

## **Package Leaflet: Information for the user**

### **Caspofungin 50 mg powder for concentrate for solution for infusion**

#### **Caspofungin**

**Read all of this leaflet carefully before you or your child are given this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor, nurse or pharmacist.
- If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

#### **What is in this leaflet**

1. What Caspofungin is and what it is used for
2. What you need to know before you are given Caspofungin
3. How to use Caspofungin
4. Possible side effects
5. How to store Caspofungin
6. Contents of the pack and other information

### **1. What Caspofungin is and what it is used for**

#### **What Caspofungin is**

Caspofungin contains the active substance caspofungin. This belongs to a group of medicines called antifungals.

#### **What Caspofungin is used for**

Caspofungin is used to treat the following infections in children, adolescents and adults:

- serious fungal infections in your tissues or organs (called “invasive candidiasis”). This infection is caused by fungal (yeast) cells called *Candida*.
- People who might get this type of infection include those who have just had an operation or those whose immune systems are weak. Fever and chills that do not respond to an antibiotic are the most common signs of this type of infection.
- fungal infections in your nose, nasal sinuses or lungs (called “invasive aspergillosis”) if other anti-fungal treatments have not worked or have caused side effects. This infection is caused by a mould called *Aspergillus*.
- People who might get this type of infection include those having chemotherapy, those who have had a transplant and those whose immune systems are weak.
- suspected fungal infections if you have a fever and a low white cell count that have not improved on treatment with an antibiotic. People who are at risk of getting a fungal infection include those who have just had an operation or those whose immune systems are weak.

#### **How Caspofungin works**

Caspofungin makes fungal cells fragile and stops the fungus from growing properly. This stops the infection from spreading and gives the body’s natural defences a chance to completely get rid of the infection.

### **2. What you need to know before you are given Caspofungin**

#### **Do not use Caspofungin**

- if you are allergic to caspofungin or any of the other ingredients of this medicine (listed in section 6).

If you are not sure, talk to your doctor, nurse or pharmacist before you are given your medicine.

### **Warnings and precautions**

Talk to your doctor, nurse or pharmacist before you are given Caspofungin if:

- you are allergic to any other medicines
- you have ever had liver problems - you might need a different dose of this medicine
- you are already taking cyclosporin (used to help prevent organ transplant rejection or to suppress your immune system) – as your doctor may need to run extra blood tests during your treatment.
- if you have ever had any other medical problem.

If any of the above applies to you (or you are not sure), talk to your doctor, nurse or pharmacist before you are given Caspofungin.

Caspofungin may also cause serious cutaneous adverse reactions such as Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN).

### **Other medicines and Caspofungin**

Please tell your doctor, nurse or pharmacist if you are taking, have recently taken or might take any other medicines. This includes medicines obtained without a prescription, including herbal medicines. This is because Caspofungin can affect the way some other medicines work. Also some other medicines can affect the way Caspofungin works.

Tell your doctor, nurse or pharmacist if you are taking any of the following medicines:

- cyclosporin or tacrolimus (used to help prevent organ transplant rejection or to suppress your immune system) as your doctor may need to run extra blood tests during your treatment
- some HIV medicines such as efavirenz or nevirapine
- phenytoin or carbamazepine (used for the treatment of seizures)
- dexamethasone (a steroid used e.g. for the treatment of inflammations)
- rifampicin (an antibiotic).

If any of the above apply to you (or you are not sure), talk to your doctor, nurse or pharmacist before you are given Caspofungin.

### **Pregnancy and breast-feeding**

Ask your doctor for advice before taking any medicine, if you are pregnant or breast-feeding or think you are pregnant.

- Caspofungin has not been studied in pregnant women. It should be used in pregnancy only if the potential benefit justifies the potential risk to the unborn baby.
- Women given Caspofungin should not breast-feed.

### **Driving and using machines**

There is no information to suggest that Caspofungin affects your ability to drive or operate machinery.

### **Caspofungin contains sodium**

This medicinal product contains less than 1 mmol sodium (23 mg) per vial, i.e. essentially “sodium- free”.

