



## MONOGRAPH

# Anidulafungin Monograph - Paediatric

<b>Scope (Staff):</b>	Medical, Pharmacy, Nursing
<b>Scope (Area):</b>	All Clinical Areas

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

### QUICKLINKS

<a href="#">Dosage/Dosage Adjustments</a>	<a href="#">Administration</a>	<a href="#">Compatibility</a>	<a href="#">Monitoring</a>
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### DRUG CLASS

Echinocandin antifungal <sup>(1)</sup>

### INDICATIONS AND RESTRICTIONS

#### IV: Restricted (red) antifungal

ChAMP approval is required prior to prescription.

Anidulafungin is indicated in the treatment of invasive candidiasis including candidaemia.<sup>(1)</sup>

### CONTRAINDICATIONS

- Hypersensitivity to anidulafungin, other echinocandins or any component of the formulation.<sup>(1-5)</sup>
- Anidulafungin is contraindicated in patients with hereditary fructose intolerance due to the fructose content of the preparation.<sup>(2-5)</sup>

### PRECAUTIONS

- Clinically significant hepatic abnormalities can occur with treatment.<sup>(2, 3)</sup>
- Anidulafungin contains polysorbate 80 and increases the risk of toxicity in low birth weight infants. Micafungin is the preferred agent in this patient group.<sup>(3)</sup>

## FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- 100mg powder for reconstitution

Imprest location: [Formulary One](#)

## DOSAGE & DOSAGE ADJUSTMENTS

**Neonates:** [Refer to Neonatal Medication Protocols](#)

There is minimal information regarding the use of anidulafungin in neonates. A 3mg/kg loading dose with 1.5mg/kg/dose once daily maintenance dose has been used.<sup>(2, 6)</sup>

**Children (≥4 weeks to 18 years):**

**Loading dose:** 3mg/kg (to a maximum of 200mg) as a single dose.<sup>(1-3, 5, 7)</sup>

**Maintenance dose:** 1.5mg/kg/dose (to a maximum of 100mg) once daily.<sup>(1-3, 5, 7)</sup>

**[Dosing in Overweight and Obese Children:](#)** Higher doses may be required in obese patients as there is increased clearance as a function of body weight.<sup>(5)</sup>

**Renal impairment:**

- [eGFR calculator](#)
- No dosage adjustment is required in patients with renal impairment.<sup>(5, 8)</sup>

**Hepatic impairment:**

- No dosage adjustment is required in patients with hepatic impairment.<sup>(5, 8)</sup>

## RECONSTITUTION & ADMINISTRATION

- Reconstitute each 100mg vial with 30mL of water for injections to make a final concentration of 3.33mg/mL.<sup>(9)</sup>
- The powder is slow to dissolve and make take up to 5 minutes to dissolve. The final solution must be prepared immediately and should be clear and colourless. Further dilution is required before administration.<sup>(4, 9)</sup>
- The IV solution should be diluted to a final concentration of 0.77mg/mL and infused at a rate of 1.1mg/minute (1.4mL/minute) or slower.<sup>(2, 5, 9)</sup>
- Recommended volumes for final administration<sup>(2, 4, 9)</sup>:

Dose	Suggested Final volume	Minimum infusion time
50mg	65mL	45 minutes
100mg	130mL	90 minutes
200mg	260mL	180 minutes

**COMPATIBILITY (LIST IS NOT EXHAUSTIVE)****Compatible fluids:**

- Glucose 5%
- Sodium chloride 0.9%<sup>(2, 9)</sup>

**Compatible at Y-site:**

[Compatibilities of IV drugs](#) must be checked when two or more drugs are given concurrently.

**MONITORING**

- Hepatic function must be monitored regularly. Liver function tests should be checked at baseline and monitored throughout treatment.<sup>(1-3, 5, 7)</sup>

**ADVERSE EFFECTS**

**Common:** nausea, vomiting, diarrhoea, dyspepsia, rash, fever, headache, hypokalaemia, increased liver enzymes, hypertension or hypotension, phlebitis, thrombophlebitis, insomnia, anaemia, neutropenia.<sup>(1, 5, 10)</sup>

**Infrequent:** hypomagnesaemia

**Rare:** anaphylaxis, injection site reactions, infusion related reactions (e.g. rash, urticaria, flushing, pruritis, bronchospasm, and hypotension) are more likely if anidulafungin is infused at a rate faster than 1.1mg/minute.<sup>(1, 9)</sup>

**STORAGE**

- Store the vial between 2 and 8°C, do not freeze.<sup>(4, 5, 9)</sup>

**INTERACTIONS**

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

*\*\*Please note: The information contained in this guideline is to assist with the preparation and administration of **anidulafungin**. Any variations to the doses recommended should be clarified with the prescriber prior to administration\*\**

**Related CAHS internal policies, procedures and guidelines**

[Antimicrobial Stewardship Policy](#)

[ChAMP Empiric Guidelines and Monographs](#)

[KEMH Neonatal Medication Protocols](#)

**References**

1. Rossi S, editor. Australian Medicines Handbook. Adelaide, S. Aust.: Australian Medicines Handbook; 2021.
2. Clinical Pharmacology [Internet]. Elsevier BV. 2021 [cited 17/09/2021]. Available from: <http://www.clinicalpharmacology-ip.com.pklibresources.health.wa.gov.au/default.aspx>.
3. IBM Micromedex [Internet]. Truven Health Analytics. 2021 [cited 11/05/2021]. Available from: <http://www-micromedexsolutions-com.pklibresources.health.wa.gov.au/micromedex2/librarian>.
4. MIMS Australia. MIMS online [full product information]. St Leonards, N.S.W: CMP Medica Australia.; 2021. p. 1v. (various pagings).
5. Anidulafungin - Paediatric Drug Information [Internet]. Lexicomp. 2021 [cited 05/10/2021].
6. Phelps S Hagemann T Lee K Thompson A. Pediatric Injectable Drugs: The Teddy Bear Book. Maryland: American Society of Health-System Pharmacists.
7. Royal Australian College of General Practitioners, Pharmaceutical Society of Australia, Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. AMH: Children's Dosing Companion. Adelaide: Australian Medicines Handbook Pty Ltd; 2020.
8. Antibiotic Writing Group. eTG complete. West Melbourne: Therapeutic Guidelines Ltd; 2021. Available from: <https://tgldcdp-tg-org-au.pklibresources.health.wa.gov.au/etgAccess>.
9. Symons K. Ermer J. (editors). Australian injectable drugs handbook. Collingwood: The Society of Hospital Pharmacists of Australia; 2020.
10. McEvoy Ge, editor. AHFS Drug Information. 60th Edition ed. Maryland: American Society of Health-System Pharmacists; 2018.

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