

Table I. Treatment regimens for *Pneumocystis jiroveci* pneumonia. G6PD, glucose-6-phosphate dehydrogenase; HIV, human immunodeficiency virus; IV, intravenously; SMX, sulfamethoxazole; TMP, trimethoprim.

Disease severity	Regimen	Dose and duration	Alternative regimens	Dose and duration
MILD to MODERATE (PaO <sub>2</sub> >70 and A-a gradient <35)	TMP-SMX	<p>160mg TMP/800mg SMX or double-strength, two tablets orally three times a day for 21 days for HIV patients; 14 days for non-HIV patients</p> <p><i>If unable to take orally:</i> 15–20mg/kg/day TMP and 75–100mg/kg/day SMX; administer in divided doses every 6 hours or every 8 hours</p> <p><i>Renal insufficiency (TMP must be adjusted):</i> Creatinine clearance 15–30mL/min: 5mg/kg TMP every 6 to 8 hours for the first 48 hours of treatment; then 3.5–5 mg/kg every 12 hours to complete 21 days for HIV patients; 14 days for non-HIV patients</p> <p>Creatinine clearance &lt;15mL/min: 7–10mg/kg/day in one to two divided doses for 21 days for HIV patients; 14 days for non-HIV patients</p> <p>Hemodialysis: 7–10 mg/kg/day postdialysis for 21 days for HIV patients; 14 days for non-HIV patients</p>	<p><i>Sulfa-allergic (two options):</i> 1. TMP plus dapsone (check G6PD level first)</p> <p>2. Primaquine (base, check G6PD level first) plus clindamycin</p> <p><i>Less preferred:</i> Atovaquone</p>	<p>15mg/kg/day TMP three times a day plus 100mg dapsone orally every day for 21 days for HIV patients; 14 days for non-HIV patients</p> <p>15–30mg primaquine orally every day plus 300–450mg clindamycin orally three to four times a day for 21 days for HIV patients; 14 days for non-HIV patients</p> <p>750mg atovaquone orally twice a day with food for 21 days for HIV patients; 14 days for non-HIV patients</p>
MODERATE to SEVERE non-HIV infected (PaO <sub>2</sub> <70 and A-a gradient	TMP-SMX	15–20mg/kg/day TMP and 75–100mg/kg/day SMX; administer in divided doses every 6 to 8 hours for 14 days	<p><i>Sulfa-allergic (two options):</i> 1. Pentamidine</p> <p>2. Primaquine (base, check</p>	4mg/kg/day pentamidine IV every day infused over at least 60min; may decrease to 3mg/kg/day if toxicity is unacceptable; for 14 days

>35)		<p><i>After clinical improvement, can change to oral administration:</i>  160mg TMP/800mg SMX or double-strength, two tablets orally three times a day to complete 14 days</p>	G6PD level first) plus clindamycin	15–30mg primaquine orally every day plus 600–900mg clindamycin IV every 6 to 8 hours or 300–450 mg orally every 6 to 8 hours for 14 days
<p>MODERATE to SEVERE HIV infected  (PaO<sub>2</sub> &lt;70 and A-a gradient &gt;35)</p>	<p>TMP-SMX and steroids</p>	<p>Same TMP-SMX dose as in non-HIV patients shown above but duration should be 21 days</p> <p>Prednisone:  days 1–5: 40mg orally twice a day  days 6–10: 40mg orally every day  days 11–21: 20mg orally every day</p> <p><i>If unable to take orally:</i>  Methylprednisolone:  days 1–5: 30mg IV every 12 hours  days 6–10: 30mg IV every day  days 11–21: 15mg IV every day</p>	<p>Same options as in non-HIV patients shown above and include corticosteroids</p>	<p>Same dose as in non-HIV patients shown above but duration should be 21 days</p>