

iAPPROVE CONTENT in GUIDANCE DS®

The following list details the ‘standard indications’ for approval for restricted antimicrobials.

In general these indications comply with those suggested in Therapeutic Guidelines Antibiotic version 12, except where local variations in practice apply.

The nominated durations of approval vary depending upon the indication.

In most cases, a **3-day starter approval** is given. At three days, the clinician is expected to review the ongoing need for the drug. In many cases the diagnosis may be revised (eg: the diagnosis is cardiac failure, not pneumonia), the pathogen and its sensitivities may have been identified (permitting narrower spectrum therapy) or the patient may have clinically improved enough to change their therapy (eg: to oral antibiotics). These ‘starter approvals’ disappear from the ‘View approvals’ simple search list after their approval date has expired. If more prolonged therapy is required, the clinician needs to contact the authorised approver (eg: ID registrar) to request a longer duration of approval.

Example: Ceftriaxone approved for 3 days for treatment of community acquired pneumonia in a penicillin allergic patient.

In some cases, a longer duration is clearly required and **approval for the full course** of therapy may be obtained via the computer

Examples:

10 days of approval for empiric piperacillin-tazobactam for a febrile neutropenic patient.

28 days approval for ciprofloxacin to treat chronic prostatitis

7 days approval for ceftriaxone to treat spontaneous bacterial peritonitis

In other situations, the indication suggests an illness that is severe enough to require prolonged antibiotic therapy, BUT consultation with a specialist should be sought. For these patients a **starter approval of 3 days is given with the approval flagged as likely to require EXTENSION**. In these cases, the approval will be highlighted in yellow on the ‘View Approvals list’. These approvals also will remain visible on the ‘View Approvals’ list even after their expiry date has passed. This is to ensure that the pharmacists and clinicians are aware that the drug probably should not be ceased without specialist review.

Example: A 3 day starter approval can be obtained via the computer for ceftriaxone for treatment of a patient with a brain abscess. It is flagged as likely to require extension and consultation with the ID service is required. The user cannot obtain approval for a full treatment course eg: 6 weeks of therapy directly from the computer, and must consult the specialist team.

For most restricted drugs, the user is given the option to select the indication ‘**Other**’. This enables them to obtain a **starter approval for a non standard indication for 1 day**. The user is asked to enter (as free text) the indication for the drug in their patient. This allows the clinician to always at least get a patient started on a drug that they think the patient needs (eg: overnight/ at the weekend), and it also enables the auditor to ‘capture’ the non standard indications (why clinicians think they need particular drugs). In all cases the clinician will need to contact an authorised approver for

permission to continue the drug beyond 24 hours. (Note: the 'Other' option does not appear for rifampicin (as appropriate combination therapy is important, and the antibiotic sensitivities need to be checked before therapy begins).

Authorised Approvals

For all **non standard indications**, the user needs to contact an authorised approver (eg: the ID registrar) to obtain approval for the restricted antimicrobial agent. The authorised approver will **'Create a new approval'** that specifies the indication and the duration of approval.

For **non standard durations of therapy**, the authorised approver can **'Extend an existing approval'**.

View Approvals

In the Simple search, only current approvals will be shown. Expired approvals will not appear on this list.

The exception is for the 'Alert' indications. These are the serious indications where a short 'starter approval' has been given and the expectation is that the patient will require more prolonged therapy with the drug and the ID service will need to follow the patient up. These indications are highlighted in yellow. They will not disappear from the 'View approvals simple search' list until they have either been extended or discontinued. A pharmacist or clinician can discontinue these approvals at any time if the patient is no longer being dispensed the drug. Only an authorised approver can extend the approval.

Non standard indications (selected by the clinician as 'Other') will also be highlighted in yellow and will not disappear from the simple search unless deliberately discontinued or extended.

All expired and current approvals will appear on the View approvals Detailed Search.

