

Understanding invasive candidiasis

Information guide for patients
or carers of patients, receiving ▼rezafungin

This brochure contains information about rezafungin, which is used for the treatment of adults with invasive candidiasis. It does not replace the Patient Information Leaflet, which you should read alongside this information. If you have any questions about your treatment, talk to your healthcare team or refer to the Patient Information Leaflet.

Reporting of side effects: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/>.

By reporting side effects, you can help provide more information on the safety of this medicine.

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.

See <https://yellowcard.mhra.gov.uk/> for how to report side effects.



This guide is for adults who have invasive candidiasis (IC) or their carers.

Being told that you or somebody you care for has IC can be confusing. Rezafungin is a drug that has been prescribed for your treatment.

In this guide we'll help you understand the condition, and explain the role rezafungin has in your treatment.

This document is written in the second-person tense. If you are reading this as a carer, the information is addressed to the patient.

What is invasive candidiasis? (IC)

What is *Candida*?

Candida is a type of yeast fungus that normally lives on the skin and in places inside the body such as the gut, throat or genitals without causing problems.¹

But in individuals with certain underlying conditions, *Candida* can be the cause of serious infection. When *Candida* gets into the bloodstream, the condition is called **candidaemia**.²

Candida infection can spread from the bloodstream to other parts of the body such as the eyes, kidney, liver, brain, joints or other deep tissue or organ sites. This is called **invasive candidiasis**.³

How common is invasive candidiasis and candidaemia

Invasive candidiasis and candidaemia are the most common cause of potentially life-threatening⁴ fungal infection, accounting for 70% to 90% of all invasive fungal infections worldwide.⁴

There are many different species of *Candida* but only a few are known to cause infections.⁵

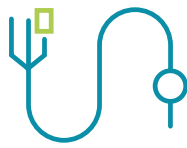
It is estimated that there are up to 700,000 cases globally each year.⁶



How do you get invasive candidiasis

You are probably asking yourself how and why this has happened? Most infections of invasive candidiasis occur when the *Candida* naturally occurring on the skin or in the gut enters the bloodstream after disruption to skin or the lining of the gastrointestinal tract.²

Some interventions that can be associated with invasive candidiasis include:²



Insertion of intravenous tube



Chemotherapy



Candidemia is a notable concern in hospitalised patients, with up to 10% of bloodstream hospital infections being caused by *Candida*^{7,8}

Of the Intensive Care Unit (ICU) patients who develop candidaemia, symptoms usually arise within 3 weeks of admission to the unit, particularly in people who are at a higher risk of infection⁸



You can get candidaemia outside of the hospital if you are sent home from hospital with a central venous catheter, or if receiving cancer or chemotherapy⁸

Who is at higher risk of getting *Candida* infections?

The risk of invasive candidiasis is increased in critically ill ICU patients or in people with a weakened immune system, such as those being treated for cancer or undergoing transplants.^{9,10} Some risks include:



**Renal impairment/
dialysis patient⁹**



Feeding tube⁹



**Use of mechanical
ventilation⁹**



**Use of antibiotics
during treatment for
bacterial infection⁹**



**Long hospital
and ICU stays⁹**



Increased age⁹



Central line⁹



**Rare *Candida* species
as a cause of infection¹⁰**



Sepsis⁹



Abdominal surgery⁹

Is it possible to ‘catch’ invasive candidiasis?

Invasive candidiasis is not usually transmitted from person to person, but it is occasionally possible.¹¹ This is why it is always necessary to ensure good hygiene and regular hand washing to prevent the spread of infections.¹²



How does rezafungin treat invasive candidiasis?

What is rezafungin and what is it used for?

What rezafungin is

Rezafungin belongs to a group of medicines called echinocandins, which are antifungals.¹³

What rezafungin is used for

This medicine is given to adults to treat invasive candidiasis, a serious fungal infection in your tissues or organs. This infection is caused by a fungus (a type of yeast) called *Candida*.¹³

How rezafungin works

This medicine makes fungal cells fragile and stops the fungus from growing. This stops the infection from spreading and gives the body's natural defences a chance to completely remove the infection.

