Fluconazole Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- See Monitoring below
- Consider **intravenous to oral switch** as soon as possible as excellent bioavailability (use same dose orally).
- There are numerous **important interactions** - check current BNF
- See under 'Dose' for adjustments required in renal impairment

Available preparations

Fluconazole 200mg per 100ml

Other volumes may be available

Reconstitution

Already in solution

Infusion fluids

Not required - product ready for infusion

Methods of intravenous administration

Intermittent intravenous infusion

- **Administer at a maximum rate of 10ml per minute**
- Give 200mg over 10 to 30 minutes
- Give 400mg over 20 to 30 minutes

Dose in adults

Normal dose range

- From 50 to 400mg daily (higher loading dose - see below)
- In **life threatening infections**, the dose can be increased to 400mg twice daily (with Micro/ID involvement)

Cryptococcal infections (including meningitis)

- **Loading dose (day 1)**: give 400mg
- **Maintenance dose:** give 200mg to 400mg once daily, can be increased in life-threatening infections to 800mg daily (given as 400mg twice daily)

Invasive candidiasis

- **Loading dose (day 1):** give 400mg twice daily
- **Maintenance dose:** give 400mg once daily

Prevention of fungal infections in immunocompromised patients (usually given orally)

- Give as 50 to 400mg daily (adjusted according to risk)

Renal impairment *

eGFR (ml per minute/1.73m^2)	Dose
10 to 50 [ref 1,2]	1st dose: no dose adjustment required Subsequent doses: 50 to 100% of usual dose
Less than 10 [ref 1,2]	1st dose: no dose adjustment required Subsequent doses: 50% of usual dose
Renal replacement therapy	Consult pharmacy/specialist literature

*** Note on renal dose adjustment**

- The manufacturers recommend the normal dose for the 1st dose (loading) and then a 50% dose reduction for 2nd and subsequent doses when eGFR <50ml/minute/1.73m^2
- However, the Renal Drug Database [ref 2] recommend a dose reduction when GFR is < 10ml/minute
- **The severity of infection/clinical condition of the patient should guide prescribers** as to the level of reduction which is appropriate

Hepatic impairment: Use with caution due to limited data

Monitoring

- Monitor LFTs
- Stevens Johnson syndrome and Toxic epidermal necrolysis have been reported rarely with fluconazole
- Monitor QTc interval

Further information

- The SPC suggests a daily dose of 800mg in some situations - however it does not specifically state the rate and frequency at which these doses were given. Since **QT interval** prolongation has been reported consider giving as **400mg TWICE daily**[ref 3]

Storage

Store below 25^{0}C

References

Fluconazole (Braun) SPC March 2024

1. GUH anti-microbial guideline

2. Renal Drug Database accessed on line 6th March 2025

3. Local expert opinion March 2025

Therapeutic classification

Antifungal drugs