



Name:  
 DOB:  
 Gender:  
 Facility:  
 Provider:  
 Allergies/Notes:

Panel: Nail  
 Sample ID:  
 Collection Date:  
 Reported Date:

## DETECTED PATHOGENS

**Trichophyton spp.**      **Detected - Medium**      **10<sup>4</sup> -10<sup>6</sup> copies/mL** | *Dermatophyte; may be responsible for onychomycosis.*

## DETECTED RESISTANCE GENES

**NONE**      | *No resistance genes were detected or testing for resistance genes was not performed.*

## PHARMD TREATMENT CONSIDERATIONS

*Regimens based on organisms most likely to be pathogenic. Microbial load considered when available.*

| Medication                                  | Dose/Duration   | Renal Adjustment | Considerations  |
|---|---|------------------|---|
| Ciclopirox (Penlac) 8% topical solution     | Apply topically once daily until clearance (up to 48 weeks) | N/A              | <b>Coverage for: Trichophyton spp.</b> <ul style="list-style-type: none"> <li>• \$25-29 for treatment course (coupon pricing)</li> <li>• Monotherapy only for mild-moderate onychomycosis (&lt; 50 % nail involvement)</li> </ul>                   |
| <b>OR</b>                                   |   |                  |   |
| Efinaconazole (Jublia) 10% topical solution | Apply topically once daily for 48 weeks                     | N/A              | <b>Coverage for: Trichophyton spp.</b> <ul style="list-style-type: none"> <li>• High cost medication</li> <li>• Monotherapy only for mild-moderate onychomycosis (&lt; 50 % nail involvement)</li> </ul>  |
| <b>OR</b>                                   |   |                  |   |
| Terbinafine (Lamisil)                       | 250 mg PO daily x 6 weeks (fingernail), 12 weeks (toenail)  | None             | <b>Coverage for: Trichophyton spp.</b> <ul style="list-style-type: none"> <li>• \$20-27 for 6 week course, \$32-50 for 12 week course (coupon pricing)</li> <li>• May increase LFTs, avoid in pts with chronic or active hepatic disease</li> </ul> |

Reviewed by: Max Dudenkov, PharmD      Date: 8/10/2024  
 (PS57804)

The following regimen(s) are based on generally accepted and peer-reviewed antimicrobial activity of specific agents against detected pathogens, resistance genes, and presumed diagnosis based on specimen source and resulting pathogens. Antimicrobial activity and efficacy of agents for treatment of detected pathogens is not guaranteed. Medication selection, dosages, durations, and considerations are in congruence with clinical practice guidelines (IDSA, CDC, AAP, etc), when guidance is available. Additional patient factors including but not limited to HPI, comorbidities, concomitant medications, etc. should be carefully evaluated in conjunction with listed treatment considerations. Clinical correlation and appropriate medical judgment is warranted prior to prescribing a course of treatment.



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**Targeted Pathogens:** Acremonium strictum, Alternaria alternata, Aspergillus niger, Aspergillus terreus, Candida albicans, Candida auris, Candida glabrata, Candida krusei, Candida lusitanae, Candida parapsilosis, Candida tropicalis, Epidermophyton floccosum, Fusarium solani, Microsporom gypseum, Microsporom adouinii/Microsporom canis, Microsporom nanum, Neofusicoccum mangiferae, Trichophyton interdigitale, Trichophyton spp., Trichophyton tonsurans, Trichosporon beigelli

Disclaimer: Treatment considerations and therapeutic guidance is generated by ChoicePharmD, LLC and is not affiliated with the testing laboratory.

## Nail Panel Collection: Nail clippings

### Signs/Symptoms

Nail discoloration  
Nail thickening  
Nail bed swelling  
Nail plate destruction  
Nail bed splitting  
Odor

### Diagnoses

Onychomycosis  
Tinea infections  
Dermatophytoses  
Paronychia

### Common ICD-10 codes

|       |       |
|-------|-------|
| B35.1 | M35.1 |
| B35.8 | B35.3 |
| B35.9 | L60.9 |
| L03.0 |       |
| L60.0 |       |
| L81.4 |       |

## Tested Pathogens:

### Core Pathogens

#### Fungal:

*Aspergillus spp*  
*Candida Albicans*  
*Fusarium solani*  
*Trichophyton interdigitale*  
*Trichophyton rubrum*

#### Bacterial:

*Pseudomonas aeruginosa*  
*Staphylococcus aureus*

### Additional Pathogens

#### Bacterial:

*Enterobacter aerogenes*  
*Enterococcus faecalis*  
*Enterococcus faecium*  
*Klebsiella oxytoca*  
*Klebsiella pneumoniae*  
*Proteus mirabilis*  
*Streptococcus agalactiae*  
*Streptococcus pyogenes*

#### Fungal:

*Acremonium strictum*  
*Alternaria alternata*  
*Aspergillus niger*  
*Aspergillus terreus*

*Blastomyces dermatitidis*  
*Blastomyces gilchristii*  
*Candida auris*  
*Candida Glabrata*  
*Candida Krusei*  
*Candida Lusitaniae*  
*Candida Parapsilosis*  
*Candida Tropicalis*  
*Cladosporium herbarum*  
*Curvularia lunata*  
*Epidermophyton floccosum*  
*Malassezia spp*  
*Meyerozyma guilliermondii*  
*Microsporium gypseum*

*Microsporium audouinii*  
*Microsporium nanum*  
*Neofusicoccum mangiferae*  
*Neoscytalidium dimidiatum*  
*Rhizopus microsporus*  
*Scopulariopsis brevicaulis*  
*Trichophyton soudanense*  
*Trichophyton tonsurans*  
*Trichophyton violaceum*  
*Trichosporon asahii*  
*Trichosporon beigelii*  
*Trichosporon mucoides*

Defined as pathogens most commonly detected and most likely to be clinically significant for panel type. Medical literature (IDSA, Johns Hopkins Abx guide, CDC) along with clinical discretion was utilized to determine core pathogen lists.