What you need to know before you are given rezafungin

Rezafungin must not be given – if you are allergic to rezafungin, other echinocandins (such as capofungin, anidulafungin), or any of the other ingredients of this medicine (listed in the patient information leaflet).¹³

Warnings and precautions

Talk to your doctor, pharmacist or nurse before you are given rezafungin.

Effects on the liver

Your doctor may decide to monitor you for liver function more closely if you develop liver problems during your treatment.¹³

Infusion-related reactions

Your doctor may decide to monitor you during the infusion for signs of an infusion-related reaction which could include redness of the skin, sensation

of warmth, nausea (feeling sick), chest tightness. Your doctor may decide to slow down your infusion if an infusion-related reaction occurs.¹³

Light sensitivity

Rezafungin may also cause you to have higher sensitivity to sunlight or other forms of light. During your treatment, and for 7 days after you have been given the last dose of this medicine, you should avoid being out in the sun, or using artificial sun tanning lights, without protection like sunscreen.¹³

Other medicines and rezafungin

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.¹³

Pregnancy, breast-feeding and fertility

If you are pregnant or breast-feeding, or think you may be pregnant, ask your doctor or pharmacist for advice before taking this medicine. If you are a woman of childbearing potential, you may be advised by your doctor to use contraception during your therapy with rezafungin.¹³

The effect of rezafungin in pregnant or breast-feeding women is not known.¹³

Driving and using machines

This medicine is unlikely to affect your ability to drive or operate machinery.¹³

How is rezafungin given?

This medicine will always be prepared and given to you by a doctor or another healthcare professional, and is given through a tube in one of your veins (an infusion).¹³

What are rezafungin's side effects?



Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects - tell your doctor or another healthcare professional immediately should any of the following occur:¹³

- redness of the skin, sensation of warmth, nausea (feeling sick), chest tightness – you may be having an infusion-related reaction.

Other side effects

Very common (may affect more than 1 in 10 people):¹³

- diarrhoea
- low blood potassium level (hypokalaemia)
- fever (pyrexia)
- Decreased red blood cells (anaemia)

Common side effects (may affect up to 1 in 10 people):¹³

- low blood magnesium level (hypomagnesaemia)
- low blood phosphate level (hypophosphataemia)
- low blood pressure (hypotension)
- wheezing
- vomiting

- feeling sick (nausea)
- stomach (abdominal) pain
- constipation
- redness of the skin (erythema)
- rash
- increased blood levels of alkaline phosphatase, an enzyme (protein) made in the liver, bones, kidney and gut
- increased levels of liver enzymes (including alanine aminotransferase and aspartate aminotransferase)
- increased blood levels of bilirubin, a breakdown product of red blood cells

If you experience any side effects, even those not listed here, contact your doctor straight away.

Please see the Patient Information Leaflet for a full list of side effects

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If you miss a dose of rezafungin



As you will be given this medicine under close medical supervision, it is unlikely that a dose would be missed. However, if you miss an appointment to receive this medicine, contact your doctor or another healthcare professional as soon as possible to schedule a new appointment.¹³

If you stop using rezafungin

Your doctor will decide when to stop your treatment with this medicine. You should not experience any side effects after this.¹³

Recommended rezafungin dose



For use in adults, the treatment starts with 400 mg on the first day (loading dose). This will be followed by a dose of 200 mg on day 8 of your treatment and once weekly thereafter. Rezafungin should be given to you once a week, by slow infusion (a drip) into your vein. This will take at least 1 hour. Your doctor will determine how long the infusion time will be and may increase it to up to 3 hours to avoid infusion-related reactions.¹³ Your doctor will determine

how long you need to receive treatment based on your response to the medicine and your condition. In general, your treatment will continue for at least 14 days after the last day *Candida* was found in your blood. If symptoms of invasive candidiasis come back, tell your doctor or another healthcare professional immediately.¹³

If you have been given more rezafungin than you should



You should not receive this medicine more than once a week. If you are concerned that you may have been given too much rezafungin, tell your doctor or another healthcare professional immediately.¹³

If you have any further questions on the use of this medicine, ask your doctor, pharmacist, or nurse.¹³

References

Abbreviations: IC, invasive candidiasis; ICU, intensive care unit.

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