

## Itraconazole (Sporanox™)

### **Spectrum of Activity:**

- Itraconazole has antifungal coverage against most Candida as well as endemic and dimorphic fungi
- Minimal activity against Aspergillus spp.
- Coverage gaps:
  - Diminished activity against Candida krusei and glabrata spp.

### **Acceptable uses**

- Treatment
  - Blastomycosis
  - Histoplasmosis

### **Unacceptable uses**

- Should be avoided in pregnancy
- Caution in setting of decompensated CHF

### **Dosing**

- Standard: 200-400mg/d
  - For life threatening infections, use loading dose of 200mg 3 times daily (600mg/d) for 3 days, followed by a maintenance dose of 200mg PO twice daily.
- Formulations
  - Dosing is equivalent for capsules and oral solution but solution is better absorbed
  - Capsule:
    - Absorption requires acidic environment (Do not administer with H2 receptor antagonists or proton pump inhibitors)
    - Administer an acidic beverage or after a full meal
  - Solution (preferred):
    - Administer on an empty stomach without concern for acid
- Therapeutic Drug Monitoring
  - Obtain trough level 5-7 days after initiation of therapy
  - Goal trough: >0.5-1 mcg/ml (itraconazole level)
    - Troughs > 3 mcg/ml have been associated with increased toxicity
- Dose Adjustments:
  - No dosing adjustments recommended for renal or hepatic impairment

### **Monitoring**

- Black Box Warning: negative inotropic effect may worsen or cause congestive heart failure
- Adverse Reactions: Nausea, abdominal discomfort, elevated LFTs, hypertension, hypokalemia, edema (use caution in heart failure), rash, prolonged QTc
- Lab/Tests: AST/ALT at baseline and every 1-2 weeks, baseline ECG

Drug interactions: As a CYP-enzyme inhibitor, itraconazole has significant drug interactions including oral anticoagulants, anti-epileptics, anti-arrhythmics, SSRIs, antipsychotics, and immunosuppressants.

Concurrent treatment with vinca alkaloids should be avoided.