Table III. Treatment regimens for immunocompromised patients with suspected or confirmed toxoplasmosis during the acute phase[1]

Pyrimethamine (PO):	200 mg loading dose followed by 50 mg (<60kg) to 75 mg (>60 kg)/day
[2]Folinic acid (PO):	10 to 20 mg daily (up to 50 mg/day) (during and 1 week after therapy with pyrimethamine)
plus	
Sulfadiazine (PO):	1000 (<60 kg) to 1500 mg (> 60 kg) every 6 hour
or	
Clindamycin (PO or IV)	600 mg every 6 hours (up to 1200 mg every 6 hours)
or	
Atovaquone (PO)	1500 mg orally twice daily
Trimethoprim/ Sulfamethoxazole (PO or IV)	10 mg/kg/day (trimethoprim component) divided in two to three doses (doses as high as 15 - 20 mg/kg/day have been used)
Pyrimethamine/folinic acid	Same doses as above
plus	
Clarithromycin (PO)	500 mg every 12 hours
or	
Dapsone (PO)	100 mg/d
or	
Azithromycin (PO)	900 to 1200 mg/day

1Prefered regimens: pyrimethamine/sulfadiazine/folinic acid or trimethoprim/sulfamethoxazole. Assistance is available for the diagnosis and management of patients with toxoplasmosis at the Palo Alto Medical Foundation Toxoplasma Serology Laboratory, PAMF-TSL; Palo Alto, CA; www.pamf.org/serology/; +1-650-853-4828; toxolab@pamf.org

2Folinic acid = leucovorin; folic acid must not be used as a substittue for folinic acid

3After the successful use of a combination regimen during the acute/primary therapy phase (e.g. for 4 to 6 weeks), same agents at half-does are usually used for maintenance or secondary prophylaxis