

## Safety of Voriconazole in a Patient with *CYP2C9\*2/CYP2C9\*2* Genotype

Voriconazole, a broad-spectrum triazole antifungal agent, is well absorbed, with a high oral bioavailability of 96% (6). Maximal plasma concentrations are observed 1 to 2 h after drug administration. The volume of distribution is estimated to be 4.6 liters/kg, and the plasma protein binding is 58%. A terminal elimination half-life ( $t_{1/2}$ ) of 8 h in *CYP2C19* extensive metabolizers (EMs) and a  $t_{1/2}$  of 15 h in *CYP2C19* poor metabolizers (PMs) were reported (4). Due to a possible saturation of metabolism, voriconazole exhibits nonlinear pharmacokinetics (6). The main metabolite is voriconazole N oxide, which is formed by *CYP2C19*, *CYP3A4*, and to a lesser extent *CYP2C9* (2).

*CYP2C19* is a polymorphically expressed enzyme, with 2.2% of the Caucasian population being PMs (9) with a genetically determined absence of active enzyme. It is known that voriconazole pharmacokinetics are substantially influenced by the *CYP2C19* genotype (4, 7). A reduction of voriconazole metabolic clearance in PMs of *CYP2C19* is expected; data published so far indicate approximately threefold higher voriconazole area-under-the-concentration-time-curve or maximum-concentration-of-drug-in-serum values in *CYP2C19* PMs than in homozygous EMs (4, 7).

Two common allelic variants of *CYP2C9* have a markedly reduced catalytic activity (about 20% for *CYP2C9\*2* and less than 10% for *CYP2C9\*3*) compared with that of the wild-type enzyme (*CYP2C9\*1*) (3). Accordingly, PMs have an impaired metabolism of phenytoin, tolbutamide, glipizide, and warfarin, although PMs are very uncommon (0.2 to 1.0% of Caucasians but essentially 0% of Southeast Asians) (10). So far no in vivo data are available on the influence of *CYP2C9* genetic polymorphism on voriconazole pharmacokinetics.

An ongoing study on the pharmacokinetics of voriconazole patients included those who had received their oral loading dose of voriconazole (400 mg) as a regular therapeutic drug treatment during hospitalization and a 12-h (dosing interval) pharmacokinetic profile after the first dose was obtained. We identified one Caucasian patient as a homozygous carrier of the *CYP2C9\*2* allele, using an established genotyping method using real-time fluorescence PCR on a LightCycler (Roche, Mannheim, Germany) (1). Additionally, the *CYP2C19* genotype was also determined, which was homozygous for the wild-type allele (*CYP2C19\*1/CYP2C19\*1*). Plasma voriconazole concentrations were determined in the reference laboratory at Heidelberg University using a fully validated high-pressure liquid chromatography (HPLC) assay as described elsewhere (5, 8). Noncompartmental pharmacokinetic parameters were calculated using WinNonlin 4.1 (Pharsight, Mountain View, CA).

We compared the obtained pharmacokinetic parameters with those from an earlier study with volunteers whose *CYP2C9* and *CYP2C19* genotypes were characterized (4). In our patient, the apparent oral clearance (Cl/F), area under the concentration-time curve from zero hours to infinity ( $AUC_{0-\infty}$ ), volume of distribution ( $V_z$ ), and  $t_{1/2}$  values for voriconazole were not different from those of *CYP2C9* EMs who were also *CYP2C19* EMs after a single oral dose of 400 mg voriconazole (4) (shown in Table 1).

A conclusion could be that a reduced-metabolizer status of *CYP2C9*, and therefore low catalytic activity of the en-

TABLE 1. Pharmacokinetic parameters after administration of 400 mg voriconazole as a single oral dose in a *CYP2C9\*2/CYP2C9\*2* patient (*CYP2C19* homozygous EM) compared to results for eight *CYP2C9* EM healthy volunteers (*CYP2C19* homozygous EM)

Patient or group	$AUC_{0-\infty}$ ( $\mu\text{g} \cdot \text{h/ml}$ )	$V_z$ (liters/kg)	Cl/F (ml/min)	Cl/F (ml/min/kg)	$t_{1/2}$ (h)
<i>CYP2C9*2*2</i> subject	16.61	3.51	401	6.68	6.05
<i>CYP2C9</i> EM subjects <sup>a</sup>	16.52 $\pm$ 7.21	4.38 $\pm$ 1.73	463 $\pm$ 168	6.34 $\pm$ 2.47	8.11 $\pm$ 1.35

<sup>a</sup> Results for the *CYP2C9* EM group are expressed as means  $\pm$  standard deviations.

zyme, does not alter the pharmacokinetics of voriconazole. From our data it can be supported that *CYP2C9* plays only a minor role in the elimination (metabolism) of voriconazole.

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