CLINICAL CRITERIA FOR ECHINOCANDINS USE

Indications

- Confirmed Candida auris and Candida parapsilosis bloodstream infections if MIC is high (>1mg/l)
 and any candidaemia in patients with renal dysfunction: de-escalate after 5 days if susceptible to
 fluconazole.
- 2. All *Candida* spp. infections from sterile sites documented to be resistant to both fluconazole and amphotericin B and in any patient with invasive candida infection and renal dysfunction.
- 3. Dose adjustments may be made in consultation with microbiology and an expert clinician (May be necessary with increased MIC to echinocandins with *C. parapsilosis*, *C. quillermondi* or *C. auris*).

NOTE:

- Not recommended for use as prophylaxis for oncology patients or post operatively.
- Not recommended for central nervous system (CNS), ophthalmic or renal infections

Tests and screening

- Candida score≥ 3 (surgery 1, severe sepsis which implies antibiotics as well 2, parenteral nutrition 1, candida colonisation 1)
- If positive (≥3), do blood cultures and serial B-D glucan (3 times per week)

Regimen

Medicine	Echinocandin (see agents below)	
Route	Intravenous infusion	
Duration	Duration: continue for a further 14 days from first negative blood culture in proven cases with adequate source control including removal of CVC's AND without:	
	abscesses ordissemination	

Echinocandins are considered therapeutically equivalent at the following doses:

» ADULTS

Agent	Loading dose	Maintenance Dose
Anidulafungin	200mg	100mg daily
Caspofungin	70mg	50mg daily
Micafungin	100mg	100mg daily

» PAEDIATRICS

Agent	Loading dose	Maintenance Dose
Anidulafungin	3mg/kg	1.5mg/kg daily
Caspofungin	70mg/m ²	50mg/m² daily
Micafungin	2mg/kg	2mg/kg daily

» NEONATES

Agent	Loading dose	Maintenance Dose
Anidulafungin	1.5mg/kg	1.5mg/kg daily
Caspofungin	25mg/m ²	25mg/m ² daily
Micafungin	10mg/kg	10mg/kg daily