

Antifungal agent	Formulation	Adult Dosing	Pediatric Dosing	Dosing comments	Drug interactions	Adverse Events
Itraconazole	PO: Solution (10 mg/mL); Capsules (100 mg); Super-bioavailable capsules (SUBA, 65 mg) IV*	Suspension and conventional capsule Loading: 200 mg three times daily for 3 days, followed by Maintenance: 200 mg every 12H [Maximum: 200 mg/dose] Some experts favor 200 mg q8H for individuals with HIV and CNS infection SUBA-itraconazole: 130 mg, three times daily for 3 days, followed by 130 mg once to twice daily ^{1,2} [Maximum SUBA dose: 260 mg/day]	Loading: 2-5 mg/kg/dose every 8H for 3 days, followed by Maintenance: 2-5 mg/kg/dose every 12H [Maximum: 200 mg/dose]	Oral formulations are NOT interchangeable Solution is generally preferred because of improved absorption and bioavailability; should preferably be taken on an empty stomach Conventional capsule should be taken with full meal and acidic beverage SUBA-formulation is recommended to be taken with food Dosing adjustments should be based on TDM No dosing adjustments necessary for kidney or liver impairment (Pugh Class A to C); Non-dialyzable	Significant drug-drug interactions exist; drug interactions should be assessed before beginning therapy and monitored throughout given that itraconazole is a major substrate and inhibitor of CYP3A4 and inhibitor of P-glycoprotein ³	• Gastrointestinal⁴ • Dermatologic • Cardiovascular (new/worsening hypertension⁵, heart failure^{6,7,8} (boxed warning), prolonged QTc and other dysrhythmias); may be dose-related • Hepatotoxicity⁹ • Immediate hypersensitivity reactions (not dose-related) • Metabolic (hypokalemia, pseudoaldosteronism) • Nervous system (peripheral neuropathy, hearing loss, somnolence) Azoles should be avoided in first trimester of pregnancy
Liposomal Amphotericin B (L-AmB)	IV	3-5 mg/kg daily	3-5 mg/kg daily	No dosing adjustments necessary for liver (Pugh Class A to C) or kidney	May enhance effects of	• Cardiovascular (chest pain, edema, hypo-/hypertension, tachycardia)
Preferred amphotericin B formulation		5 mg/kg daily for CNS infections	5 mg/kg daily for CNS infections	impairment, including various dialysis modalities In patients with obesity, adjusted or actual body weight may be used with a suggested maximum dosing weight of 100 kg (lexi-comp) ^{10,11}	other agents causing nephrotoxicity May enhance hypotensive effects of blood-pressure lowering agents	• Dermatologic (pruritis, rash) • Endocrine & metabolism (hypoglycemia, hypokalemia, hypomagnesemia, hypocalcemia, hyponatremia) • Gastrointestinal⁴ • Hepatotoxicity • Hypersensitivity reactions (infusion-related)¹² • Nervous system (anxiety, confusion, headache, insomnia, rigors) • Renal (increased serum creatinine, increased BUN, nephrotoxicity)¹² • Respiratory (pleural effusion, cough, epistaxis) Better tolerated than Amphotericin B deoxycholate, particularly with regards to infusion-related reactions and nephrotoxicity
Amphotericin B deoxycholate Possible alternative when lipid formulations are unavailable and the patient is at low risk for nephrotoxicity	IV	0.7-1 mg/kg daily	0.7-1 mg/kg daily Do not exceed 1.5 mg/kg/day	No dosing adjustments necessary for liver (Pugh Class A to C) or kidney impairment, including various dialysis modalities In patients with obesity, adjusted or actual body weight may be used with a suggested maximum dose of 150 mg ^{10,11}	May enhance effects of other agents causing nephrotoxicity May enhance hypotensive effects of blood-pressure lowering agents	Similar to liposomal above, but with additional warnings for infusion-related reactions and nephrotoxicity
					lowering agents May enhance hypokalemic effects of other agents	
Amphotericin B lipid complex (ABLC)	IV	3-5 mg/kg daily 5 mg/kg in severe or disseminated disease	5 mg/kg daily	No dosing adjustments necessary for liver (Pugh Class A to C) or kidney impairment, including various dialysis modalities In patients with obesity, adjusted or actual body weight may be used with a suggested maximum dose of 500 mg ^{10,11}	May enhance effects of other agents causing nephrotoxicity May enhance hypotensive effects of blood-pressure lowering agents	Similar to liposomal amphotericin B