

**VANCOUVER HOSPITAL & HEALTH SCIENCES CENTRE
CSU PHARMACEUTICAL SCIENCES
INVESTIGATIONAL DRUG DATA SHEET**

DRUG NAME

Itraconazole

ALTERNATE NAME

Sporanox™

MANUFACTURER

Janssen

STRENGTH

10mg/mL x 25mL amp

DOSAGE FORM

IV infusion

INDICATIONS

- broad spectrum oral antifungal agent belonging to the class of triazoles
- used for prophylaxis and therapy of fungal infections in immunocompromised patients reserved when first-line systemic antifungal therapy is inappropriate or has proved ineffective

DOSAGE AND ADMINISTRATION

- 200mg (60ml) used over one hour BID as a loading dose x 2 days, followed by 200mg IV daily over one hour for 5-12 more days

Preparation: Add the entire volume (25 mL) of the amp to the supplied infusion bag (50 ml)

Administration:

- FLUSH the filter and extension tubing with 5-10 mL NS via the 2 way stop cock
- Connect 2-way stop cock to infusion pump extension line
- Push pin of the infusion set into the flexible port of the infusion bag
- Administer 60 mL (200mg) of the solution over 1 hour
- FLUSH with NS following administration of itraconazole
- ONLY flush with NS through the 2 way stop cock

KNOWN SIDE EFFECTS*

- nausea, headache, skin rash, vomiting, abdominal pain and diarrhea have been reported
- reversible changes in liver function tests and hepatitis have occurred
- dyspnea, pulmonary edema, coughing and peripheral neuropathy have also been reported

SPECIAL PRECAUTIONS

- itraconazole 10mg/mL solution also contains hydroxypropyl- β -cyclodextrin which is eliminated through gomerular filtration, therefore avoid in patients with creatinine clearance <30mL/min
- the concurrent use of terfenadine, astemizole, quinidine, pimozide, oral midazolam, triazolam, cisapride, and CYP3A4 metabolized HMG-COA reductase inhibitors (simvastatin, lovastatin) is contra-indicated. Co-administration with other drugs metabolised by the cytochrome 3A family should be closely monitored. Eg: oral anticoagulants, CYP3A4 metabolised calcium channel blockers.
- enzyme-inducing drugs such as phenytoin, isoniazid, carbamazepine, rifampin, and rifabutin reduce the bioavailability of itraconazole while potent inhibitors of the CYP3A4 enzyme such as ritonavir, indinavir, and clarithromycin may increase the bioavailability of itraconazole.

*** REPORT ANY ADVERSE DRUG REACTIONS TO THE PHARMACY**