**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.