 80.00 - 125.00%, then bioequivalence could be concluded, no second stage required based on the assessment of this parameter.

In case the second stage will also be performed, then for the combined data:
The 94.12% confidence interval of the geometric mean TEST/REFERENCE ratios obtained for $\text{AUC}_\text{O-t}$ and $C_{\text{max}}$ parameters (of the combined stages) must lie within an acceptance interval of 80.00 - 125.00% to conclude for bioequivalence.

**The pharmacokinetic results are presented below:**

<table>
<thead>
<tr>
<th>Reference treatment</th>
<th>$C_{\text{max}}$ (ng/ml)</th>
<th>$T_{\text{max}}$ (hours)</th>
<th>$\text{AUC}_\text{O-t}$ (ng/ml*hr)</th>
<th>$\text{AUC}_\text{O-inf}$ (ng/ml*hr)</th>
<th>$\text{AUC%extra}$ (%)</th>
<th>THALF (hours)</th>
<th>MRT (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1575.819</td>
<td>1.0420</td>
<td>4260.724</td>
<td>4594.673</td>
<td>7.684</td>
<td>5.676</td>
<td>6.046</td>
</tr>
<tr>
<td>SD</td>
<td>625.007</td>
<td>0.766</td>
<td>2409.697</td>
<td>2571.037</td>
<td>2.964</td>
<td>2.094</td>
<td>1.860</td>
</tr>
<tr>
<td>CV</td>
<td>39.662</td>
<td>73.559</td>
<td>56.556</td>
<td>55.957</td>
<td>38.582</td>
<td>36.888</td>
<td>30.766</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test treatment</th>
<th>$C_{\text{max}}$ (ng/ml)</th>
<th>$T_{\text{max}}$ (hours)</th>
<th>$\text{AUC}_\text{O-t}$ (ng/ml*hr)</th>
<th>$\text{AUC}_\text{O-inf}$ (ng/ml*hr)</th>
<th>$\text{AUC%extra}$ (%)</th>
<th>THALF (hours)</th>
<th>MRT (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1504.129</td>
<td>1.018</td>
<td>4386.317</td>
<td>4754.123</td>
<td>7.723</td>
<td>5.638</td>
<td>6.145</td>
</tr>
<tr>
<td>SD</td>
<td>487.884</td>
<td>0.682</td>
<td>2361.970</td>
<td>2585.506</td>
<td>2.999</td>
<td>1.877</td>
<td>2.169</td>
</tr>
<tr>
<td>CV</td>
<td>32.436</td>
<td>66.993</td>
<td>53.849</td>
<td>54.384</td>
<td>38.831</td>
<td>33.297</td>
<td>35.298</td>
</tr>
</tbody>
</table>

### Conclusion

Bioequivalence criteria was met as the 90% confidence interval (CI) lie entirely in 80.00%-125.00% range for all pharmacokinetic parameters however power = 52.7% for $C_{\text{max}}$. Therefore the 94.12% confidence intervals for the first stage was calculated and compared with 80.00-125.00% acceptance interval for $C_{\text{max}}$. The 94.12 % CI was found to be within 80.00-125.00% range for $C_{\text{max}}$.

Since the bioequivalence criteria was met (94.12% CI lie entirely in 80.00%-125.00% range for $C_{\text{max}}$ and 90% CI for $\text{AUC}_\text{O-t}$ was within 80.00%-125.00% range); bioequivalence was concluded at the first stage at 5% level of significance, and the decision was taken that the second stage was not needed.
The 90% confidence interval for the ratio of the AUC for voriconazole lie within the acceptance criteria of 80-125% and the 94.12% confidence of the C-max for voriconazole (administered under fasting conditions) lie within the acceptance criteria of 80-125% in line with the ‘Guideline on the Investigation of Bioequivalence (CPMP/EWP/QWP/1401/98 Rev 1/Corr**). Therefore, bioequivalence was demonstrated after a single dose administration of two formulations of voriconazole under fasting conditions. Thus, the data support the claim that the applicant’s test product is bioequivalent to the reference product Vfend 200mg Film-coated Tablets (Pfizer Limited).

As the 50 mg and 200 mg strength test products meet the biowaiver criteria specified in the current bioequivalence guidance, the results and conclusions of the bioequivalence study with the 200 mg tablet strength can be extrapolated to the 50 mg strength tablet.

IV.3 Pharmacodynamics
No new pharmacodynamic data were submitted and none were required for an application of this type.

IV.4 Clinical efficacy
No new efficacy data were submitted and none were required for an application of this type.

IV.5 Clinical safety
No new safety data were submitted and none were required for these applications.

