**Objectives**:

Isavuconazole in Mexico was approved as an orphan drug in the year  2019. Médica Sur hospital is a tertiary level hospital in Mexico City where we had the access to isavuconazole since its approval. We conduct a study of the use of isavuconazole measuring its effectiveness in real world clinical scenarios.

**Materials & Methods:**

We conducted a retrospective cohort from adult patients traeated with isavuconazol from the period of May 2019 to december 2024. The criteria for data collection were adult patients with diagnoses of probable and proven invasive fungal infection (IFI), which were classified according to the EORTC/MSG criteria for invasive aspergillosis, the ECMM/ISHAM criteria for the diagnosis of COVID-19-associated pulmonary aspergillosis, and the consensus definition from ESGCIP, EFISG, ESICM, ECMM, MSGERC, ISAC and ISHAM for invasive fungal infections in ICU patients, as outlined in the FUNDICU guidelines. Demographic data, including age, gender, and medical history, were recorded. The indication for isavuconazole use (treatment or prophylaxis) was also documented, along with data on patient outcomes, including fatalities

**Results**:

24 patients were enrolled after met the inclusion  criteria, with a mean of age of 54 years old. 71%, received prior antifungal therapy before starting isavuconazole. 8 (33%) patients had hematologic disease, 11 (46%) presented CAPA during SARS-CoV-2 pandemic, and 6 (25%) patients had an invasive fungal infection in the  intensive care unit (according to FUNDICU). Isavuconazole treatment was initiated at a mean of 14.4 days (SD ± 8.35) after hospital admission. The mean days of use of isavuconazole were 12.3 days (SD± 10.3 días). The main reason of use of isavuconazole were the ease of prescription (42%), as primary therapy in aspergillosis (21%), after withdrawal of other triazole because adverse events (13%), a need to  transition from an intravenous (not triazole) antifungal to oral antifungal therapy (16%), and as prophylaxis in stem cells transplantation patient (8%). None of the patients discontinued isavuconazole treatment due to adverse effects. From the proven cases, *Aspergillus* sp were isolated in 31%, followed by 6% *Histoplasma* sp. and 6% *Penicillium sp.* respectively. Among the total patients included, 9 deaths  were reported, with only one directly attributed to an invasive fungal infection

**Conclusions**:

After the first five years, the use of isavuconazole in the real-world in clinical practice appears to be safe and provides an effective therapeutic response in several clinical scenarios, particularly in critically ill patients with probable or confirmed invasive pulmonary aspergillosis. More studies are need to gain more experience of this antifungal drug in Mexico.