### 3. How to use Caspofungin

Caspofungin will always be prepared and given to you by a healthcare

professional. You will be given Caspofungin:

- once each day
- by slow injection into a vein (intravenous infusion)
- over about 1 hour.

Your doctor will determine the duration of your treatment and how much Caspofungin you will be given each day. Your doctor will monitor how well the medicine works for you. If you weigh more than 80 kg, you may need a different dose.

#### **Children and adolescents**

The dose for children and adolescents may differ from the adult dose.

#### **If you have been given more Caspofungin than you should**

Your doctor will decide how much Caspofungin you need and for how long each day. If you are worried that you may have been given too much Caspofungin, tell your doctor or nurse straight away.

If you have any further questions on the use of this medicine, ask your doctor, nurse or pharmacist.

### 4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

**Tell your doctor or nurse straight away if you notice any of the following side effects - you may need urgent medical treatment:**

- rash, itching, feeling warm, swelling of your face, lips or throat or difficulty breathing - you may be having a histamine reaction to the medicine.
- difficulty breathing with wheezing or a rash that gets worse - you may be having an allergic reaction to the medicine.
- cough, serious breathing difficulties - if you are an adult and have invasive aspergillosis you may be experiencing a serious respiratory problem that could result in respiratory failure.
- rash, skin peeling, mucous membrane sores, hives, large areas of peeling skin.

As with any prescription medicine, some side effects may be serious. Ask your doctor for more information.

Other side effects in adults include:

**Common** (may affect up to 1 in 10 people):

- decreased haemoglobin (decreased oxygen carrying substance in the blood), decreased white blood cells
- decreased blood albumin (a type of protein) in your blood, decreased potassium or low potassium levels in the blood
- headache
- inflammation of the vein
- shortness of breath
- diarrhoea, nausea or vomiting
- changes in some laboratory blood tests (including increased values of some liver tests)
- itching, rash, skin redness or sweating more than usual

- joint pain
- chills, fever
- itching at the injection site.

**Uncommon** (may affect up to 1 in 100 people):

- changes in some laboratory blood tests (including disease of blood clotting, platelets, red blood cells and white blood cells)
- loss of appetite, increase in amount of body fluid, imbalance of salt in the body, high sugar level in the blood, low calcium level in the blood, increase in calcium level in the blood, low magnesium level in the blood, increase in acid level in the blood
- disorientation, feeling nervous, being unable to sleep
- feeling dizzy, decreased feeling or sensitivity (especially in the skin), shaking, feeling sleepy, change in the way things taste, tingling or numbness
- blurred vision, increase in tears, swollen eyelid, yellowing of the whites of the eyes
- sensation of fast or irregular heart beats, rapid heart beat, irregular heart beat, abnormal heart rhythm, heart failure
- flushing, hot flush, high blood pressure, low blood pressure, redness along a vein which is extremely tender when touched
- tightening of the bands of muscle around the airways resulting in wheezing or coughing, fast breathing rate, shortness of breath that wakes you up, shortage of oxygen in the blood, abnormal breath sounds, crackling sounds in the lungs, wheezing, nasal congestion, cough, throat pain
- belly pain, upper belly pain, bloating, constipation, difficulty swallowing, dry mouth, indigestion, passing gas, stomach discomfort, swelling due to build-up of fluid around the belly
- decreased flow of bile, enlarged liver, yellowing of the skin and/or whites of the eyes, liver injury caused by a drug or chemical, liver disorder
- abnormal skin tissue, generalised itching, hives, rash of varying appearance, abnormal skin, red often itchy spots on your arms and legs and sometimes on the face and the rest of the body
- back pain, pain in an arm or leg, bone pain, muscle pain, muscle weakness
- loss of kidney function, sudden loss of kidney function
- catheter site pain, injection site complaints (redness, hard lump, pain, swelling, irritation, rash, hives, leaking of fluid from the catheter into the tissue), inflammation of vein at injection site
- increased blood pressure and alterations in some laboratory blood tests (including kidney electrolyte and clotting tests), increased levels of the medicines you are taking that weaken the immune system
- chest discomfort, chest pain, feeling of body temperature change, generally feeling unwell, general pain, swelling of the face, swelling of the ankles, hands or feet, swelling, tenderness, feeling tired.

