Isavuconazole intravenous for adults

Who can administer

May be administered by registered competent doctor or nurse

Important information

- **Reserve antimicrobial:** Restricted for indications in the antimicrobial prescribing guidelines, or following approval by microbiology/infectious diseases
- Isavuconazole is usually administered as **six loading doses** followed by a less frequent maintenance dose. Double check the correct dose is prescribed
- **QT-interval** shortening possible - refer to SPC
- **There are numerous important interactions -** check BNF or current SPC
- Consider intravenous to oral switch as soon as possible as excellent bioavailability (98%)
- See under Monitoring re **Infusion related reactions**

Available preparations

Cresemba 200mg vial

Reconstitution

Water for injections

- Add 5ml water for injections to each 200mg vial
- **Dilute further prior to administration**

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Important: Low pH- Consider using largest vein possible and monitor patient closely for phlebitis/extravasation (ref 2)

Intermittent Intravenous infusion

- Add 200mg to 250ml infusion fluid
- The diluted solution should be mixed gently, or the bag should be rolled to minimise the formation of particulates. **Unnecessary vibration or vigorous shaking of the solution should be avoided**
- Administer using an in-line filter (0.2Âµm to 1.2Âµm) made of polyether sulfone (PES) (eg Braun filter 0.2Âµm 0409 9303)
- Administer over at least 60 minutes

Dose in adults

Loading dose

- Give 200mg every 8 hours for the first 48 hours (ie. **six loading doses)**

Maintenance dose

- Give 200mg every 24 hours, beginning 12 to 24 hours after the last loading dose
- Duration of therapy should be determined by the clinical response
- For long-term treatment beyond 6 months, the benefit-risk balance should be carefully considered

Renal impairment

- No dose adjustment is necessary in patients with renal impairment, including patients with end-stage renal disease

Hepatic impairment

- No dose adjustment is necessary in patients with mild or moderate hepatic impairment (Child-Pugh Classes A/B)
- Isavuconazole has not been studied in patients with severe hepatic impairment. Use in these patients is not recommended unless the potential benefit is considered to outweigh the risks

Monitoring

- Elevated liver transaminases have been reported in clinical studies of isavuconazole. Elevations in liver transaminases rarely require discontinuation of isavuconazole. Monitoring of hepatic enzymes should be considered, as clinically indicated
- **Infusion related reaction** include hypotension, dizziness, dypsnoea, parasthesia, nausea and headache. Severe cutaneous reactions have also been reported. Stop infusion if this occurs.

Storage

Store in a refrigerator 2-8^{0}C

References

(1) SPC 04/2021

(2) Medusa guideline on isavuconazole 9th Nov 2021

Therapeutic classification

Antifungal agent