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