

**MICONAZOLE—BUCCAL** (*Oravig*) **Oropharyngeal candidiasis**, age 16 yo and older: Apply 50 mg buccal tab to gums once daily for 14 days. Increased INR with warfarin. CYP3A4 inhibitor. [Trade only: Buccal tabs 50 mg.] ▶L ♀C ▶? \$\$\$\$\$

**POSACONAZOLE** (*Noxafil*, *Posanol*) Consider therapeutic drug monitoring. **Prevention of invasive Aspergillus or Candida infection**. Susp, age 13 yo or older: 200 mg (5 mL) PO three times per day with meals. Delayed-release tabs, age 13 yo or older: Load with 300 mg PO two times per day on day 1, then 300 mg PO once daily taken with food. Injection, age 18 yo or older: Load with 300 mg IV two times per day on day 1, then 300 mg IV once daily. Can infuse 1st dose over 30 min by peripheral line; infuse additional doses over 90 min by central venous line or peripherally inserted central catheter. **Susp for oropharyngeal candidiasis**, age 13 yo or older: Load with 100 mg (2.5 mL) PO two times on day 1, then 100 mg PO once daily for 13 days. **Susp for oropharyngeal candidiasis resistant to itraconazole/ fluconazole**, age 13 yo or older: 400 mg (10 mL) PO two times per day. Take susp with full meal or liquid nutritional supplement. Susp and delayed-release tabs not interchangeable. Strong CYP3A4 inhibitor. [Trade only: Delayed-release tabs 100 mg. Oral susp 40 mg/mL (105 mL).] ▶Glucuronidation ♀C ▶— \$\$\$\$\$

**VORICONAZOLE** (*Vfend*) Therapeutic drug monitoring recommended. **Invasive aspergillosis, systemic Candida infections**, adults and age 12 yo and older with wt 50 kg or greater: 6 mg/kg IV q 12 h for 2 doses, then 3 to 4 mg/kg IV q 12 h (use 4 mg/kg for aspergillosis). **Esophageal candidiasis or maintenance therapy of aspergillosis/candidiasis**: 200 mg PO two times per day. For wt less than 40 kg, reduce to 100 mg PO two times per day. Dosage adjustment for efavirenz: Voriconazole 400 mg PO two times per day with efavirenz 300 mg PO once daily (use caps). **Invasive aspergillosis, systemic Candida infections**, age 2 to 11 yo and age 12 to 14 yo with wt less than 50 kg: 9 mg/kg IV q 12 h for 2 doses, then 8 mg/kg IV q 12 h. After 1 week and clinical improvement, convert to 9 mg/kg (max 350 mg) PO q 12 h. Take tabs or susp 1 h before or after meals. Strong CYP3A4 inhibitor. Many drug interactions. [Generic/Trade: Tabs 50, 200 mg (contains lactose). Susp 40 mg/mL (75 mL).] ▶L ♀X/?/? ▶? \$\$\$\$\$

### Antifungal Agents—Echinocandins

**ANIDULAFUNGIN** (*Eraxis*) **Candidemia**: 200 mg IV load on day 1, then 100 mg IV once daily. **Esophageal candidiasis**: 100 mg IV load on day 1, then 50 mg IV once daily. Max infusion rate of 1.1 mg/min to prevent histamine reactions. ▶Degraded chemically ♀/?/?/? ▶? \$\$\$\$\$

**CASPOFUNGIN** (*Cancidas*) Infuse IV over 1 h. **Aspergillosis, candidemia, empiric therapy in febrile neutropenia**: Load with 70 mg IV on day 1, then 50 mg once daily. **Esophageal candidiasis**: 50 mg IV once daily. Peds, age 3 mo and older: Load with 70 mg/m<sup>2</sup> IV on day 1, then 50 mg/m<sup>2</sup> once daily (max of 70 mg/day). ▶KL ♀C ▶? \$\$\$\$\$

**MICAFUNGIN** (*Mycamine*) **Esophageal candidiasis**, age 4 mo or older: 3 mg/kg IV once daily for wt 30 kg or less; 2.5 mg/kg IV up to 150 mg once daily for wt greater than 30 kg. **Candidemia, acute disseminated candidiasis, Candida peritonitis/**

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