

Dosages

EUCAST Antifungal Clinical Breakpoint Table v. 10.0 valid from 2020-02-04

EUCAST breakpoints are based on the following adult dosages (see section 8 in Rationale Documents). Alternative dosing regimens which result in equivalent exposure are acceptable. The table should not be considered an exhaustive guidance for dosing in clinical practice, and does not replace specific local, national, or regional dosing guidelines.
 Note: duration of treatment only indicated for loading doses, because the total duration of therapy is not only dependent on the type and site of infection but also on the underlying disease of the patient. Please consult clinical management guidelines for recommendations on total duration.

Azoles	Standard dose	Increased Exposure Dose	Special situations
Fluconazole	800 mg x 1 x 1 followed by 400 mg x 1 iv/oral (or 6 mg/kg)	800 mg x 1 iv/oral (or 12 mg/kg)	Indicated doses are those appropriate for invasive candidiasis Mucosal infections (Mending et al; Mycoses. 2012;55 Suppl 3:1-13): Standard doses is 100-200 mg x 1 and increased dose 800 mg x 1 (for <i>C. glabrata</i>)
Itraconazole	200 mg x 2 x 1 followed by 100*-400** mg daily iv/po Target trough level***: >0.5 mg/L for prophylaxis, >1 mg/L for therapy		*Superficial infections only **Daily doses up to 200 mg x 2 may be given depending on the infection. Capsules have 30% lower bioavailability than the oral solution ***HPLC assay method and Parent compound only.
Isavuconazole	200 mg x 3 x 2 followed by 200 mg x 1		
Posaconazole	Tablets/iv: 300 mg x 2 followed by 300 mg x 1 Oral suspension: 200 mg x 4 or 400 mg x 2 Target trough level: >0.7 mg/L for prophylaxis / >1.25 mg/L for therapy		
Voriconazole	6 mg/kg x 2 x 1 followed by 4 mg/kg x 2 iv 400 mg x 2 followed by 200 mg x 2 po Target trough level: >0.5 for prophylaxis, 2-5.5 mg/L for therapy	<i>Candida</i> : The I-category only applies for the iv dosage (not the standard oral dose)	Increased exposure can be achieved by elevated dosage (note non-linear kinetics in adults) or with a proton pump inhibitor, in patients with low blood levels.
Amphotericin B formulations	Standard dose	Increased Exposure Dose	Special situations
Liposomal amphotericin B	3 mg/kg x 1		Increased doses up to 7 mg/kg (or even 10 mg/kg e.g. <i>Mucorales</i> CNS infections) can be used in specific situations.
Amphotericin B deoxycholate	1 mg/kg		
ABLC	5 mg/kg		
Echinocandins	Standard dose	Increased Exposure Dose	Special situations
Anidulafungin	200 mg x 1 x 1 followed by 100 mg x 1		
Caspofungin	70 mg x 1 x 1 followed by 50* mg x 1 (weight ≤ 80 kg) 70 mg x 1 (weight > 80 kg)		*Continue with 70 mg x 1 after loading dose if weight >80 kg
Micafungin	100 mg x 1 (weight >40 kg) 2 mg/kg x 1 in patients weighing <40 kg	200 mg x 1 (weight >40 kg) 4 mg/kg x 1 in patients weighing <40 kg	Increased dose indicated in patients not responding to standard dose Standard dose for chronic aspergillosis is Micafungin 150 mg x 1 (Chronic pulmonary aspergillosis: rationale and clinical guidelines for diagnosis and management. Eur Resp J 2016)