

- **DIRECTIONS FOR ADMINISTRATION** For *intravenous infusion*, give intermittently in Glucose 5% or Sodium chloride 0.9%. Dilute reconstituted solution to 50, 100, or 250 mL with infusion fluid; give over 5 to 60 minutes. Consult product literature for administration of high-dose regimen.

- **NATIONAL FUNDING/ACCESS DECISIONS**

**Scottish Medicines Consortium (SMC) decisions**

The *Scottish Medicines Consortium*, has advised (Dec 2012) that ceftaroline fosamil (*Zinforo*<sup>®</sup>) is accepted for restricted use within NHS Scotland when meticillin-resistant *S. aureus* is suspected in complicated skin and soft-tissue infection and vancomycin cannot be used.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

**Powder for solution for infusion**

- ▶ *Zinforo* (Pfizer Ltd)

Ceftaroline fosamil (as Ceftaroline fosamil acetic acid solvate monohydrate) 600 mg *Zinforo* 600mg powder for concentrate for solution for infusion vials | 10 vial **[PoM]** £375.00 (Hospital only)

## Ceftobiprole

**£ 550**

21-May-2020

- **INDICATIONS AND DOSE**

**Hospital-acquired pneumonia (excluding ventilator-associated pneumonia) | Community-acquired pneumonia**

- ▶ BY INTRAVENOUS INFUSION
- ▶ Adult: 500 mg every 8 hours

- **CAUTIONS** Pre-existing seizure disorder—increased risk of seizures · supra-normal creatinine clearance

**CAUTIONS, FURTHER INFORMATION**

- ▶ Supra-normal creatinine clearance Manufacturer advises to measure baseline renal function and increase duration of infusion if creatinine clearance greater than 150 mL/minute.

- **INTERACTIONS** → Appendix 1: cephalosporins

- **SIDE-EFFECTS**

- ▶ **Common or very common** Drowsiness · dyspepsia · electrolyte imbalance · fungal infection · hypersensitivity · taste altered
- ▶ **Uncommon** Anaemia · antibiotic associated colitis · anxiety · asthma · dyspnoea · laryngeal pain · muscle spasms · peripheral oedema · renal failure · sleep disorders · thrombocytosis
- ▶ **Frequency not known** Seizure

- **PREGNANCY** Manufacturer advises avoid unless essential—no information available.

- **BREAST FEEDING** Manufacturer advises avoid—present in milk in *animal* studies.

- **RENAL IMPAIRMENT** Manufacturer advises use with caution in severe impairment—limited information available.

**Dose adjustments** Reduce dose to 500 mg every 12 hours in moderate impairment and 250 mg every 12 hours in severe impairment.

- **DIRECTIONS FOR ADMINISTRATION** Manufacturer advises for *intravenous infusion* (*Zevtera*<sup>®</sup>), give intermittently in Glucose 5%, or Sodium Chloride 0.9%, or Lactated Ringer's solution; reconstitute each 500 mg with 10 mL Water for injections or Glucose 5%; dilute in 250 mL infusion fluid and give over 2 hours (increased to 4 hours if creatinine clearance greater than 150 mL/minute). Do not mix with calcium-containing solutions (except Lactated Ringer's solution) in the same intravenous line—precipitation may occur.

- **HANDLING AND STORAGE** Manufacturer advises store in a refrigerator (2–8°C)—consult product literature for storage after reconstitution and dilution.

- **PATIENT AND CARER ADVICE**

**Driving and skilled tasks** Manufacturer advises patients and carers should be counselled on the effects on driving and performance of skilled tasks—increased risk of dizziness.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

**Powder for solution for infusion**

ELECTROLYTES: May contain Sodium

- ▶ *Zevtera* (Correvio UK Ltd)

*Ceftobiprole* (as *Ceftobiprole medocaril sodium*) 500 mg *Zevtera* 500mg powder for concentrate for solution for infusion vials | 10 vial **[PoM]** £396.30 (Hospital only)

## ANTIBACTERIALS > GLYCOPEPTIDE ANTIBACTERIALS

### Dalbavancin

18-Jul-2017

- **DRUG ACTION** Dalbavancin is a glycopeptide antibacterial; it has bactericidal activity against Gram-positive bacteria including various staphylococci. However, there are reports of *Staphylococcus aureus* with reduced susceptibility to glycopeptides and increasing reports of glycopeptide-resistant enterococci.

- **INDICATIONS AND DOSE**

**Acute bacterial skin and skin structure infections**

- ▶ BY INTRAVENOUS INFUSION
- ▶ Adult: 1500 mg for 1 dose, alternatively 1000 mg, then 500 mg after 1 week

- **SIDE-EFFECTS**

- ▶ **Common or very common** Diarrhoea · headache · nausea
- ▶ **Uncommon** Anaemia · antibiotic associated colitis · appetite decreased · constipation · cough · dizziness · eosinophilia · flushing · gastrointestinal discomfort · increased risk of infection · infusion related reaction · insomnia · leucopenia · neutropenia · skin reactions · taste altered · thrombocytosis · vomiting · vulvovaginal pruritus
- ▶ **Rare or very rare** Bronchospasm
- ▶ **Frequency not known** Ototoxicity

- **ALLERGY AND CROSS-SENSITIVITY** Manufacturer advises use with caution in patients with other glycopeptide sensitivity.

- **PREGNANCY**

**Dose adjustments** Manufacturer advises avoid unless essential—toxicity in *animal* studies.

- **BREAST FEEDING**

**Dose adjustments** Manufacturer advises avoid—present in milk in *animal* studies.

- **HEPATIC IMPAIRMENT** Manufacturer advises caution in moderate to severe impairment (no information available).

- **RENAL IMPAIRMENT**

**Dose adjustments** Manufacturer advises reduce dose to 1000 mg as a single infusion or reduce dose to 750 mg followed one week later by 375 mg if creatinine clearance <30 mL/minute.

- **DIRECTIONS FOR ADMINISTRATION** Manufacturer advises for *intravenous infusion* (*Xydalba*<sup>®</sup>), reconstitute each 500 mg vial to produce a 20 mg/mL solution with 25 mL water for injections. Dilute reconstituted solution to a concentration of 1–5 mg/mL with Glucose 5%; give intermittently over 30 minutes (avoid rapid infusion—risk of 'red man' syndrome).