Adult Mild to Moderate Infections

Diagnosis/infection site	Dosage based on renal function			
	CrCl >50 mL/min	**CrCl 10-50 mL/min***	**HD****	**CRRT**
Oropharyngeal candidiasis (moderate to severe)	100 mg q24	50 mg q24h	100 mg x 1, then 100 mg post-HD on HD days OR 100 mg x 1, then (in 24hr) 50 mg q24h	200 mg every q24h
Esophageal candidiasis	200 mg q24h	100 mg q24h	200 mg x 1, then 200 mg post-HD on HD days OR 200 mg x 1, then (in 24hr) 100 mg q24h	400 mg every q24h
Candidal cystitis (symptomatic)***	200 mg q24h	100 mg q24h	200 mg x 1, then 200 mg post-HD on HD days OR 200 mg x 1, then (in 24hr) 100 mg q24h	400 mg every q24h

***If CrCl < 10 mL/min and not receiving renal replacement therapy consider using 25% of standard daily dose

****Please schedule maintenance dose at 2100 to ensure it is administered after HD

*****Only consider treating asymptomatic candiduria for neutropenic patients and those undergoing urologic procedures with mucosal bleeding, since yeast in the urine is **rarely** clinically significant in most immunocompetent patients

CrCl, creatinine clearance; CRRT, continuous renal replacement therapy; HD, hemodialysis

Adult Invasive/Serious Infections (ID Consult Required for Candidemia)

Diagnosis	Dosage based on renal function[α]			
	CrCl >50 mL/min	**CrCl 10-50 mL/min***	**HD****	**CRRT**
Invasive candidiasis **bone and joint** **candidemia** **endocarditis** **intra-abdominal** **pyelonephritis**	***C. albicans* or MIC ≤ 2 mg/L** 800 mg x 1, then (in 24hr) 400 mg (6 mg/kg) q24h	***C. albicans* or MIC ≤ 2 mg/L** 800 mg x 1, then (in 24hr) 200 mg q24h	***C. albicans* or MIC ≤ 2 mg/L** 800 mg x 1, then (in 24hr) 400 mg post-HD on HD days OR 800 mg x 1, then (in 24hr) 200 mg q24h	800 mg q24h
	If weight > 80 kg TBW, *C. glabrata,* or MIC > 2 mg/L*** 800 mg q24h	**If weight > 80 kg TBW, *C. glabrata,* or MIC > 2 mg/L***** 800 mg x1, then (in 24hr) 400 mg q24h	**If weight > 80 kg TBW, *C. glabrata,* or MIC > 2 mg/L***** 800 mg x 1, then (in 24hr) 800 mg post-HD on HD days OR 800 mg x 1, then (in 24hr) 400 mg q24h	800 mg q24h If *C. glabrata* or MIC > 2 mg/L*** Consider 600 mg q12h
Candidiasis **CNS infection**	800 mg q24h	800 mg x1, then (in 24hr) 400 mg q24h	800 mg x 1, then 800 mg post-HD on HD days OR 800 mg x 1, then (in 24hr) 400 mg q24h	800 mg q24h If *C. glabrata,* or MIC > 2 mg/L*** Consider 600 mg q12h
Coccidial meningitis	800 – 1200 mg q24h	400 – 600 mg q24h	800 mg x 1, then 800 mg post-HD on HD days OR 800 mg x 1, then (in 24hr) 400 mg q24h	800 mg q24h
Cryptococcal meningitis, following amphotericin B induction	400 mg q24h	200 mg q24h	400 mg x 1, then 400 mg post-HD on HD days OR 400 mg x 1, then (in 24hr) 200 mg q24h	800 mg q24h

[α]Increased monitoring of LFTs, QTc, and drug interactions recommended at higher doses (≥ 800 mg/day)

*If CrCl < 10 mL/min and not receiving renal replacement therapy consider normal loading dose and using 25% of standard daily maintenance dose

**Please schedule maintenance dose at 2100 to ensure it is administered after HD

****C. glabrata* susceptible-dose dependent if MIC ≤32 mg/L

CrCl, creatinine clearance; CRRT, continuous renal replacement therapy; HD, intermittent hemodialysis; TBW, total body weight

References:

1. Heintz B, Matzke G, Dager W, et al. Antimicrobial Dosing Concepts and Recommendations for Critically Ill Adult Patients Receiving Continuous Renal Replacement Therapy or Intermittent Hemodialysis. Pharmacotherapy 2009;29(5):562-77.
2. Oualha M, Treluyer JM, and Moshous D, et al. Fluconazole Exposure in Plasma and Bile During Continuous Venovenous Hemodialysis. Therapeutic Drug Monitoring 2019;41(4):544-46.
3. Breilh D, Honore P, Bels D, et al. Pharmacokinetics and Pharmacodynamics of Anti-infective Agents During Continuous Veno-venous Hemofiltration in Critically Ill Patients: Lessons Learned from an Ancillary Study of the IVOIRE Trial. Journal of Translational Internal Medicine 2019;7(4):155-69.
4. Li L, Li X, Xia Y, et al. Recommendation of Antimicrobial Dosing Optimization During Continuous Renal Replacement Therapy. Frontiers in Pharmacology 2020;11:786. doi: 10.2289/fphar.2020.00786