Fluconazole 50mg and 150mg Capsules

Part A

Prescriber Criteria: Consultant
Hospital Doctor

Inpatient use only:
No authorization is needed for inpatient use.

Part B

Prescriber Criteria: Consultant

Outpatient use:

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

Reserved as:

- First-line treatment of candidiasis in non-neutropenic patients
- First-line empirical therapy for presumed invasive fungal infections in hospitalised patients.
- First-line treatment of mucosal (oropharyngeal, oesophageal, vulvovaginal) candidiasis.
- First-line treatment of mucosal candidiasis in immunocompromised patients.
- First-line prophylactic treatment in HIV patients to prevent relapse of underlying fungal infections
- Alternative induction treatment of cryptococcal disease in HIV patients where first and second line therapy (amphotericin/liposomal amphotericin + flucytosine) is inappropriate.
- Consolidation and maintenance treatment of cryptococcal disease.
- Alternative treatment of candidiasis in neutropenic patients where primary (caspofungin) and secondary (liposomal amphotericin) therapy is inappropriate
- Alternative prophylactic treatment of fungal infections during prolonged periods of netropenia where standard therapy (itraconazole) is inappropriate.
- Alternative treatment of neonatal candidiasis where primary treatment (amphotericin or liposomal amphotericin) is inappropriate.

Other indications are to be considered on a case-by-case basis by members of the antibiotic team.

Duration of Approval:
1 year