IV.6 Risk Management Plan (RMP) and Pharmacovigilance System
The marketing authorisation holder (MAH) has submitted a risk management plan (RMP), in accordance with the requirements of Directive 2001/83/EC as amended, describing the pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to Voriconazole Tablets.

A summary of safety concerns and planned risk minimisation activities, as approved in the RMP, are listed below:

Summary table of safety concerns:

<table>
<thead>
<tr>
<th>Summary of safety concerns</th>
<th>Important identified risks</th>
<th>Important potential risks</th>
<th>Missing information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Hepatic toxicity</td>
<td>• Skin cancers (non-SCC)</td>
<td>• Effects in pregnancy</td>
</tr>
<tr>
<td></td>
<td>• QTc prolongation</td>
<td>• Peripheral neuropathy</td>
<td>• Effects in paediatrics</td>
</tr>
<tr>
<td></td>
<td>• Visual events (including optic neuritis,</td>
<td>• Squamous cell carcinoma (SCC)</td>
<td>• Off-label use</td>
</tr>
<tr>
<td></td>
<td>papilloedema and other visual concerns)</td>
<td></td>
<td>• Resistance</td>
</tr>
<tr>
<td></td>
<td>• Phototoxicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Peripheral neuropathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Squamous cell carcinoma (SCC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Summary table of risk minimisation measures:

<table>
<thead>
<tr>
<th>Safety concern</th>
<th>Routine risk minimisation measures</th>
<th>Additional risk minimisation measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatic toxicity</td>
<td>The relevant information is described in the proposed <a href="#">SmPC Sections</a> 4.4 Posology and method of administration 4.4 Special warnings and precautions for use 4.8 Undesirable effects 5.2 Pharmacokinetic properties 5.3 Preclinical safety data <a href="#">PIL Sections</a> 2 &amp; 4</td>
<td>Educational / communication materials for HCPs</td>
</tr>
<tr>
<td>QTC prolongation</td>
<td>The relevant information is described in the proposed <a href="#">SmPC Sections</a> 4.3 Contraindications</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Safety concern</td>
<td>Routine risk minimisation measures</td>
<td>Additional risk minimisation measures</td>
</tr>
<tr>
<td></td>
<td>4.4 Special Warnings and Precautions for Use 4.5 Interaction with other medicinal products and other forms of interaction 4.8 Undesirable effects <a href="#">PIL Sections</a> 2 &amp; 4</td>
<td></td>
</tr>
<tr>
<td>Visual events (including optic neuritis, papilloedema and other visual concerns)</td>
<td>The relevant information is described in the proposed <a href="#">SmPC Sections</a> 4.4 Special warnings and precautions for use 4.8 Undesirable effects <a href="#">PIL Section 4</a>.</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Phototoxicity</td>
<td>The relevant information is described in the proposed <a href="#">SmPC Sections</a> 4.4 Special warnings and precautions for use 4.8 Undesirable effects <a href="#">PIL Sections</a> 2 &amp; 4.</td>
<td>Educational / communication materials for HCPs and patients</td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>The relevant information is described in the proposed <a href="#">SmPC Section</a> 4.8 Undesirable effects <a href="#">PIL Section 4</a>.</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
### IV.7 Discussion on the clinical aspects
The grant of marketing authorisations is recommended for these applications.

### V User consultation
The package leaflet has been evaluated via a user consultation study in accordance with the requirements of Articles 59(3) and 61(1) of Directive 2001/83/EC. The language used for the purpose of user testing the PIL was English.
The results show that the package leaflet meets the criteria for readability as set out in the Guideline on the readability of the label and package leaflet of medicinal products for human use.

### VI Overall conclusion, benefit/risk assessment and recommendation
The quality of the product is acceptable, and no new non-clinical or clinical safety concerns have been identified. Extensive clinical experience with voriconazole is considered to have demonstrated the therapeutic value of the compound. The benefit-risk assessment is, therefore, considered to be positive.
Summary of Product Characteristics (SmPC), Patient Information Leaflet (PIL) and Labels

In accordance with Directive 2010/84/EU the Summaries of Product Characteristics (SmPC) and Patient Information Leaflets (PIL) for products granted Marketing Authorisations at a national level are available on the MHRA website.

The approved labelling for this medicine is presented below:
PAR Voriconazole 50 mg and 200 mg film-coated tablets

Marketing Authorisation Holder
Secucare Pharma Limited
47 Bloomfield Close, Knaphill, Woking, Surrey,
GU21 3LL, United Kingdom
PL 43801/0036-37

Each film-coated tablet contains 200 mg voriconazole.
This product does not require any special storage conditions.

Braille Text:
Voriconazole
#200mg film-coated tablets

Batch No./EXP will be printed/embossed during production

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