Yeast Type	Oral		Topical						Compounded			
	Fluconazole	Itraconazole	Clotrimazole	Miconazole	Butoconazole	Terconazole	Tioconazole	Nystatin	Boric acid suppositories	Amphotericin B suppositories	Flucytosine	Nystatin suppositories
Candida albicans	x	x	x	x	x	x	x	x	x	x	x	x
Candida glabrata			x*	x*				x	x	x	x	x
Candida parapsilosis	x	x	x	x	x	x	x	x	x	x	x	x
Candida tropicalis	x	x	x	x	x	x	x	x	x	x	x	x
Candida lusitaniae	x	x	x	x					x			
Candida krusei		x	x	x	x	x	x		x	x		
Saccharomyces cerevisiae			x	x					x	x	x	
Candida kefyr	x	x	x	x					x	x	x	
Candida dublinensis									x			
Trichosporon spp.									x			
Rhodotorula spp.												

Summary Comments:

- ***Candida albicans*:** All azoles, nystatin and compounded agents.

- ***Candida glabrata: **** This organism has variable intrinsic resistance to azole drugs. Treatment failure with fluconazole is very common and should not be considered first-line. In the azole-naïve patient, topical treatment with clotrimazole or miconazole could be considered. If recurrence occurs, compounded boric acid is recommended.

- ***Candida parapsilosis:*** The majority of isolates are highly susceptible to all azoles, which remain the first drug of choice. There are infrequent strains that are resistant to fluconazole and other azoles; if a compliant patient fails to clear the organism and is still symptomatic, susceptibility testing should be obtained.

- ***Candida tropicalis:*** The majority are highly susceptible to all azoles, which remain the first drug of choice. There are infrequent strains that are resistant to fluconazole and other azoles; if a compliant patient fails to clear the organism and is still symptomatic, susceptibility testing should be obtained.

- ***Candida krusei:*** This organism displays inherent resistance to fluconazole and flucytosine. Although intrinsically and predictably resistant to fluconazole, remain susceptible to all members of the azole class of drugs and patients should respond to any of the available members of the class both by oral and topical routes. Rare isolates are pan-resistant to all azoles and are best treated with boric acid or amphotericin B.

- ***Saccharomyces cerevisiae:*** Limited data suggests possible resistance to fluconazole. In an azole-naïve patient, could consider topical clotrimazole or miconazole. If there is treatment failure, a treatment course with boric acid is recommended.

- ***Candida kefyr:*** Limited data.

- ***Trichosporon spp.:*** If isolated on a single culture, this is usually considered a non-pathogen or contaminant. If patient is symptomatic, would recommend re-testing. If positive again, can consider treatment with boric acid.

- ***Rhodotorula spp.:*** If isolated on a single culture, this is usually considered a non-pathogen or contaminant. If patient is symptomatic, would recommend re-testing.