AZITHROMYCIN

Indication	Comments	Duration
Severe community acquired pneumonia	User is asked whether a chest xray infiltrate is present, and is shown information about identifying 'severe' pneumonia	3 days
Proven or suspected legionella infection		3 days + EXT
Chlamydia and/or gonococcal urethritis or cervicitis		1 day
Pelvic inflammatory disease - sexually acquired	Doses on day 1 and day 8	8 days
Epididymo-orchitis - sexually acquired	Doses on day 1 and day 8	8 days
Post sexual assault prophylaxis		1 day
Conjunctivitis - trachoma		1 day
MAC prophylaxis for HIV positive patient		100 days

INTRAVENOUS ACICLOVIR

Indication	Comments	Duration
Herpes Simplex Encephalitis		14 days + EXT
Herpes Simplex oral ulcers - if unable to tolerate oral therapy		5 days
Herpes Simplex mucocutaneous disease if unable to tolerate oral therapy		10 days
Varicella - Chickenpox complicated - pneumonitis/ encephalitis etc		10 days
Prophylactic use in an immunosuppressed patient unable to tolerate oral therapy		10 days

CEFEPIME

Indication	Comments	Duration
Pneumonia - proven gram negative organism to which the isolate is susceptible	Chest x ray infiltrate present Nominate the organism (not Stenotrophomonas)	3 days
Severe Hospital acquired pneumonia	Chest x ray infiltrate present Illness is nosocomial	3 days
Septicaemia - proven gram negative organism to which the isolate is susceptible	Nominate the organism (not Stenotrophomonas)	7 days
Febrile Neutropaenia	As per RMH protocol	10 days

CEFTAZIDIME

Indication	Comments	Duration
Severe community acquired pneumonia in a patient from tropical Australia	Chest x ray infiltrate present	3 days + EXT
Pneumonia due to a proven gram negative infection	Chest x ray infiltrate present Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum agents due to allergy etc. User is asked to nominate the organism NOT Stenotrophomonas or ESCAPPM organism	3 days
Septicemia due to a proven gram negative infection	Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum agents due to allergy etc. User is asked to nominate the organism NOT Stenotrophomonas or ESCAPPM organism	7 days
CAPD peritonitis	As per protocol	3 days

CEFTRIAXONE

System	Indication	Comments	Duration (DAYS)
Respiratory system	Epiglottitis		5 days
	Severe Community acquired pneumonia	User is asked if a chest xray infiltrate is present	3 days
	Mild/ moderate hospital acquired pneumonia	User is asked if a chest xray infiltrate is present	3 days
	Severe hospital acquired pneumonia	User is asked if a chest xray infiltrate is present	3 days
	Pneumonia due to <i>Strep pneumoniae</i> with penicillin resistance	User is asked if a chest xray infiltrate is present	3 days
	Pneumonia due to gram negative pathogens	User is asked if a chest xray infiltrate is present User is asked to nominate the organism – NOT ESCAPPM or <i>Stenotrophomonas</i> or <i>Pseudomonas</i>	3 days
	Pneumonia with planned Hospital in the Home management	User is asked if a chest xray infiltrate is present	3 days
Gastrointestinal system	Ascending cholangitis	In patients with mild penicillin allergy or risk factors for aminoglycoside toxicity	3 days
	Cholecystitis		3 days
	Liver abscess		3 days
	Pancreatitis - severe		3 days
	Peritonitis		3 days
	Spontaneous bacterial peritonitis		7 days
Genitourinary tract	Sepsis from a urinary source		3 days
	Pyelonephritis (for HIH, or for organisms resistant to narrower spectrum antibiotics, or for patients with risk factors for aminoglycoside toxicity)		3 days
	Epididymo-orchitis - sexually acquired		1 day
	Pelvic Inflammatory Disease - sexually acquired		1 day
	Pelvic Inflammatory Disease - severe		1 day
	Post sexual assault prophylaxis		1 day

	Urethritis or cervicitis due to gonococcal infection		1 day
Skin/ Soft tissue	Bite or clenched fist injuries		3 days
Septicaemia/ systemic sepsis	Sepsis with a suspected biliary/ GIT source		3 days
	Sepsis - unknown source		3 days
	Septicaemia due to proven gram negative organism	User is asked to nominate the organism – NOT ESCAPPM or <i>Stenotrophomonas</i> or <i>Pseudomonas</i>	7 days
	Septicemia due to <i>Neisseria meningitidis</i> in a patient with a mild penicillin allergy		7 days
	Septicemia due to <i>Streptococcus pneumoniae</i> in a patient with a mild penicillin allergy or where high level resistance to penicillin is demonstrated		3 days
	Enteric fever due to typhoid/ paratyphoid infection		7 days
	Disseminated gonococcal infection		3 days
Cardiovascular system	Endocarditis due to HACEK gram negative organisms		3 days + EXT
	Infected aneurysm or intravascular prosthesis		3 days + EXT
Central nervous system	Brain abscess or subdural empyema		3 days + EXT
	Bacterial meningitis		3 days + EXT
	Penetrating eye injury or endophthalmitis		3 days
	Orbital or periorbital cellulitis		3 days
Prophylaxis	For contacts of patients with <i>Haemophilus influenzae</i> type b		2 days
	For contacts of patients with <i>Neisseria meningitidis</i>		1 day
	For patients undergoing cardiac surgery - Ross procedure		3 days

