- when prescribing and dispensing amphotericin products, both the complete generic name and the proprietary name should be used;
- the product name and dose should be verified before administration, especially if the dose prescribed exceeds the maximum recommended dose for *Fungizone*®.

- **CAUTIONS** Avoid rapid infusion (risk of arrhythmias) · when given parenterally, toxicity common (close supervision necessary and close observation required for at least 30 minutes after test dose)

CAUTIONS, FURTHER INFORMATION

- Anaphylaxis Anaphylaxis can occur with any intravenous amphotericin product and a test dose is advisable before the first infusion in children over 1 month of age; the patient should be carefully observed for at least 30 minutes after the test dose. Prophylactic antipyretics or hydrocortisone should only be used in patients who have previously experienced acute adverse reactions (in whom continued treatment with amphotericin is essential).

- **INTERACTIONS** → Appendix 1: amphotericin
- **SIDE-EFFECTS**
- **Common or very common** Anaemia · appetite decreased · azotaemia · chills · diarrhoea · dyspnoea · electrolyte imbalance · fever · headache · hepatic function abnormal (discontinue) · hyposthenuria · hypotension · nausea · nephrocalcinosis · renal impairment · renal tubular acidosis · skin reactions · vomiting
- **Uncommon** Agranulocytosis · arrhythmias · flushing · gastrointestinal discomfort · hepatic disorders · leucopenia · myalgia · peripheral neuropathy · respiratory disorders · thrombocytopenia
- **Rare or very rare** Arthralgia · cardiac arrest · coagulation disorder · deafness · encephalopathy · eosinophilia · haemorrhage · heart failure · hypersensitivity · hypertension · malaise · nephrogenic diabetes insipidus · pain · pulmonary oedema non-cardiogenic · seizure · severe cutaneous adverse reactions (SCARs) · shock · tinnitus · vertigo · vision disorders · weight decreased

- **PREGNANCY** Not known to be harmful but manufacturers advise avoid unless potential benefit outweighs risk.
- **BREAST FEEDING** No information available.
- **RENAL IMPAIRMENT** Use only if no alternative; nephrotoxicity may be reduced with use of lipid formulation.
- **MONITORING REQUIREMENTS** Hepatic and renal function tests, blood counts, and plasma electrolyte (including plasma-potassium and magnesium concentration) monitoring required.
- **DIRECTIONS FOR ADMINISTRATION**

ABELCET® **Amphotericin (lipid complex)**

For *intravenous infusion*, allow suspension to reach room temperature, shake gently to ensure no yellow settlement, withdraw requisite dose (using 17–19 gauge needle) into one or more 20-mL syringes; replace needle on syringe with a 5-micron filter needle provided (fresh needle for each syringe) and dilute in Glucose 5% to a concentration of 2 mg/mL; preferably give *via* an infusion pump at a rate of 2.5 mg/kg/hour (initial test dose given over 15 minutes); an in-line filter (pore size no less than 15 micron) may be used; do not use sodium chloride or other electrolyte solutions—flush existing intravenous line with Glucose 5% or use separate line.

AMBISOME® **Amphotericin (liposomal)**

For *intravenous infusion*, reconstitute each vial with 12 mL Water for Injections and shake vigorously to produce a preparation containing 4 mg/mL; withdraw requisite dose from vial and introduce into Glucose 5% or 10% through the 5-micron filter provided, to produce a final concentration of 0.2–2 mg/mL; infuse over 30–60 minutes, or if non-anaphylactic infusion-related reactions occur infuse over 2 hours (initial test dose given over 10 minutes); an in-line filter (pore size no less than 1 micron) may be used; incompatible with sodium chloride solutions—flush existing intravenous line with Glucose 5% or 10%, or use separate line.

FUNGIZONE® **Amphotericin (as sodium deoxycholate complex)**

For *intravenous infusion*, reconstitute each vial with 10 mL Water for Injections and shake immediately to produce a 5 mg/mL colloidal solution; dilute further in Glucose 5% to a concentration of 100 micrograms/mL (in fluid-restricted children, up to 400 micrograms/mL given via a central line); pH of glucose solution must not be below 4.2 (check each container—consult product literature for details of buffer); infuse over 4–6 hours, or if tolerated over a minimum of 2 hours (initial test dose given over 20–30 minutes); begin infusion immediately after dilution and protect from light; incompatible with Sodium Chloride solutions—flush existing intravenous line with Glucose 5% or use separate line; an in-line filter (pore size no less than 1 micron) may be used.

- **PRESCRIBING AND DISPENSING INFORMATION** Amphotericin is available as *conventional*, *liposomal* and *lipid complex* formulations. These different formulations vary in their licensed indications, pharmacokinetics, dosage and administration, and are **not** interchangeable.

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

Suspension for infusion

ELECTROLYTES: May contain Sodium

- **Abelcet** (Teva UK Ltd)
  Amphotericin B (as Amphotericin B phospholipid complex) 5 mg per 1 ml Abelcet 100mg/20ml concentrate for suspension for infusion vials | 10 vial PoM £775.04 (Hospital only)

Powder for solution for infusion

EXCIPIENTS: May contain Sucrose
ELECTROLYTES: May contain Sodium

- **Fungizone** (Cheplapharm Arzneimittel GmbH)
  Amphotericin B 50 mg Fungizone 50mg powder for concentrate for solution for infusion vials | 1 vial PoM £3.88 DT = £3.88

ANTIFUNGALS › TRIAZOLE ANTIFUNGALS

Fluconazole

10-Mar-2020

- **INDICATIONS AND DOSE**

Candidal balanitis

- BY MOUTH
- Child 16–17 years: 150 mg for 1 dose

Vaginal candidiasis

- BY MOUTH
- Child: 150 mg for 1 dose, for use in patients who are post-puberty

Vulvovaginal candidiasis (recurrent)

- BY MOUTH
- Child: Initially 150 mg every 72 hours for 3 doses, then 150 mg once weekly for 6 months, for use in patients who are post-puberty

Mucosal candidiasis (except genital)

- BY MOUTH, OR BY INTRAVENOUS INFUSION
- Neonate up to 14 days: 3–6 mg/kg, dose to be given on first day, then 3 mg/kg every 72 hours.
- Neonate 14 days to 28 days: 3–6 mg/kg, dose to be given on first day, then 3 mg/kg every 48 hours.
- Child 1 month–11 years: 3–6 mg/kg, dose to be given on first day, then 3 mg/kg daily (max. per dose 100 mg) for

continued →