Cefiderocol sulfate tosylate Intravenous Infusion for Adults

Who can administer

- May be administered by registered competent doctor or nurse/midwife

Important information

- **Risk of under-dosing**Â ifÂ **displacement value not accounted for** see table 1
- Restricted to Microbiology or Infectious Diseases advice only **(Red-light antimicrobial)**
- If documented immediate, or severe delayed hypersensitivity **REACTION to PENICILLIN or CEPHALOSPORIN: DO NOT GIVE THIS DRUG**
- See under 'Dose' for adjustments required in **renal impairment**
- Note **high salt content**. A 2g dose is approximately 35% of WHO adult recommended maximum daily dietary intake. Refer to PIL for further information

Available preparations

Fetcroja 1g vial

Reconstitution

- Use anÂ infusion bag containing 100mL or more
- Withdraw 10mL from this infusion bag to reconstitute each vial
- Shake vial gently to dissolve powder and stand vial until surface foaming disappears (usually within 2 minutes)
- Dilute further prior to administration by returning the reconstituted vials to the bag- **see Table 1 below for further details**

Infusion fluids

Sodium Chloride 0.9% or Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusionÂ

- Add required dose to infusion fluid (volume below) and administer over 3 hours

Table 1: Preparation of infusion

Cefiderocol dose	Number of 1g cefiderocol vials to be reconstitutedÂ Â	Volume to withdraw from reconstituted vial(s)Â	Total volume of cefiderocol solution required for further dilution in at least 100mL infusion fluidÂ
2gÂ	2 vials	11.2 mL (entire contents) from both vials	Â 22.4mL
1.5gÂ Â	2 vialsÂ Â	11.2 mL (entire contents) from first vial AND 5.6 mL from second vialÂ	16.8mL
1gÂ Â	1 vialÂ	11.2 mL (entire contents)Â Â	11.2mL
0.75gÂ Â	1 vialÂ	8.4 mLÂ	8.4mL

- Do not use discoloured solutions or solutions with visible particulates

Dose in adults

Usual DoseÂ

- Give 2g every 8 hours
- An increased frequency can be used in severe infection, based on renal function (see table below). However this must be done on a case by case basis in discussion with micro/ID
- **Creatinine clearance must be calculated using Cockcroft and Gault equation rather than using eGFR**

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Table 2: Renal dose adjustment		
CrCl (mL/min)Â	**Â Â Dose Â**	**Â Â Frequency**
>120ml/min	Â 2gÂ Â Â	Every 6 hours
60 to 120Â	Â 2gÂ	Every 8 hours
30 to 60Â	1.5g	Every 8 hours
15 to 30Â	1gÂ	Every 8 hours
<15	0.75gÂ	Every 12 hours

Storage

Store in a refrigerator 2^{0} to 8^{0}C

References

SPC downloaded from EMEA 17th Dec 2024

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Therapeutic classification

Antimicrobial