

Government of Western Australia North Metropolitan Health Service

 Women and Newborn Health Service
 ADULT MEDICATION GUIDELINE

 Clotrimazole

 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: Unrestricted | | | | | | | | |
| Medication Class | | | | | | | | |
| Azole antifungal | | | | | | | | |
| Presentation | | | | | | | | |
| Topical cream: 1% Solution: 1% Vaginal cream: 1% (6-day course) Vaginal cream: 2% (3-day course) Vaginal cream: 10% (1-day course) Pessary: 100 mg (6-day course) Pessary: 500 mg (1-day course) | | | | | | | | |
| Storage | | | | | | | | |
| Store at room temperature, below 25°C. | | | | | | | | |
| Dose | | | | | | | | |

Candidal vulvovaginitis

1% vaginal cream:

1 applicatorful intravaginally, once daily at bedtime for 6 nights.

2% vaginal cream:

1 applicatorful intravaginally, once daily at bedtime for 3 nights.

10% vaginal cream:

1 applicatorful intravaginally, as a single dose at night.

100mg vaginal pessary:

1 pessary intravaginally, once daily at bedtime for 6 nights.

500mg vaginal pessary:

1 pessary intravaginally, at bedtime once only.

Recurrent candidal vulvovaginitis

1% vaginal cream:

1 applicatorful intravaginally, once daily at bedtime for 14 nights, followed by:

500mg vaginal pessary:

1 pessary intravaginally, at bedtime once a week for six months to prevent relapse.

Pregnancy

Topical treatment must be used for 12-14 days in pregnancy because of lower response rates and more frequent relapse.

Administration

If an applicator is provided with the product, insert the applicator as high as is comfortable into the posterior fornix and press on the plunger to release.

In the third trimester of pregnancy extreme caution should be observed when using applicators due to risk of rupturing the membranes.

KEMH Pharmaceutical & Medicines Management Guideline: Medication Administration

Pregnancy

1st Trimester: Safe to use.

2nd Trimester: Safe to use.

3rd Trimester: Safe to use.

Use in pregnant patients: Digital insertion of vaginal treatment is preferable to the use of applicator in late pregnancy.

Breastfeeding

Safe to use.

Comments

It is important to finish the full treatment, even if symptoms have gone.

Advise wearing a sanitary pad may prevent discharge or soiling of underwear.

May damage latex contraceptive devices.

Related Policies, Procedures & Guidelines

HDWA Mandatory Policies:

WNHS Policy: <u>Antimicrobial Stewardship</u>

WNHS Clinical Practice Guidelines:

KEMH Pharmaceutical & Medicines Management Guideline: Medication

Administration

KEMH Pharmaceutical & Medicines Management Guideline: Prescribing Procedure

KEMH Clinical Guideline: O&G: <u>Sexually Transmitted Infections (STI)</u>

KEMH Clinical Guideline: O&G: Infections Vaginal: Candidiasis, trichomoniasis,

bacterial vaginosis

KEMH Clinical Guideline: O&G: Discomforts in Pregnancy - Common

References

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| Keywords | Clotrimazole, candidiasis, trichomoniasis, Canesten | | | | | | | |
|--|---|----------------|--|---------------------------------|--------------|------------|--|--|
| Document Owner: | Chief Pharmacist | | | | | | | |
| Author/ Reviewer | KEMH Pharmacy Department | | | | | | | |
| Version Info: | Version 4 Updated template, updated references and links | | | | | | | |
| Date First Issued: | January 2015 | Last Reviewed: | March 2019 | | Review Date: | 05/11/2024 | | |
| Endorsed by: | Medicines and Therapeutics Committee | | | | Date: | 03/12/2024 | | |
| NSQHS Standards Applicable: | Std 1: Clinical Governance | | | Std 5: Comprehensive Care | | | | |
| | Std 2: Partnering with Consumers | | | Std 6: Communicating for Safety | | | | |
| | Std 3: Preventing and Controlling Healthcare Associated Infection | | | Std 7: Blood Management | | | | |
| | Std 4: Medication Safety | | Std 8: Recognising and Responding to Acute Deterioration | | | | | |
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