CIPROFLOXACIN

System	Indication	Comments	Duration
Respiratory system	Severe Hospital acquired pneumonia	User is asked if a chest xray infiltrate is present	3 days
	Legionella infection		3 days + EXT
	Pneumonia due to gram negative pathogens	Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy/ risk factors for side effects etc User is asked if a chest xray infiltrate is present User is asked to nominate the organism	10 days
Central nervous system	Penetrating eye injury or endophthalmitis		1 day
Gastrointestinal system	Ascending cholangitis/ Cholecystitis	In a patient with a severe penicillin allergy	10 days
	Peritonitis	In a patient with a severe penicillin allergy	10 days
	Salmonella enteritis		3 days
Genitourinary tract	Chronic prostatitis		28 days
	Pyelonephritis - proven gram negative pathogen	Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy etc. User is asked to nominate the organism	10 days
	Gonococcal infection if ciprofloxacin sensitivity is likely		1 day
Skin/ Soft tissue	Bite or clenched fist injuries		3 days
	Cellulitis after a water related injury		3 days
	Compound fracture with soiling		3 days
	Diabetic foot infection		14 days + EXT

Septicaemia/ systemic sepsis	Septicaemia due to proven gram negative organism	Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy etc.	14 days
	Febrile neutropenia	Initial treatment in a patient with a severe penicillin allergy OR bacterial isolate is resistant to narrower spectrum agents OR oral continuation therapy	10 days
	Febrile neutropenia	Oral therapy for a low risk patient	7 days
	Enteric fever due to typhoid/ paratyphoid infection	Suspected or proven When ciprofloxacin sensitivity is likely	10 days
Prophylaxis	For patients prior to ERCP		1 day
	For contacts of patients with <i>Neisseria meningitidis</i>		1 day
	For Tenckhoff catheter insertion		3 days
	Prior to prostate biopsy		1 day
	For banding of bleeding oesophageal varices		5 days

FAMCICLOVIR

Indication	Comments	Duration
Herpes Simplex labialis	To treat a severe episode	5 days
	Suppression for a patient with frequent recurrences	100 days
	To treat chronic ulcers in immunosuppressed patients	100 days
Herpes Simplex oral ulcers		5 days
Herpes Simplex mucocutaneous disease		10 days
Herpes Simplex genital ulcers in HIV negative	To treat an acute first episode	5 days
	Treatment of a recurrence	5 days
Herpes Simplex genital ulcers in HIV positive	Treatment	10 days
	Suppression	100 days
Eczema herpeticum		10 days
Herpetic whitlow		10 days
Varicella zoster - shingles		7 days
Varicella - chickenpox		10 days
Prophylactic use in a immunosuppressed patient	Either Haem/ Onc patient or Renal transplant recipient	100 days

IMIPENEM

System	Indication	Duration
Septicaemia	Septicemia due to a proven gram negative infection (Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy etc)	7 days
	As empiric therapy for sepsis in ICU	3 days
Central nervous system	Bacterial meningitis - Hospital acquired	3 days + EXT
	Bacterial meningitis - proven gram negative infection	3 days + EXT

Respiratory system	Severe hospital acquired pneumonia User is asked whether a chest x ray infiltrate is present	3 days
	Severe community acquired pneumonia in a patient from tropical Australia User is asked whether a chest x ray infiltrate is present	3 days + EXT
	Pneumonia due to a proven gram negative infection User is asked whether a chest x ray infiltrate is present, and to nominate the organism	3 days
Urinary tract	Urinary tract infection due to a proven gram negative infection (Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy etc)	3 days
Gastrointestinal tract	Severe necrotizing pancreatitis	3 days
Febrile Neutropenia	As initial antibiotic therapy for patients with a mild penicillin allergy	10 days
	For patients that are persistently febrile after 72 hours or who clinically deteriorate while on monotherapy	10 days
	As directed therapy for an organism identified on cultures	10 days

