PLITIDEPSIN

BRAND NAME	APLIDIN
DRUG CLASS	Cytotoxic cancer therapy
AVAILABILITY	Vial contains 2 mg of plitidepsin. Also contains mannitol. Diluent ampoule contains PEG-35 castor oil, ethanol and water for injections.[1]
	Cytotoxic.[1] Strict handling precautions are required. Check your local guidelines for handling of cytotoxic medicines and related waste. Severe hypersensitivity and anaphylactic reactions may occur. Resuscitation facilities must be readily available.[1]
pH	No information
PREPARATION	**In a cytotoxic drug safety cabinet**: Reconstitute the vial with 4 mL of the diluent provided. Shake the vial until dissolved.[1] The concentration is 0.5 mg/mL. Contains 0.15 mL/mL of ethanol.[1] The solution is clear and colourless to slightly yellow.[1] Dilute the dose with a compatible fluid to 500 mL for infusion into a peripheral vein, or to 250 mL for infusion into a central venous access device.[1] Use glass or polyolefin containers.[1]
STABILITY	Vial: store at 2 to 8 °C. Do not freeze. Protect from light.[1] Reconstituted solution: stable for 6 hours below 25°C or 24 hours at 2 to 8 °C.[1] Infusion solution: stable for 6 hours below 25°C in room light, or for 24 hours at 2 to 8 °C protected from light.[1]
ADMINISTRATION	
IM injection	Not recommended
SUBCUT injection	Not recommended
IV injection	Not recommended
IV infusion	Infuse over 3 hours. Use a DEHP-free, polyolefin, or polyurethane infusion set and a low protein-binding 0.2 micrometre filter.[1] Use an infusion pump.
COMPATIBILITY	Sodium chloride 0.9%[1], glucose 5%[1]
INCOMPATIBILITY	No information
SPECIAL NOTES	Infusion reactions are most common in the first two cycles.[1] Premedication with a $5HT_3$ antagonist, antihistamine and H_2 antagonist is recommended.[1] Check your local guidelines. For mild to moderate infusion reactions including flushing, rash, pruritis, mild dyspnoea, cough or chest discomfort, stop the infusion and give an IV antihistamine and hydrocortisone. Wait at least 30 minutes for symptoms to improve before restarting the infusion at one-third of the original rate. Monitor continuously for the rest of the infusion.[1] Severe hypersensitivity and anaphylactic reactions are less common but are a medical emergency. Stop the infusion and commence treatment immediately. May cause pain and other infusion site reactions; if a peripheral vein is used monitor the infusion site for signs of extravasation.[1]

REFERENCES

1. Product information. Available from www.tga.gov.au. Accessed 09/11/2023.