

# Caspofungin (Cancidas®)

IV Only

Use Requires Formal ID Consult

## Criteria for Use:

### **Invasive Aspergillosis:**

- Patients refractory to or who cannot tolerate conventional amphotericin B deoxycholate, liposomal amphotericin B, voriconazole, or isavuconazole
- Monotherapy is not routinely recommended and should be given in combination with voriconazole or amphotericin B in patients with documented invasive aspergillosis

### **Systemic *Candida* infections:**

- Systemic *Candida* infections secondary to *C. glabrata* or *C. kruseii* and other non-*Candida albicans* (pending fluconazole susceptibility testing)
- Patients unable to tolerate conventional amphotericin B or patients with concomitant renal insufficiency as per liposomal amphotericin B guidelines
- Patients unable to tolerate fluconazole as defined by a serious rash, tripling of baseline LFTs, or other adverse reaction
- Empiric use until non-*albicans* is confirmed

## Dosing in Adults:

- Standard dose: 70 mg IV x1, then 50 mg IV Q24H
- No renal dose adjustment
- Hepatic dose adjustment:
  - Moderate hepatic impairment: 70 mg IV x1, then 35 mg IV Q24H
- Patients receiving rifampin or phenytoin:
  - Consider 70 mg IV Q24H (due to enzyme induction effect)

## Monitoring:

- Aspartate aminotransferase (AST)/ Alanine aminotransferase (ALT) at baseline and weekly

ALT= Alanine aminotransferase; AST= Aspartate aminotransferase; H= hour(s); ID= infectious diseases; IV= Intravenous; LFTs= Liver Function Tests; PO= by mouth; Q= every