USE OF ISAVUCONAZOLE IN PATIENTS WITH COVID19 IN AN INTENSIVE CARE UNIT

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BACKGROUND AND IMPORTANCE

Isavuconazole is a new antifungal triazole authorised for invasive aspergillosis and mucormycosis. It is a therapeutic alternative to voriconazole and liposomal amphotericin B for invasive aspergillosis, and to liposomal amphotericin B in mucormycosis.

AIM AND OBJECTIVES

To analyze prescription characteristics of isavuconazole in patients with SARS-CoV-2 in an Intensive Care Unit (ICU), as well as its effectiveness and safety.

MATERIALS AND METHODS

Cross sectional observational study was conducted (June 2020 – April 2021)

- Sex and age
- Comorbidities
- Co-infection with other pathogens in addition to SARS-CoV-2
- Type of therapy (empirical/targeted)
- Patient had previously received azole treatment

Efficacy:
- Duration of treatment
- Reasons for suspension
- Evolution after 30 days completion treatment

Safety:
- Adverse effects (AE)

RESULTS

- 33 patients (54.5% men) with mean age of 60.7 (35–77) years were evaluated.

Comorbidities:

- 48% Hypertension
- 19% Dyslipemia
- 13% Obesity
- 12% Diabetes
- 8% Others

- 32 (97%) had co-infections
- Mean of 1.8 (SD: 1.2) infections/patient

- 23 patients (69.7%) received isavuconazole as empirical therapy
- 10 (30.3%) as targeted

Causes for discontinuation of treatment:
- 7 patients (21.2%) due to negative culture
- 12 (36.4%) due to clinical improvement
- 14 (42.4%) due to death

After 30 days of treatment:
- 15 patients (45.5%) remained alive
- 18 (54.5%) died

6 AEs were recorded

Most implicated pathogens were:

- 8.70% A. fumigatus
- 11.60% C. albicans
- 18.80% A. baumanii
- 61% Others

CONCLUSION AND RELEVANCE

- In our study, most patients had comorbidities and co-infections in addition to SARS-CoV-2.
- Isavuconazole was prescribed mainly as empirical treatment of invasive aspergillosis. It was effective in approximately half of the patients, despite its high severity and clinical complexity. In addition, it was well tolerated in most cases.

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