CEFTAZIDIME AVIBACTAM

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Trade Name	ZAVICEFTA	A [®] (Pfizer)			
Class	Extended spectrum, beta lactamase resistant, cephalosporin antibiotic				
Mechanism of Action	Inhibits bacterial cell wall synthesis and thereby causing bacterial lysis.				
Indications Individual ID approval required for full treatment course	Treatment of resistant gram negative infections caused by pathogens such as E Coli, H Influenza, Neisseria, Klebsiella and Proteus species				
Contraindications	Known sensitivity to cephalosporins. Caution in patients with Type 1 hypersensitivity to penicillin Caution in patients with renal impairment, consider lengthening the dosing interval.				
Supplied As	2.5g vial of powder for injection				
Dilution	IV: Note concentrations and doses in this profile refer to total drug ceftazidime + avibactam				
Caution 2 step dilution process	Step 1. Add 8 mL of water for injection to the vial				
process	Vial	Water Added	Volume	Concentration	
	2.5g	8 mL	10 mL*	250mg /mL	
	* Displacement value of the ceftazidime avibactam powder is approximately 2mL				
	Step 2. Take 1 mL (250mg) of the solution in Step 1 and add 9 mL of either sodium chloride 0.9% or glucose 5%				
	Drug	Sodium Chloride 0.9% or	Final Volume	Final Concentration	
		Glucose 5%			
	1 mL	9 mL	10 mL	25 mg /mL	
	(250 mg)			ceftazidime + avibactam	
Dose ¹	25mg/kg (= ceftazidime 20mg/kg + avibactam 5 mg)				
Interval	Every 8 hours				
Administration	IV infusion over 2 hours				
Compatible With	Solution: glucose 5%, sodium chloride 0.45% and 0.9% (Note compatibility of ceftazidime -avibactam has not been tested in other strengths of glucose or sodium chloride)				

Compatible With	Y-site: dexmedetomidine, dopamine, ertapenem, furosemide, gentamicin, heparin, imipenem cilastatin, linezolid, magnesium sulphate, meropenem, noradrenaline, phenylephrine, potassium chloride, sodium bicarbonate, tobramycin, vasopressin, vecuronium.			
Incompatible With	Vancomycin There is no information on compatibility with TPN or SMOF lipid, please use a separate line if at all possible.			
Interactions	Potential for increased risk of nephrotoxicity if given in combination with other nephrotoxic meds eg furosemide, gentamicin or vancomycin.			
Monitoring	Monitor electrolytes (sodium and potassium)			
Stability	Discard remaining solution in vial after reconstitution. Use a new vial for each dose. Vials are not designed for multi-dosing. Protect vial from light.			
Storage	Unopened vials should be stored at room temperature < 30°C			
Adverse Reactions	Rare: (1-10%) candidiasis, diarrhoea, hypokalaemia, increased transaminases, infusion site phlebitis, pyrexia, itch, rash, thrombocytopaenia, vomiting.			
Metabolism	Widely distributed throughout the body 80-90% excreted unchanged in urine Half-life: 1 -2 hours.			
Comments	This antibiotic is usually only prescribed in the presence of multi- resistant drug organisms and on the recommendation of the infectious disease consultant.			
References	Neofax in www.micromedexsolutions.com Zavicefta data sheet www.medsafe.govt.nz Trissells IV compatibility data in www.micromedexsolutions.com			
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