

Valley Fever is an infection that is caused by a fungus that thrives in the alkaline desert soils of Arizona, Nevada, northern Mexico and California’s San Joaquin Valley¹. These species of fungi can be stirred into their air by anything that disrupts the soil including the Valley’s most recent dust storms. Generally Valley Fever is a self-limiting infection, but in more severe cases patients might require treatment with antifungal medications¹.

The most common antifungal medications used to treat severe or complicated cases of Valley Fever include fluconazole (Diflucan) and itraconazole (Sporanox). These medications are used to control the fungus, but may not irradiate the infection and relapses may occur. Generally these medications are well tolerated, but they many interfere with psychotropic medications.

If a behavioral health recipient is taking acute or long term treatments with medications the dosages of certain psychotropic medications should be monitored or changed. Below includes some of the psychotropics medications commonly used and identified interactions when used in combination with fluconazole or itraconazole. This list is not all inclusive and other interactions may be identified.

Both fluconazole has been noted to increase QTc intervals and when used in combinations with many psychotropic medications the therapy should be altered or the patient should be monitored closely. Additionally, fluconazole is a hepatic enzyme inhibitor for CYP3A4 and 2D6. Itraconazole is a potent inhibitor of CYP3A4 and these medications may significantly increase plasma concentrations of the psychotropic medication.

Level 1 interaction-Severe- Use of these medications together is contraindicated, but rare exceptions may exist.²

Medication	Interaction Detail
Haloperidol	<ul style="list-style-type: none"> Haloperidol has a causal association with QTc prolongation, and azole antifungals have been associated with QTC prolongation. Concomitant use is contraindicated. Increase haloperidol concentrations can be seen, so dosage adjustments may be required.
Mesoridazine	<ul style="list-style-type: none"> Both mesoridazine and azole antifungals have been associated with QTc prolongation. Concomitant use is contraindicated.
Orap	<ul style="list-style-type: none"> Pimozide has a causal association with QTc prolongation, and azole antifungals been associated with QTC prolongation. Concomitant use is contraindicated. Increases in pimozide concentrations can be seen due to CYP 3A4 inhibition with both fluconazole and itraconazole. Concomitant use is contraindicated.
Thioridazine	<ul style="list-style-type: none"> Both thioridazine and azole antifungalshave been associated with QTc prolongation. Concomitant use is contraindicated.
Geodon	<ul style="list-style-type: none"> Both ziprasidone and azole antifungals have been associated with QTc prolongation. Concomitant use is contraindicated. Increases in ziprasidone concentrations can be seen due to CYP 3A4 inhibition.
Benzodiazepines	<ul style="list-style-type: none"> Coadministration of itraconazole with certain BDZs (e.g. alprazolam, clorazepate, and diazepam) may result in excessive sedation or prolonged respiratory depression. Administration with alprazolam is contraindicated. Lorazepam, oxazepam, or temazepam are safer alternatives.

Level 2 interactions-Major- Combination of these medications may be contraindicated for select patients. Patient should be monitored.²

Medication	Interaction Detail
Amoxapine	<ul style="list-style-type: none"> Amoxapine has been associated with QTc prolongation, and azole antifungals have been associated with QTc prolongation. Closely monitor patient.
Abilify	<ul style="list-style-type: none"> Increase blood levels of aripiprazole are expected when utilized in combination of azole antifungals. Dosage adjustments may be required during and after treatment with these antifungals.
Clozapine	<ul style="list-style-type: none"> Clozapine may prolong the QT interval, and azole antifungals have been associated with QTc prolongation. Closely monitor patient. Additionally, fluconazole can increase the plasma concentration of clozapine. Monitor patient, and dosage adjustments may be required.
Fluphenazine	<ul style="list-style-type: none"> Fluphenazine has been associated with QTc prolongation, and azole antifungals have been associated with QTc prolongation. Closely monitor patient.
Perphenazine	<ul style="list-style-type: none"> Perphenazine has been associated with QTc prolongation, and azole antifungals have been associated with QTc prolongation. Closely monitor patient.
Quetiapine	<ul style="list-style-type: none"> Quetiapine has been associated with QTc prolongation, and azole antifungals have been associated with QTc prolongation. Closely monitor patient.
Tricyclic Antidepressants	<ul style="list-style-type: none"> TCAs have been associated with QTc prolongation, and azole antifungals have been associated with QTc prolongation. Closely monitor patient.
Venlafaxine	<ul style="list-style-type: none"> Venlafaxine has been associated with QTc prolongation, and azole antifungals have been associated with QTc prolongation. Closely monitor patient.