



NEONATAL

CASPOFUNGIN




This document should be read in conjunction with this [DISCLAIMER](#)

Highly Restricted: Requires Microbiologist approval before commencing

Presentation	Vial: 50mg
Classification	Endocandin antifungal
Indication	Treatment of invasive fungal infections by susceptible fungi including <i>Aspergillus</i> and <i>Candida</i> who are refractory to or intolerant of other agents
Dose	<p><u>Severe Fungal Infection</u></p> <p>IV: 25mg/m² once daily Body Surface Area (BSA) estimation in neonates</p> <p>If the BSA cannot be calculated or is unreliable, the following regimen can be used in consultation with Microbiology: IV: 1-2mg/kg once daily</p>
Monitoring	<p>Monitor for histamine-related (allergic) reactions during administration</p> <p>Periodic measurement of serum potassium, calcium, and hepatic transaminases</p>
Dose Adjustment	<p>Consider dosage reduction in hepatic impairment</p> <p>No adjustments required for renal impairment</p>
Guidelines & Resources	WNHS Antimicrobial Restriction List

Compatible Fluids	Sodium chloride 0.9% Caspofungin is <u>NOT</u> compatible with Glucose
Preparation	<p>Allow vial to reach room temperature before reconstitution</p> <p>IV: available from CIVAS (KEMH & PCH)</p> <p>Step 1: Reconstitution</p> <p>Add 10.8mL of Sodium Chloride 0.9% to a 50mg vial. Do not shake vial. Gently rotate the vial until a clear solution is obtained.</p> <p>Concentration = 5mg/mL</p> <p>Do not administer without further dilution – see Step 2</p> <p>Step 2 Dilution</p> <p>Take 1mL (5mg) of the above solution and add 9mL of sodium chloride 0.9% to a final volume of 10mL</p> <p>Concentration is 5mg/10mL = <u>0.5mg/mL</u></p>
Administration	IV Infusion: Infuse over 60 minutes
Adverse Reactions	<p>Common: Nausea, vomiting, hypokalaemia, increased liver enzymes, skin reactions, fever, infusion site reaction</p> <p>Serious: Anaphylactic reactions, anaemia, ascites, bradycardia,</p>
Storage	<p>Vial: Refrigerate- do not freeze. Store at 2 to 8 °C.</p> <p>Reconstituted solution: Discard excess solution immediately after use</p>
Notes	Caspofungin is <u>NOT</u> compatible with Glucose
References	<p>Ainsworth SB. Neonatal formulary 7: drug use in pregnancy and the first year of life. Seventh ed. Chichester (West Sussex): John Wiley & Sons Inc.; 2015. 132-133.</p> <p>Phelps SJ, Hageman TM, Lee KR, Thompson AJ. Pediatric injectable drugs : the teddy bear book. Tenth ed. Bethesda (Maryland): American Society of Health-System Pharmacists; 2013. P 118</p> <p>Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index: a universal resource for clinicians treating pediatric and neonatal patients. 24th ed. Hudson (Ohio): Lexicomp; 2401. 2, p364-366.</p>

	<p>Society of Hospital Pharmacists of Australia. Caspofungin. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 Oct 2]. Available from: http://aidh.hcn.com.au</p> <p>Caspofungin. In British national formulary for children Joint Formulary Committee (September 2018-19) <i>BNF 74: September 2018-19</i>. London: Pharmaceutical Press</p> <p>Lilley L, Legge D. Paediatric injectable guidelines. 5th ed. Melbourne (Victoria): The Royal Children's Hospital; 2016.</p> <p>Filippi L, et al. Neonatal liver abscesses due to Candida infection effectively treated with caspofungin. <i>Acta Paediatrica</i> 2009; 98:901-9.</p>
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