ADULT MEDICATION GUIDELINE	
Fluconazole	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted

Medication Class

Antifungal

Presentation

Capsule: 50 mg, 100 mg, 150 mg, 200 mg

Oral suspension: 50 mg/5 mL

Vial: 200 mg/100 mL

Storage

Capsule, oral suspension: Store at room temperature, below 30°C

Vial: Store below 25 °C. Do not refrigerate or freeze. Protect from light

Dose

Breast and nipple thrush (topical therapy failed or not tolerated):

Oral:

150 mg every second day until breast pain resolves.

Vulvovaginal candidiasis (topical therapy failed or not tolerated):

Oral:

Uncomplicated infection: 150 mg orally, as a single dose.

Severe infection: 150 mg orally, on day 1 and day 4

Recurrent infection: 150 mg every 3 days for 3 doses, followed by 150 mg once a week for 6 months

Oropharyngeal/oesophageal candidiasis:

Oral or IV:

50–200 mg once daily (lower doses are usually used for oropharyngeal candidiasis). Up to 400 mg once daily can be used in oesophageal candidiasis.

Treat for 7–14 days in oropharyngeal candidiasis and for 14–21 days in oesophageal candidiasis.

Systemic candidiasis

Initial fluconazole therapy may be an alternative to an echinocandin in noncritically ill adults – seek expert advice from an infectious diseases physician or clinical microbiologist.

Continuation therapy for candidaemia:

800 mg intravenously, for the first dose, then 400 mg intravenously, daily.

If intravenous therapy is not indicated, oral therapy may be used, dosing as for intravenous.

Vulvodynia

Oral:

150 mg once a week for 6 weeks

Administration

IV

Refer to the Australian Injectable Drugs Handbook

Monitoring

Treatment with fluconazole may increase the concentration of drugs metabolised by CYP3A4, CYP2C9 and CYP2C19 and the risk of QT prolongation; avoid combinations if possible.

Measure liver function and serum potassium concentration at baseline and at regular intervals, depending on dose and duration of treatment

Renal: dose reduction may be required

Hepatic: dose reduction may be required

Pregnancy

1st Trimester: Consider alternative

2nd Trimester: Consider alternative

3rd Trimester: Consider alternative

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Considered safe to use

Related Policies, Procedures & Guidelines

HDWA Mandatory Policies:

Antimicrobial Stewardship

WNHS Clinical Practice Guidelines:

Infections (vaginal): Candidiasis, trichomoniasis, bacterial vaginosis

Gynaecology (Non-oncological)

WNHS Pharmaceutical and Medicines Management Guidelines:

Medication Administration

References

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