MEROPENEM

System	Indication	Duration
Septicaemia	Septicemia due to a proven gram negative infection (Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy etc)	7 days
	As empiric therapy for sepsis in ICU	3 days
Central nervous system	Bacterial meningitis - Hospital acquired	3 days + EXT
	Bacterial meningitis - proven gram negative infection	3 days + EXT
Respiratory system	Severe hospital acquired pneumonia User is asked whether a chest x ray infiltrate is present	3 days
	Severe community acquired pneumonia in a patient from tropical Australia User is asked whether a chest x ray infiltrate is present	3 days + EXT
	Pneumonia due to a proven gram negative infection User is asked whether a chest x ray infiltrate is present and is asked to nominate the organism	3 days
Urinary tract	Urinary tract infection due to a proven gram negative infection (Organism resistant to narrower spectrum agents or patient unable to tolerate narrower spectrum antibiotics due to allergy etc)	3 days
Gastrointestinal tract	Severe necrotizing pancreatitis	3 days

Febrile Neutropenia	As initial antibiotic therapy for patients with a mild penicillin allergy	10 days
	For patients that are persistently febrile after 72 hours or who clinically deteriorate while on monotherapy	10 days
	As directed therapy for an organism identified on cultures	10 days

MOXIFLOXACIN

Indication	Comments	Duration
Community acquired pneumonia in a patient with a severe penicillin allergy		7 days

OSELTAMIVIR

Indication	Comments	Duration
Treatment of influenza like illness (ILI) after stem cell transplant	ILI = Fever >38C plus a respiratory symptom (eg: cough) plus a systemic symptom (eg: fatigue, myalgia)	3 days
Treatment of inpatients with acute influenza	After consultation with the infectious diseases service	3 days
Treatment of influenza causing an exacerbation of COPD or asthma severe enough to necessitate admission with symptoms for less than 72 hours	After consulting Respiratory unit or an Emergency department consultant	3 days
Prophylaxis after a potential exposure to influenza	Contact the infection prevention service	5 days

PIPERACILLIN-TAZOBACTAM

System	Indication	Comments	Duration
Respiratory system	Mild/ moderate Hospital acquired pneumonia	Chest xray infiltrate present Patient hospitalised >48 hours	3 days
	Severe Hospital acquired pneumonia	Chest xray infiltrate present Patient hospitalised >48 hours	3 days
	Aspiration pneumonia	Chest xray infiltrate present	3 days
	Pneumonia due to gram negative pathogens	Chest xray infiltrate present Nominate the organism	3 days
Gastrointestinal system	Ascending cholangitis/cholecystitis		3 days
	Peritonitis		3 days
	Pancreatitis		3 days
	Systemic sepsis due to a suspected gastrointestinal/ biliary source		3 days
Febrile neutropenia	As initial therapy		10 days
Skin/ Soft tissue	Bite or clenched fist injuries		3 days
	Diabetic foot infection or infected ischaemic ulcer		14 days
Septicaemia/ systemic sepsis	Septicaemia due to proven gram negative organism resistant to narrower spectrum agents	Nominate the organism	7 days
	Systemic sepsis due to a suspected gastrointestinal/ biliary source		3 days
	Febrile illness in a non-neutropenic patient who is profoundly immunosuppressed	Treat as per the protocol	10 days
Prophylaxis	For patients prior to ERCP	Single dose	1 day

RIFAMPICIN

Indication	Comments	Duration
Prophylaxis for contacts of patients with Neisseria meningitidis infection		2 days
Prophylaxis for contacts of patients with Haemophilus influenzae infection		4 days

