Cephalon

Educational Brochure to Healthcare Professional on the dosing, administration and precautions for use information for Abelcet® (amphotericin B-lipid complex)

Dear Healthcare Professional,

Cephalon Limited wish to provide you with this Educational Brochure, which summarises key information on the dosing, administration and precautions for use for Abelcet® (amphotericin B-lipid complex).

Abelcet® is a broad spectrum antifungal agent with proven efficacy as first-line treatment of aspergillosis, systemic candidal infections, cryptococcal meningitis and severe systemic fungal infections. Abelcet provides rapid release of amphotericin B[1,2,3] to the tissues with high concentration levels achieved in key target tissues[4,5].

Abelcet Dosage and Administration Information

As specified in the Summary of Product Characteristics (SmPC), Abelcet is a sterile, pyrogen-free suspension which must be diluted for intravenous infusion only. For severe systemic infections, **treatment is generally recommended at 5.0 mg/kg/day for at least 14 days.** Abelcet should be **administered by intravenous infusion at a rate of 2.5 mg/kg/hr**.

When commencing treatment with Abelcet **for the first time it is recommended to administer a test dose immediately prior to the first infusion**. The first infusion should be prepared according to the instructions then, over a period of approximately 15 minutes, 1mg of the infusion should be administered to the patient. After this amount has been administered the infusion should be stopped and the patient observed carefully for 30 minutes. If the patient shows no signs of hypersensitivity the infusion may be continued. As for use with all amphotericin B products, facilities for cardiopulmonary resuscitation should be readily at hand when administering Abelcet for the first time, due to the possible occurrence of anaphylactic reactions.

Special warnings and precautions for use

Premedication may be considered for the prevention of infusion related reactions. Paracetamol, diphenydramine, pethidine, and/or hydrocortisone have been reported as successful in the prevention and treatment of such reactions.

Safety Communication

It is important to note by referring to the SmPC, the correct dose and use of Abelcet.

It is also important to note that 'Abelcet is not interchangeable with other amphotericin products'. Particular care should be taken in prescribing and dispensing the correct brand of these products. Prescribers, pharmacists and patients need to be fully aware of the brand being prescribed and the associated dosing regimen.

Attached Reference Information

Annex 1: Licensed Indications for Abelcet.
Annex 2: References

Call for reporting of suspected adverse drug reactions

Cephalon reminds Healthcare Professionals of their obligations to continue to report suspected adverse drug reactions (including those that arise from medication errors). Reporting forms and information can be found at www.imb.ie. Adverse reactions reports can also be forwarded to Cephalon Ltd. Please contact **01 2014000.**

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Annex 1

Licensed indications for Abelcet (amphotericin B lipid complex)

First-line treatment of aspergillosis

Abelcet is indicated for the first-line treatment of aspergillosis in immunocompromised and immunocompetent patients.

First-line treatment of systemic candidal infections

Abelcet is indicated for first-line treatment of systemic candidal infections in neutropenic and non-neutropenic patients. In a randomised, comparative study against conventional amphotericin B, the two treatments were equally efficacious in terms of clinical improvement and in the eradication of fungal pathogens. However, a comparison of patients' renal function showed that Abelcet was significantly better tolerated than conventional amphotericin B.
A statistically significant delay in deterioration of renal function was observed in the Abelcet patients compared to those treated with conventional amphotericin B.

First line treatment of cryptococcal meningitis

Abelcet is also indicated for first line treatment of cryptococcal meningitis and systemic cryptococcosis in patients with acquired immunodeficiency syndrome (AIDS). In a comparative clinical study in AIDS patients with cryptococcal meningitis, the efficacy of Abelcet was comparable to that of conventional amphotericin B. However, the toxicity, particularly the nephrotoxicity, of Abelcet was markedly less, allowing administration of considerably higher doses for a prolonged period.

Severe systemic fungal infections

Abelcet is indicated for the treatment of severe systemic fungal infections in patients who have not responded to conventional amphotericin B or other systemic antifungal agents, in those who have renal impairment or other contraindications to conventional amphotericin B, or in patients who have developed amphotericin B nephrotoxicity. In an open-label emergency use study of Abelcet in these patient groups, 74/111 (67 %) patients experienced clinical cure or improvement, and in 37/67 (55 %) where fungal pathogens were isolated, mycological eradication was achieved.

Fungal infections that have responded to Abelcet treatment include systemic candidiasis, aspergillosis, cryptococcal meningitis and disseminated cryptococcosis, fusariosis, zygomycosis, blastomycosis and coccidioidomycosis. Abelcet may also be effective in the treatment of histoplasmosis, chronic mycetoma, pseudallescheriasis, sporotrichosis and trichosporosis.

Abelcet has been used successfully to treat systemic fungal infections in patients who are severely neutropenic as a consequence of haematologic malignancy or the use of cytotoxic or immunosuppressive drugs.

Paediatric use

Systemic fungal infections in children have been treated successfully with Abelcet at doses comparable to the recommended adult dose on a body weight basis.

Use in elderly patients

Systemic fungal infections in elderly patients have been treated successfully with Abelcet at doses comparable to the recommended adult dose on a body weight basis.

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Use in patients with serious concomitant illnesses, renal impairment or hepatic insufficiency

The recommended dose is 5.0 mg/kg/day in these patients.

Use in renal dialysis patients and in patients with renal failure

Abelcet should be administered to renal dialysis patients only after the completion of dialysis. Serum potassium and magnesium levels should be monitored regularly. Abelcet may be given to patients with renal failure at the recommended adult dose.

Abelcet should not be used for treating common or superficial, clinically inapparent fungal infections that are detectable only by positive skin or serologic tests.

Annex 2:
References:

1. Taraschi TF, Beggs JM. *J Lip Res* 2000:10:96-97
2. Legrand P et al. J *Drug Target* 1997;4:311-319
3. Adler-Moore JP, Profitt RT. *J Lip Res* 1993;3:429-450
4. Wong-Beringer A et al. *Clin Infect Dis* 1998;27:603-618
5. Mehta J et al. *BMT* 1997;20:39-43

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