Table I. Treatment

Organism	Antifungal	Dose	Alternative
Blastomyces dermatitidis	Mild to moderate pulmonary or disseminated: **Intraconazole**	200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 6-12 months	**Fluconazole** 800mg orally every day **Non-liposomal amphotericin** 0.7-1mg/kg/day
	Severe pulmonary or disseminated: **Amphotericin** (lipid preparation)	3-5mg/kg IV daily for 1-2 weeks or until improved, **step down to itraconazole** 200mg orally three times day for 3 days, then 200mg orally every day or twice a day for a total of 12 months of therapy	**Fluconazole** 800 mg orally every day **Non-liposomal Amphotericin** 0.7-1mg/kg/day
	CNS: **Amphotericin** (lipid preparation)	5mg/kg IV daily for 4-6 weeks, **step down to voriconazole** 200-400mg orally twice a day for a total of 12 months of therapy and until resolution of CSF abnormalities (may require lifelong azole therapy)	**Fluconazole** 800mg orally every day **Fluconazole** 400mg orally every day
	Immunosuppressed: **Amphotericin** (lipid preparation)	3-5mg/kg IV daily for 1-2 weeks or until improved; **step down to itraconazole** 200mg orally three times day for 3 days, then 200mg orally every day for as long as immunosuppression exists	**Voriconazole** 200mg twice a day
Coccidioides immitis	Mild non-meningeal disseminated: **Itraconazole**	200mg orally twice a day for 1 year and for 6 months after which no more clinical improvement is seen	**Fluconazole** 400mg orally every day
	Rapidly progressive non-meningeal, or disseminated: **Amphotericin** (lipid preparation)	5mg/kg IV daily for 4-6 weeks, **step down to itraconazole** 200mg orally twice a day for 1 year	Step down to **fluconazole**

	Dissemination with CNS involvement: **Fluconazole**	400-800mg orally every day for 1 year	**Intrathecal amphotericin** or **liposomal amphotericin** IV without intrathecal if fluconazole is not effective; **voriconazole; posaconazole**
	Immunosuppressed: **Fluconazole**	400mg orally every day for 1 year and for 6 months after which no more clinical improvement is seen, then 200mg orally every day as long as immunosuppression exists	**Intraconazole** 200mg orally twice a day; **lipidized or deoxycholate amphotericin**
Cryptococcus neoformans	Meningoencephalitis, HIV positive: **Amphotericin** + **flucytosine**	0.7mg/kg/day amphotericin deoxycholate OR 3-6mg/kg/day amphotericin lipid formulation + 100mg/kg/day po flucytosine for 2 weeks, **step down to fluconazole** 400 mg/day for 8-10 weeks, **then fluconazole** 200mg/day for for 1-2 years CD4> 100 for 3 months Undetectable viral load Serum creatinine antigen negative	Induction: **Amphotericin** + **fluconazole** 800mg daily for 2 weeks **then fluconazole** 800 mg daily for 8 weeks; **fluconazole** 800-1,200mg daily + **flucytosine** for 6 weeks Maintenance: **Itraconazole** 200-400mg daily if intolerant to **fluconazole**
	Meningoencephalitis HIV negative: **Amphotericin** + **flucytosine**	Same treatment regimen as above; if flucytosine is not used—initial treatment with amphotericin for 6 weeks. Continue suppressive fluconazole for 6-12 months	**Intraconazole** 200-400mg daily if intolerant to fluconazole
	Severe pulmonary or disseminated: **Amphotericin** + **flucytosine**	Same treatment regimen as above	**Intraconazole** 200-400mg daily if intolerant to fluconazole
	Immunocompetent symptomatic disease: **Fluconazole**	200-400mg orally every day for 3-6 months	**Intraconazole** 200-400mg daily for 6-12 months

Histoplasma capsulatum	Acute PDH: **Amphotericin**	Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, **step down to itraconazole** 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive with continued immunosuppression)	Case reports of successful use of **posaconazole** and **voriconazole** are published
	Subacute/chronic PDH: **Itraconazole**	200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 6-12 weeks	
	Immunosuppressed: **Amphotericin**	Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, **step down to itraconazole** 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive)	
	Meningitis: **Amphotericin**	Lipid formulation 3-5mg/kg/day OR deoxycholate 0.7-1.0mg/kg/day for 2 weeks, **step down to itraconazole** 200mg orally three times a day for 3 days, then 200mg orally every day or twice a day for 12 months (lifelong if HIV positive), except 4-6 weeks of amphotericin	
Paracoccidioides brasiliensis	All forms of disease **Itraconazole**	200mg orally every day for 6 months	Sulfonamide: **Trimethoprim/Sulfamethoxazole** 80/400 mg OR 160/800 mg twice a day times a day for 12-24 months **Sulfadiazine** 4 g/day divided until response, then reduce dose by ½ for 3-5 years **Sulfamethoxypyridazine** or **sulfadimethoxine** 1-2g/day for 2-3

			weeks, then 500mg/day for 3-5 years **Amphotericin B deoxycholate** 0.7-1.0mg/kg/day for 1-2g total then maintain with sulfonamide or azole **Ketoconazole** 400mg/day for 6-18 months **Voriconazole** 100-200mg twice a day for 6 months
Sporothrix schenckii	Limited cutaneous disease HIV/AIDS: **Itraconazole**	200mg orally twice a day for months	**Itraconazole** 300mg orally twice a day for 6 months, then 200mg orally twice day
	Disseminated HIV/AIDS: **Amphotericin**	Lipid formulation 3-5mg/kg/d until improved, **step down to itraconazole** 200mg orally every day to twice a day for 1 year and CD4>200 cells/mL for 1 year	
Penicillium marneffei	**Amphotericin**	0.6mg/kg/day for 2 weeks, **step down to itraconazole** 200mg orally twice a day for 10 weeks, **then** 200mg orally every day for secondary prophylaxis	**Itraconazole** 200mg orally three times a day for 3 days, then 200mg orally twice a day for 10-12 weeks, **then** 200mg orally every day for secondary prophylaxis **Voriconazole** 200mg twice a day

AIDS, acquired immunodeficiency syndrome; CD, cluster of differentiation; CSF, cerebrospinal fluid; CNS, central nervous system; HIV, human immunodeficiency virus; IV, intravenously; PDH, progressive disseminated histoplasmosis.