TICARCILLIN-CLAVULANATE

System	Indication	Comments	Duration
Respiratory system	Mild/ moderate Hospital acquired pneumonia	Chest xray infiltrate present Patient hospitalised >48 hours	3 days
	Severe Hospital acquired pneumonia	Chest xray infiltrate present Patient hospitalised >48 hours	3 days
	Aspiration pneumonia	Chest xray infiltrate present	3 days
	Pneumonia due to gram negative pathogens	Chest xray infiltrate present Nominate the organism	3 days
Gastrointestinal system	Ascending cholangitis/cholecystitis		3 days
	Peritonitis		3 days
	Pancreatitis		3 days
	Systemic sepsis due to a suspected gastrointestinal/ biliary source		3 days
Febrile neutropenia	As initial therapy	Treat as per protocol	10 days
Skin/ Soft tissue	Bite or clenched fist injuries		3 days
	Diabetic foot infection or infected ischaemic ulcer		14 day
Septicaemia/ systemic sepsis	Septicaemia due to proven gram negative organism resistant to narrower spectrum agents	Nominate the organism	7 day
	Systemic sepsis due to a suspected gastrointestinal/ biliary source		3 days
	Febrile illness in a non-neutropenic patient who is profoundly immunosuppressed	Treat as per the protocol	10 days
Prophylaxis	For patients prior to ERCP		1 day

VANCOMYCIN

System	Indication	Comment	Duration
Septicaemia/ systemic sepsis	Systemic sepsis/ septicaemia where IV cannula/ access device is suspected source		3 days
	Empiric therapy of hospital- acquired sepsis in an ICU patient		3 days
	Systemic sepsis/ septicaemia in a patient with a severe penicillin allergy		3 days
	Septicaemia due to a proven resistant gram positive infection	User is asked to nominate the organism	14 days + EXT
Febrile Neutropenia	Persistent fever despite 72 hours of empiric antibiotic therapy		3 days
	Clinical evidence of probable gram positive infection (eg: inflamed intravascular catheter site)		7 days
	Gram positive bacteria on culture BEFORE sensitivities available		3 days
	Shock, low BP, or CrCl less than 50 ml/min at presentation		3 days
	Known colonisation with MRSA or other resistant gram positive (e.g pneumococcus)		3 days
Cardiovascular system	Endocarditis due to proven resistant gram positive organisms	User is asked to nominate the organism	3 days + EXT
	Endocarditis in a patient with a severe penicillin allergy		3 days + EXT
	Endocarditis on a prosthetic valve		3 days + EXT
	Infected aneurysm or intravascular prosthesis		3 days + EXT
Central nervous system	Bacterial meningitis - empiric		3 days + EXT
	Bacterial meningitis or brain abscess - hospital acquired		3 days + EXT
	Bacterial meningitis or brain abscess - in a patient with a severe penicillin allergy		3 days + EXT

	Bacterial meningitis or brain abscess - due to a proven resistant gram positive organism	User is asked to nominate the organism	3 days + EXT
	Penetrating eye injury or endophthalmitis		3 days
Respiratory system	Severe hospital acquired pneumonia	User is asked whether a chest xray infiltrate is present	3 days
	Pneumonia due to proven resistant gram positive organisms	User is asked whether a chest xray infiltrate is present User is asked to nominate the organism	3 days
	Pneumonia in a ventilated patient	User is asked whether a chest xray infiltrate is present	5 days
	Pneumonia - severe community acquired, suspected staphylococcal infection in a patient with severe penicillin allergy	User is asked whether a chest xray infiltrate is present	3 days + EXT
Skin/ Soft tissue/ Bone & Joint infections	Cellulitis/ septic bursitis in a patient with severe penicillin allergy		3 days
	Cellulitis/ septic bursitis due to a proven resistant gram positive infection	User is asked to nominate the organism	7 days
	Post surgical wound infection - empiric		3 days
	Post surgical wound infection - proven resistant gram positive infection	User is asked to nominate the organism	7 days
	Post surgical wound infection - in a patient with a severe penicillin allergy		3 days
	Osteomyelitis/ septic arthritis - proven resistant gram positive organism	User is asked to nominate the organism	7 days + EXT
	Osteomyelitis/ septic arthritis - in a patient with a severe penicillin allergy		3 days + EXT
Intraabdominal infections	CAPD peritonitis - empiric		3 days
	CAPD peritonitis - proven resistant gram positive organism	User is asked to nominate the organism	14 days
	Peritonitis in a patient with a severe penicillin allergy		3 days

Prophylaxis	Surgical prophylaxis		1 day
	Prophylaxis prior to insertion of a long term intravenous access device (eg: permacath)		1 day
	Prophylaxis for endocarditis in a patient with a severe penicillin allergy		1 day