**Side effects in children and adolescents**

**Very common** (may affect more than 1 in 10 people):

- fever

**Common** (may affect up to 1 in 10 people):

- headache
- fast heart beat
- flushing, low blood pressure
- changes in some laboratory blood tests (increased values of some liver tests)
- itching, rash
- catheter site pain
- chills

- changes in some laboratory blood tests.

### **Reporting of side effects**

If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet.

You can also report side effects directly via:

#### **Ireland**

HPRA Pharmacovigilance

Website: [www.hpra.ie](http://www.hpra.ie)

#### **United Kingdom**

Yellow Card Scheme

Website: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store.

By reporting side effects you can help provide more information on the safety of this medicine.

## **5. How to store Caspofungin**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and the vial (the first two numbers are the month; the next four numbers are the year). The expiry date refers to the last day of that month.

Store in a refrigerator (2 °C to 8 °C).

The following in-use storage times of the reconstituted concentrate for solution for infusion and the diluted solution for infusion are not additive.

#### *Reconstituted concentrate for solution for infusion*

Chemical and physical in-use stability has been demonstrated for 24 hours at  $\leq 25$  °C. From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2 to 8 °C, unless reconstitution has taken place in controlled and validated aseptic conditions.

Do not freeze the reconstituted concentrate for solution for infusion.

#### *Diluted solution for infusion*

Chemical and physical in-use stability has been demonstrated for 24 hours at  $\leq 25$  °C and for 48 hours at 2 to 8 °C. From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would normally not be longer than 24 hours at 2 to 8 °C, unless dilution has taken place in controlled and validated aseptic conditions.

Do not freeze the reconstituted diluted solution for infusion.

Do not throw away any medicines via wastewater <or household waste>. Ask your pharmacist how to throw away medicines you no longer use. These measures will help to protect the environment.

## **6. Contents of the pack and other information**

### **What Caspofungin contains**

- The active substance is caspofungin. Each vial of Caspofungin contains 50 mg caspofungin (as acetate). After reconstitution each ml concentrate for solution for infusion contains 5.2 mg caspofungin.
- The other ingredients are sucrose, mannitol, glacial acetic acid and sodium hydroxide 3.9 % (to adjust the pH).

### **What Caspofungin looks like and contents of the pack**

Caspofungin is a sterile, white to off-white compact powder for concentrate for solution for infusion. Each pack contains one vial of powder.

### **Marketing Authorisation Holder**

Flynn Pharma  
Limited  
5th Floor,  
40 Mespil Road,  
Dublin 4,  
IRELAND, D04  
C2N4

### **Manufacturer**

<Inresa Arzneimittel GmbH  
Obere Hardtstraße 18  
79114 Freiburg  
Germany>

<BAG Health Care GmbH  
Amtsgerichtsstraße 1-5  
35423  
Lich

**This medicinal product is authorised in the Member States of the EEA under the following names:**

Germany	Caspofungin Inresa 50 mg Pulver für ein Konzentrat zur Herstellung einer Infusionslösung
Ireland	Caspofungin 50 mg powder for concentrate for solution for infusion
United Kingdom	Caspofungin 50 mg powder for concentrate for solution for infusion

**This leaflet was last revised in August 2024.**

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### **The following information is intended for healthcare professionals only:**

Instructions of how to reconstitute and dilute Caspofungin:

#### **Reconstitution of Caspofungin**

DO NOT USE ANY DILUENTS CONTAINING GLUCOSE, as Caspofungin is not stable in diluents containing glucose. DO NOT MIX OR CO-INFUSE Caspofungin WITH ANY OTHER MEDICINES, as there are no data available on the compatibility of Caspofungin with other intravenous substances, additives, or medicinal products. Visually inspect the infusion solution for particulate matter or discolouration.

