

Amphotericin B Liposomal [LAMB] (Ambisome™)

Spectrum of Activity:

- Ambisome has broad antifungal coverage with in vitro activity against Candida, Aspergillus, dimorphic fungi, and some Zygomycetes
- Coverage gaps:
 - Candida lusitanae, Aspergillus terreus, Scedosporium spp., and Trichosporon spp.

Acceptable uses

- Treatment:
 - Suspected or confirmed invasive Mucormycosis
 - Aspergillus CNS infection
 - Cryptococcal meningitis induction therapy
 - Candidal endophthalmitis, endocarditis, fungal CNS disease, severe dimorphic fungi infections

Dosing

- 3-5mg/kg IV q24h depending on organism and site of infection
 - 5mg/kg IV q24h is recommended for invasive or severe disease, endocarditis, meningitis
- Dose adjustments are not necessary in renal or liver dysfunction
- Premeds:
 - Acetaminophen 500mg PO q24h given 30 mins before infusion
 - Diphenhydramine 25mg IV q24h given 30 mins before infusion
 - Meperidine 25mg IV q24h given before infusion for 2 days and as needed for rigors thereafter

Monitoring

- Adverse Reactions: Chest pain, hypoxia, dyspnea, infusion-related reactions (flushing, urticaria), hypotension, abdominal pain, electrolyte abnormalities (notably, hypokalemia and hypomagnesemia), increase in LFTs
- Labs/Tests: CMP (including Mg⁺⁺) at baseline, daily while inpatient, at least every week after therapy and up to 3 times weekly as outpatient until stability demonstrated. May require significant repletions.

Notes

- Ambisome™ and Amphotericin B deoxycholate are different preparations and have different dosing. Ambisome™ is preferred agent at VUMC.
- Ambisome™ is a restricted drug. ID consult is required for approval and suggested for treatment of invasive fungal disease.
- Electrolyte abnormalities can persist for ≥1 week after discontinuation and require continued monitoring until stable.