

- ▶ Child (body-weight up to 40 kg): 2 mg/kg once daily for at least 14 days; increased if necessary to 4 mg/kg once daily, increase dose if response inadequate
- ▶ Child (body-weight 40 kg and above): 100 mg once daily for at least 14 days; increased if necessary to 200 mg once daily, increase dose if response inadequate

Oesophageal candidiasis

▶ BY INTRAVENOUS INFUSION

- ▶ Child 16–17 years (body-weight up to 40 kg): 3 mg/kg once daily
- ▶ Child 16–17 years (body-weight 40 kg and above): 150 mg once daily

Prophylaxis of candidiasis in patients undergoing bone-marrow transplantation or who are expected to become neutropenic for over 10 days

▶ BY INTRAVENOUS INFUSION

- ▶ Neonate: 1 mg/kg once daily continue for at least 7 days after neutrophil count is in desirable range.

- ▶ Child (body-weight up to 40 kg): 1 mg/kg once daily continue for at least 7 days after neutrophil count is in desirable range
- ▶ Child (body-weight 40 kg and above): 50 mg once daily continue for at least 7 days after neutrophil count is in desirable range

- **INTERACTIONS** → Appendix 1: micafungin
- **SIDE-EFFECTS** Anaemia · anxiety · appetite decreased · arrhythmias · confusion · constipation · diarrhoea · disseminated intravascular coagulation · dizziness · drowsiness · dyspnoea · electrolyte imbalance · eosinophilia · flushing · gastrointestinal discomfort · haemolysis · haemolytic anaemia · headache · hepatic disorders · hepatic failure (potentially life-threatening) · hyperbilirubinaemia · hyperhidrosis · hypersensitivity · hypertension · hypoalbuminaemia · hypotension · insomnia · leucopenia · nausea · neutropenia · palpitations · pancytopenia · peripheral oedema · renal impairment · severe cutaneous adverse reactions (SCARs) · shock · skin reactions · taste altered · thrombocytopenia · tremor · vomiting
- **PREGNANCY** Manufacturer advises avoid unless essential—toxicity in *animal* studies.
- **BREAST FEEDING** Manufacturer advises use only if potential benefit outweighs risk—present in milk in *animal* studies.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in chronic impairment; avoid in severe impairment (limited information available).
- **RENAL IMPAIRMENT** Use with caution; renal function may deteriorate.
- **MONITORING REQUIREMENTS**
 - ▶ Monitor renal function.
 - ▶ Monitor liver function—discontinue if significant and persistent abnormalities in liver function tests develop.
- **DIRECTIONS FOR ADMINISTRATION** For *intravenous infusion* reconstitute each vial with 5 mL Glucose 5% or Sodium Chloride 0.9%; gently rotate vial, without shaking, to dissolve; dilute requisite dose to a concentration of 0.5–2 mg/mL with Glucose 5% or Sodium Chloride 0.9%; protect infusion from light; give over 60 minutes.

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

Powder for solution for infusion▶ **Mycamine** (Astellas Pharma Ltd)

- ▶ **Micafungin (as Micafungin sodium) 50 mg** Mycamine 50mg powder for solution for infusion vials | 1 vial [PoM](#) £196.08
- ▶ **Micafungin (as Micafungin sodium) 100 mg** Mycamine 100mg powder for solution for infusion vials | 1 vial [PoM](#) £341.00

ANTIFUNGALS > POLYENE ANTIFUNGALS**Amphotericin**
(Amphotericin B)

21-Nov-2019

● **INDICATIONS AND DOSE****ABELCET[®]**

Severe invasive candidiasis | Severe systemic fungal infections in patients not responding to conventional amphotericin or to other antifungal drugs or where toxicity or renal impairment precludes conventional amphotericin, including invasive aspergillosis, cryptococcal meningitis and disseminated cryptococcosis in HIV patients

▶ BY INTRAVENOUS INFUSION

- ▶ Child: Test dose 100 micrograms/kg (max. per dose 1 mg), then 5 mg/kg once daily

AMBISOME[®]

Severe systemic or deep mycoses where toxicity (particularly nephrotoxicity) precludes use of conventional amphotericin | Suspected or proven infection in febrile neutropenic patients unresponsive to broad-spectrum antibacterials

▶ BY INTRAVENOUS INFUSION

- ▶ Neonate: 1 mg/kg once daily, increased if necessary to 3 mg/kg once daily; maximum 5 mg/kg per day.

- ▶ Child: Test dose 100 micrograms/kg (max. per dose 1 mg), to be given over 10 minutes, then 3 mg/kg once daily; maximum 5 mg/kg per day

Visceral leishmaniasis (unresponsive to the antimonial alone)

▶ BY INTRAVENOUS INFUSION

- ▶ Child: 1–3 mg/kg daily for 10–21 days to a cumulative dose of 21–30 mg/kg, alternatively 3 mg/kg for 5 consecutive days, followed by 3 mg/kg after 6 days for 1 dose

FUNGIZONE[®]**Systemic fungal infections**

▶ BY INTRAVENOUS INFUSION

- ▶ Neonate: 1 mg/kg once daily, increased if necessary to 1.5 mg/kg daily for 7 days, then reduced to 1–1.5 mg/kg once daily on alternate days if required.
- ▶ Child: Test dose 100 micrograms/kg (max. per dose 1 mg), included as part of first dose of 250 micrograms/kg daily, then increased if tolerated to 1 mg/kg daily, dose is gradually increased over 2–4 days; in severe infection max. 1.5 mg/kg daily or on alternate days. Prolonged treatment usually necessary; if interrupted for longer than 7 days recommence at 250 micrograms/kg daily and increase gradually

● **UNLICENSED USE**

AMBISOME[®] *Ambisome[®]* not licensed for use in children under 1 month.

FUNGIZONE[®] Intravenous conventional formulation amphotericin (*Fungizone[®]*) is licensed for use in children (age range not specified by manufacturer).

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: PARENTAL AMPHOTERICIN B: REMINDER OF RISK OF POTENTIALLY FATAL ADVERSE REACTION IF FORMULATIONS CONFUSED (JULY 2018)

The MHRA is aware of three fatal overdoses which were caused by medication error in which *Fungizone[®]* was administered (a non-lipid-based formulation of amphotericin B) instead of a lipid-based formulation. Healthcare professionals are advised: