

Drug	Dose	Duration	+/- Notes
<b>Vulvovaginal candidiasis</b> <ul style="list-style-type: none"> <li>Short-course topical formulations effectively treat uncomplicated vulvovaginal candidiasis.</li> <li>A number of preparations are available over-the-counter (OTC) and choice will be influenced by personal preference and cost.</li> </ul>			
Clotrimazole 1% or 2% cream <b>Available OTC</b>	Apply to the affected area 2-3 times daily.	Until symptoms resolved. Up to 7 days.	Should be continued for external relief of symptoms in addition to intravaginal or systemic antifungal if required.  Use of 1% hydrocortisone in combination with azole cream may be required.  Canesten cream on its own is not reimbursable on GMS however it is reimbursable as part of Canesten duo-pack® containing 100mg pessaries and 1% cream)
Econazole (Gyno-Pevaryl®) pessary <b>Available OTC</b>	150mg PV	Single dose	Insert pessary using applicator or applicator with cream high into the vagina at night-time.
Clotrimazole (Canesten®) pessary/vaginal cream <b>Available OTC</b>	500mg pessary/ 5g applicatorful once daily at night OR 200mg once daily at night	Single dose  3 days	Use of an applicator into the vagina not recommended during pregnancy.  Canesten 500mg pessary is not reimbursable on GMS  Latex condoms and diaphragms can be damaged by vaginal creams and pessaries; extra precautions are advised.
Miconazole vaginal cream (Gyno-Daktarin®) with use of applicator <b>Prescription only</b>	Two applicators (10g) once daily at night OR One applicator (5g) once daily at night	7 days  14 days	
Fluconazole oral capsule <b>Prescription only</b>	150mg PO	Single dose	Avoid fluconazole (and all oral azoles) in pregnancy.
<b>Recurrent vulvovaginal candidiasis</b>			
Fluconazole	150mg PO	Days 1, 4 and 7 then weekly for 6 months	Avoid fluconazole (and all oral azoles) in pregnancy.
<b>Candida balanitis</b>			
Clotrimazole 1% cream <b>Available OTC</b>	Apply twice daily topically	5-7 days	Oral treatment rarely indicated.