VALACICLOVIR

Indication	Comments	Duration
Herpes Simplex labialis	To treat a severe episode	5 days
	To treat a patient with frequent recurrences	100 days
	To treat chronic ulcers in immunosuppressed patients	100 days
Herpes Simplex oral ulcers		5 days
Herpes Simplex mucocutaneous disease		10 days
Herpes Simplex genital ulcers in HIV negative	Treatment of an acute first episode	5 days
	Treatment of a recurrence	5 days
	Suppression	100 days
Herpes Simplex genital ulcers in HIV positive	Treatment	10 days
	Suppression	100 days
Eczema herpeticum		10 days
Herpetic whitlow		10 days
Varicella zoster - shingles		7 days
Varicella - chickenpox		10 days
Prophylactic use in a immunosuppressed patient	Either Haem/ Onc patient or Renal transplant recipient	100 days

ANTIFUNGAL AGENTS

LIPOSOMAL AMPHOTERICIN

Liposomal Amphotericin B is generally indicated for the treatment of fever of unknown origin in neutropenic patients, candidaemia or invasive candidiasis, suspected or proven invasive aspergillosis, or other yeast and mould infections in the following situations;

Indication:	Comments:	Duration
Patients who develop nephrotoxicity with conventional amphotericin	Serum creatinine >0.23mmol/L Or, in high risk patients (e.g: stem cell transplant recipients) use a lower threshold: Creatinine >0.15mmol/L, Or Creatinine Clearance halved from baseline, Or rapid rise in creatinine	
Patients with pre-existing renal impairment		
High risk patients in whom nephrotoxicity would compromise future care	Includes renal transplant recipient, stem cell transplant recipient, patient in whom stem cell transplant is planned, intensive care unit patient	
Failure of conventional amphotericin B (despite 7-14 days of treatment)	Confirmed by the ID service	
Toxicity with conventional amphotericin B	eg: Infusional toxicity not controlled with pre-medication	
Treatment of Mould infections known to be less susceptible to amphotericin	eg: Zygomycoses/Mucormycoses, Fusarium, etc	

VORICONAZOLE

	Indication	Comments	Duration
Primary prophylaxis (to prevent infection in the first place)	Induction or consolidation chemotherapy for AML	or 'AML- like' chemotherapy regimens for other illnesses	
	Induction or consolidation chemotherapy for ALL	where chemotherapy is with curative intent	
	To prevent serious fungal infection in other high risk patients (eg, stem cell transplant recipients, heavily pre treated patients)		
Secondary prophylaxis (to prevent relapse after the patients already has had a documented infection)	Suspected or proven Aspergillosis		
	Candidiasis or other Yeast infections		
	Other Mould infections		
Treatment	Proven Invasive Aspergillosis		
	Suspected Invasive Aspergillosis		
	Fever of unknown origin in a neutropenic patients	Patients with amphotericin induced nephrotoxicity OR pre-existing renal impairment OR high risk patients in whom nephrotoxicity would complicate future care.	
	Treatment of a fluconazole resistant Candida or other yeast		
	Treatment of Moulds known to be less sensitive to amphotericin	eg: Scedosporium, Pseudoallescheria	

ITRACONAZOLE

	Indication	Duration
Primary prophylaxis (to prevent infection in the first place)	Induction or consolidation chemotherapy for AML	
	Induction or consolidation chemotherapy for ALL	
	To prevent serious fungal infection in other high risk patients (eg, stem cell transplant recipients, heavily pre treated patients)	
Secondary prophylaxis (to prevent relapse after the patients already has had a documented infection)	Suspected or proven Aspergillus	
	Candidiasis or other Yeast infections	
	Other Mould infections	
Treatment	Treatment of fluconazole resistant Candida/ other yeast	
	Treatment of Aspergillus or other Mould	

CASPOFUNGIN

Indication	Comments	Duration
For the initial treatment of candidaemia or invasive candidiasis in a neutropenic patient (CIII)		14
For the initial treatment of a non-neutropenic patient with a fluconazole resistant candida spp. (CIII)		14
As an alternative agent for the treatment of suspected or proven invasive aspergillosis in patients with pre-existing renal disease/nephrotoxicity and/or contraindications to voriconazole (BII)	The lack of activity of caspofungin should be considered when treating suspected infections	14
Alone or in combination with liposomal amphotericin for the treatment of aspergillus infection that has failed standard amphotericin (CIII)		14
For the treatment of febrile neutropenia in patients at high risk for mould infection (A1)	Allogeneic HSCT Acute leukemia >3 weeks neutropenia	10