

Isavuconazonium sulfate (Cresemba™)

Spectrum of Activity:

- Isavuconazonium sulfate (Isavuconazole) has broad coverage against *Candida*, *Aspergillus*, dimorphic fungi, *Fusarium* spp., as well as Zygomycetes (e.g. mucor)

Acceptable uses

- Mucormycosis
 - Sequential therapy following induction with amphotericin B
- Treatment or prophylaxis of invasive fungal infections in patients with an absolute contraindication to other azoles
 - Prolonged QTcF > 500
 - Interactions: sirolimus, arsenic
 - Inclusion in a clinical trial prohibiting strong CYP3A4 inhibitors
- Treatment or prophylaxis of invasive fungal infections in patients with a relative contraindication to other azoles
 - Apixaban for treatment of VTE
 - Amiodarone in combination with a QTcF >450
 - Other drug interactions can be considered on a case-by-case basis based on risk vs. benefit
 - Unable to tolerate Posaconazole or voriconazole

Unacceptable uses

- Should be avoided in pregnancy

Requirements

- A test claim must be processed in all new starts to ensure the patient will be able to afford isavuconazonium sulfate on discharge
- Isavuconazonium sulfate is restricted to infectious disease services

Dosing

- Loading dose: 372 mg IV/PO q8h x 6 doses
- Maintenance dose: 372 mg IV/PO q24h (beginning 12-24 hrs after loading dose)
 - 372 mg isavuconazonium sulfate contains 200mg isavuconazole
- Formulations:
 - Capsule
 - Highly bioavailable. Absorption is not impacted by acid or food.
 - IV
 - No cyclodextrin
- Dose Adjustments:
 - Renal: no dosing adjustments recommended
 - Hepatic Impairment:
 - Mild to Moderate (Child-Pugh A/B): reduction of maintenance dose to 100mg daily recommended
 - Severe (Child-Pugh C): Risk versus benefit must be weighed. Contact ID pharmacist for dosing recommendation.

Monitoring

- Adverse Reactions: Nausea, vomiting, diarrhea, elevated LFTs, *shortened* QTc
- Labs/Tests: AST/ALT at baseline and every 1-2 weeks after, baseline ECG