**Médico – Prueba de traducción**

Isavuconazole has several characteristics that provide additional benefits over voriconazole, the current standard of care for invasive aspergillosis and mucormycosis. A key advantage of isavuconazole over voriconazole is its breadth of antifungal activity, which makes it a more versatile option, particularly before confirmation of causative pathogen. Importantly, isavuconazole is active against Mucorales fungi, while voriconazole is not**.** This offers two key benefits. Firstly, since aspergillosis and mucormycosis can be difficult to distinguish, the use of isavuconazole provides physicians with the confidence that their aspergillosis patients are receiving appropriate coverage when Mucorales co-infection cannot be ruled out. Secondly, overuse of voriconazole has been linked with breakthrough mucormycosis; consequently, aspergillosis treatments with activity against Mucorales may help to reduce the risk of this type of incident. Thus, isavuconazole is a reliable treatment choice when *Aspergillus* and/or Mucorales infection is suspected.

Isavuconazole is also associated with a lower potential for drug-drug interactions than voriconazole, meaning it can be used in patients with multiple concomitant medications, who would be unable to receive voriconazole. This benefit is particularly relevant, given that most invasive fungal disease patients are severely ill and are therefore likely to be receiving drugs for underlying conditions, or immunosuppressants following a transplant. Of particular note is isavuconazole’s lower potential for interaction with the CYP3A4 substrates, ciclosporin, sirolimus and tacrolimus, which are immunosuppressants commonly used in solid-organ transplantation and graft-versus-host disease. Concomitant use of these drugs with voriconazole requires that the dose of ciclosporin be reduced by half, and the dose of tacrolimus be reduced by two thirds, while concomitant use of voriconazole and sirolimus is contraindicated.

Another factor that is important for the highly co-morbid invasive fungal disease population is the fact that, unlike voriconazole IV, isavuconazole’s IV formulation does not contain cyclodextrin. Cyclodextrin, which is used to solubilise voriconazole for IV administration, may accumulate in the kidney in renally impaired patients with repeated dosing; this can lead to potentially toxic effects on kidney and liver function. Consequently, voriconazole’s IV formulation carries restrictions for patients with moderate or severe renal impairment. However, isavuconazole is delivered as a water-soluble prodrug – isavuconazonium sulfate – meaning that it does not require cyclodextrin for IV administration, and can be administered to renally impaired patients without restriction (63).