



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
micafungin

Effective Date: Mar12-2014

Revised Date: Jan 12 2022

CLASSIFICATION
Antifungal

OTHER NAMES
Mycamine

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ADMINISTRATION POLICY:

- IV Bolus** - Not recommended
- IV Infusion** - May be administered by a nurse **MINI-BAG PLUS COMPATIBLE**
- IM Injection** - Not recommended
- Subcutaneous** - Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 and 100 mg vials of lyophilized powder.

50 mg vial: Add 5 mL normal saline without preservative. Final concentration: 10 mg/mL

100 mg vial: Add 5 mL normal saline without preservative. Final concentration: 20 mg/mL

NOTE: Swirl vial gently to avoid excessive foaming. Do not shake vigorously.

IV Intermittent: **MINI-BAG PLUS COMPATIBLE**
Dilute prescribed dose in 100 mL normal saline. Infuse over 30 to 60 minutes.

DOSAGE:

Usual: 50 to 150 mg IV once daily

Maximum rate: Over 30 minutes

Maximum concentration: 2 mg/mL

Maximum single dose: 150 mg/day

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature (protect from light)

Compatibility: Compatible with normal saline, D5W, dextrose-saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Rapid infusions may produce facial swelling, itching, vasodilation, hypotension and shock (anaphylactoid)
- Local reactions: phlebitis, thrombophlebitis, pain on injection, rash, pruritis
- GI: diarrhea, nausea, vomiting, constipation, abdominal pain
- CNS: fever, headache, dizziness, rigors
- Hematologic: thrombocytopenia, neutropenia, anemia, leucopenia
- Metabolic: hypokalemia, hypomagnesemia
- Hepatic: elevated liver function tests (especially ALT), hyperbilirubinemia

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- No dosage adjustment required in renal dysfunction or in mild-moderate hepatic dysfunction