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Itraconazole 10mg/mL Liquid

Part A

Prescriber Criteria: Consultant Haematologist
Consultant Infectious Disease Physician
Consultant Oncologist
Consultant Paediatrician

Outpatient and Inpatient use:

1. Chronic Kidney Disease – Renal Transplants Only
2. Cystic Fibrosis
3. HIV/AIDS and HIV Related Diseases
4. Malignant Diseases
5. Primary Immunodeficiency Disorder
6. Secondary Immunodeficiency Disorder

For immunocompromised patients secondary to one of the above-mentioned conditions for:

- Treatment and prophylaxis of oral and/or oesophageal candidosis, or
- Prophylaxis of deep fungal infections

To be used in paediatric patients or patients unable to swallow for susceptible localized and systemic fungal infections when first-line systemic anti-fungal therapy (including fluconazole) is inappropriate or has proved ineffective.

Duration of Approval:
1 year

Part B

Prescriber Criteria: Consultant

Inpatient use only:
Paediatric patients or patients unable to swallow for the treatment of itraconazole sensitive infections e.g. mucosal candidiasis, systemic aspergillosis, candidosis and cryptococcosis (including cryptococcal meningitis), when first-line systemic anti-fungal therapy (including fluconazole) is inappropriate or has proved ineffective.

Itraconazole can be prescribed by Consultant for in-patient use only if laboratory mycology results show resistance to fluconazole (the first line antifungal agent) and susceptibility to itraconazole.