

Fungal Infections

CONDITION	PRIMARY THERAPY	ALTERNATIVE THERAPY	DURATION	COMMENTS
Candidemia Non-neutropenic	Caspofungin IV LD: 70 mg MD: 50 mg Q24H OR Fluconazole IV LD: 800 mg (12mg/kg) MD: 400 mg 6 mg/kg) Q24H	L-AmB 3–5 mg/kg IV Q24H OR Voriconazole IV/PO 400 mg (6 mg/kg) Q12H for 2 doses then 200 mg (3 mg/kg) Q12H	14 days after first negative culture result AND resolution of signs/symptoms	Remove all IV catheters, if possible Consult ID Consider eye exam Transition to fluconazole is recommended for <i>clinically stable</i> patients with fluconazole susceptible isolates AND negative repeat blood cultures
Candidemia Neutropenic	Caspofungin IV LD: 70 mg MD: 50 mg Q24H OR L-AmB 3–5 mg/kg IV Q24H	Fluconazole IV LD: 800 mg (12 mg/kg) MD: 400 mg (6 mg/kg) Q24H OR Voriconazole IV/PO 400 mg (6 mg/kg) Q12H for 2 doses then 200 mg (3 mg/kg) Q12H	14 days after first negative culture result AND resolution of signs/symptoms and neutropenia	Fluconazole is preferred in patients without recent azole exposure AND who are NOT critically ill. Remove IV catheters, if possible Consult ID Consider eye exam
Urinary Candidiasis Symptomatic Cystitis	Fluconazole 200 mg (3 mg/kg) PO Q24H	Conventional Amphotericin B 0.3–0.6 mg/kg IV Q24H	Fluconazole: 14 days Amphotericin B: 1-7 days	Alternative treatment is recommended for fluconazole resistant organisms
Urinary Candidiasis Pyelonephritis	Fluconazole 200–400 mg (3–6 mg/kg) PO Q24H	Conventional Amphotericin B 0.5–0.7 mg/kg IV Q24H	Fluconazole: 14 days Amphotericin B: 14 days	Alternative treatment is recommended for fluconazole resistant organisms

H= hour(s); ID= Infectious Diseases; IV= intravenous; L-AmB= Liposomal Amphotericin B; LD= loading dose; MD= maintenance dose; PO= by mouth; Q= every

NOTE: Some agents will require ID consult/approval (amphotericin B, caspofungin, voriconazole). Refer to Table of Contents for section on Guidelines for Restricted Antibiotics

References:

1. Pappas PG, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2016; 62(4):e1-e50.

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Nongenital Oropharyngeal (Oral Thrush)	Clotrimazole 10 mg troche 5 times daily OR Nystatin suspension PO four times a day OR Fluconazole 100–200 mg PO once daily	Itraconazole oral solution 200 mg PO once daily OR Voriconazole 200 mg PO Q12H	Uncomplicated disease 7 to 14 days	Refractory disease: Voriconazole 200 mg PO Q12H OR L-AmB suspension 1 mL of 100 mg/mL four times a day
Esophageal Candidiasis	Fluconazole 200–400 mg (3–6 mg/kg) PO Q24H	Caspofungin IV LD: 70 mg MD: 50 mg Q24H OR Conventional Amphotericin B 0.3–0.7 mg/kg IV Q24H	14–21 days	Patients unable to tolerate an oral agent, IV fluconazole or alternative agent listed may be used.

General Susceptibility Patterns of *Candida* spp.

	Fluconazole	Itraconazole	Amphotericin B	Caspofungin	Voriconazole
<i>Candida albicans</i>	S	S	S	S	S
<i>C. tropicalis</i>	S	S	S	S	S
<i>C. parapsilosis</i>	S	S	S	S	S
<i>C. glabrata</i>	S-DD	S-DD to R	S-I	S	S-DD to R
<i>C. krusei</i>	R	S-DD to R	S-I	S	S
<i>C. lusitanae</i>	S	S	S to R	S	S

H= hour(s); I= Intermediate; IV= intravenous; L-AmB= Liposomal Amphotericin B; LD= loading dose; MD= maintenance dose; PO= by mouth; Q= every; R= Resistant; S= susceptible; S-DD= Susceptibility is dose dependent; spp= species

NOTE: Some agents will require ID consult/approval (amphotericin B, caspofungin, voriconazole). Refer to Table of Contents for section on Guidelines for Restricted Antibiotics

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