Caspofungin

Aspergillosis

Acceptable uses

- Infusional toxicity or acute renal failure on ABLC and intolerance to voriconazole defined as serious hepatotoxicity, persistent visual disturbance, or allergic reaction.
- Refractory disease for use in combination with voriconazole or ABLC for **definite** or **probable** invasive pulmonary aspergillosis in patients who are refractory to voriconazole or ABLC alone (ID consult advised)

Unacceptable uses

- Caspofungin alone or in combination with other antifungal agents is not recommended for empiric therapy in patients with CT findings suggestive of aspergillosis (e.g., **possible** aspergillosis) without plans for diagnostic studies
- Caspofungin does not have good *in vitro* activity against zygomycoses (Mucor, Rhizopus, Cunninghamella, etc.)

Candidiasis

Acceptable uses

- Treatment of invasive candidiasis due to *C. glabrata* or *C. krusei*
- Treatment of invasive candidiasis in patients who are NOT clinically stable due to candidemia or have received prior long-term azole therapy.
- Alternative treatment of recurrent esophageal candidiasis
- Alternative treatment of endocarditis

Unacceptable uses

- Caspofungin has poor penetration into the CNS and urinary tract. It should be avoided for infections involving those sites. Positive urine cultures for resistant *Candida* in catheterized patients usually represent colonization and should not be treated with caspofungin.
- Monotherapy for zygomycoses (Mucor, Rhizopus, etc.)

Neutropenic Fever

- Caspofungin can be used for neutropenic fever in patients who are not suspected to have aspergillosis or zygomycosis

Dose

- 70 mg IV once, then 50 mg IV daily

Toxicity

- Infusion-realted reactions (rash, pruritis), phlebitis, headache, nausea and vomiting, elevations in hepatic enzymes
- Monitoring: AST/ALT/bilirubin at baseline and every 1-2 weeks