**Treatment of Vulvovaginal Candidiasis**

SUMMARY – Treatment of Vulvovaginal Candidiasis

Uncomplicated

Topical for 3 – 7 days

OTC clotrimazole

OTC butoconazole

OTC miconazole

OTC tioconazole, terconazole

Rx nystatin [100,000 U per day for 7–14 days]

OR

Oral single dose Fluconazole 150 mg PO x 1

Complicated

Fluconazole 150 mg PO every other day for 10 – 14 days

Recurrence

Induction therapy with Fluconazole 150 mg PO every other day for 2 weeks followed by a maintenance regimen with Fluconazole 150-200 mg PO weekly for 6 months

**Treatment of Invasive Candidiasis**

SUMMARY – Treatment of Invasive Candidiasis

**Empirical Treatment**

**First line therapy** (2 options):

Echinocandins

Caspofungin can be initiated as a 70-mg loading dose, followed by 50 mg/d intravenously to complete a minimum of 2 weeks of antifungals after improvement and after blood cultures have cleared

Anidulafungin can be initiated as a 200-mg loading dose, followed by 100 mg intravenously to complete a minimum of 2 weeks of antifungals after improvement and after blood cultures have cleared.

Micafungin can be administered at 100 mg/d intravenously to complete a minimum of 2 weeks of antifungals after improvement and after blood cultures have cleared.

Fluconazole at 800 mg as the loading dose, followed by fluconazole at a dose of 400 mg/d either intravenously or orally for at least 2 weeks of therapy after a demonstrated negative blood culture result or clinical signs of improvement

**Alternatives**

Voriconazole 6 mg/kg q12 x2 (400 mg), then 3 mg/kg/day (200 mg)

Amphotericin B deoxycholate at 0.5 - 1.0 mg/kg/d

Liposomal preparations of amphotericin B (LFAB) 3 - 5 mg/kg/d

**Definitive Therapy**

Fluconazole preferred if susceptible

Resistance to Fluconazole (C. glabrata, C. krusei)

C. krusei also decreased susceptibility to itraconazole, ketoconazole, and amphotericin B

The **drugs of choice** for such infections are the echinocandins:

Caspofungin 70 mg intravenously as a loading dose, followed by 50 mg/d

Anidulafungin 200-mg loading dose, followed by 100 mg/d

Micafungin 100 mg/day intravenously

Other **alternatives**:

Voriconazole at 6 mg/kg q12 x2 (400 mg), then 3 mg/kg/day (200 mg)

Amphotericin B deoxycholate (0.5 - 1 mg/kg/d)

LFAB at 3-5 mg/kg/d

Resistance to Amphotericin B (C lusitaniae or C guilliermondi)

Use fluconazole, voriconazole, or the echinocandins

**Treatment of Invasive Aspergillosis**

SUMMARY – Treatment of Invasive Aspergillosis

* 1st choice: Voriconazole 6 mg/kg q12h x2, then 4 mg/kg q12h
* Alternatives
  + LFABs 5 mg/kg IV q24h
  + Echinocandins

Caspofungin (70 mg day 1 IV and 50 mg/day IV thereafter)

* + Posaconazole
  + Itraconazole (200 mg every day IV or 200 mg BID)
  + Combination therapy?
* Duration of therapy – 3 months to 1 year or more

NOTES:

<http://www.uphs.upenn.edu/bugdrug/antibiotic_manual/idsa-aspergilloisrx-2008guidelines.pdf>

Treatment of Aspergillosis: Clinical Practice Guidelines of the Infectious Diseases Society of America

Voriconazole is FDA approved for the primary treatment of invasive aspergillosis.

Itraconazole is licensed for treatment of invasive aspergillosis in patients who are refractory to or intolerant of standard antifungal therapy

Posaconazole is FDA approved for prevention of invasive aspergillosis in neutropenic patients receiving remission induction chemotherapy for acute myelogenous leukemia or myelodysplastic syndrome and for HSCT recipients with GVHD – 200 mg every 8 hours for Prophylaxis against invasive aspergillosis