### **INSTRUCTIONS FOR USE IN ADULT PATIENTS**

#### **Step 1 Reconstitution of conventional vials**

To reconstitute the powder, bring the vial to room temperature and aseptically add 10.5 ml of water

for injection.

The white to off-white compact lyophilised powder will dissolve completely. Mix gently until a clear solution is obtained. Reconstituted solutions should be visually inspected for particulate matter or discolouration.

The concentrations of the reconstituted vials will be 5.2 mg/ml.

## Step 2 Addition of reconstituted Caspofungin to patient infusion solution

Diluents for the final solution for infusion are: sodium chloride solution for injection 9 mg/ml (0.9 %), or lactated Ringer's solution.

The solution for infusion is prepared by aseptically adding the appropriate amount of reconstituted concentrate for solution for infusion (as shown in the table below) to a 250 ml infusion bag or bottle.

Reduced volume infusions in 100 ml may be used, when medically necessary, for 50 mg or 35 mg daily doses.

Visually inspect the infusion solution for particulate matter or discolouration. Do not use if the solution is cloudy or has precipitated.

## PREPARATION OF THE SOLUTION FOR INFUSION IN ADULTS

DOSE*	Volume of reconstituted Caspofungin for transfer to intravenous bag or bottle	Standard preparation final concentration (reconstituted Caspofungin added to 250 ml diluent)	Reduced volume infusion final concentration (reconstituted Caspofungin added to 100 ml diluent)
50 mg	10 ml	0.20 mg/ml	-
50 mg at reduced volume	10 ml	-	0.47 mg/ml
35 mg for moderate hepatic impairment (from one 50 mg vial)	7 ml	0.14 mg/ml	-
35 mg for moderate hepatic impairment (from one 50 mg vial) at reduced volume	7 ml	-	0.34 mg/ml

\* 10.5 ml should be used for reconstitution of all vials

## INSTRUCTIONS FOR USE IN PAEDIATRIC PATIENTS

### Calculation of Body Surface Area (BSA) for paediatric dosing

Before preparation of infusion, calculate the body surface area (BSA) of the patient using the following formula (Mosteller<sup>1</sup> Formula):

$$BSA (m^2) = \sqrt{\frac{\text{Height (cm)} \times \text{Weight (kg)}}{3600}}$$

### Preparation of the 70 mg/m<sup>2</sup> infusion for paediatric patients > 3 months of age (using a 50-mg vial)

1. Determine the actual loading dose to be used in the paediatric patient by using the

patient's BSA (as calculated above) and the following equation:

$$\text{BSA (m}^2\text{)} \times 70 \text{ mg/m}^2 = \text{Loading Dose}$$

The maximum loading dose on Day 1 should not exceed 70 mg regardless of the patient's calculated dose.

2. Equilibrate the refrigerated vial of Caspofungin to room temperature.
3. Aseptically add 10.5 ml of water for injection.<sup>a</sup> This will give a final caspofungin concentration in the vial of 5.2 mg/ml.
4. Remove the volume of medicinal product equal to the calculated loading dose (step 1) from the vial. Aseptically transfer this volume (ml)<sup>b</sup> of reconstituted Caspofungin to an IV bag (or bottle) containing 250 ml of sodium chloride solution for injection 9 mg/ml (0.9 %), or lactated Ringer's solution. Alternatively, the volume (ml)<sup>b</sup> of reconstituted Caspofungin can be added to a reduced volume of sodium chloride solution for injection 9 mg/ml (0.9 %) or lactated Ringer's solution, not to exceed a final concentration of 0.5 mg/ml.

***Preparation of the 50 mg/m<sup>2</sup> infusion for paediatric patients > 3 months of age (using a 50-mg vial)***

1. Determine the actual daily maintenance dose to be used in the paediatric patient by using the patient's BSA (as calculated above) and the following equation:  
$$\text{BSA (m}^2\text{)} \times 50 \text{ mg/m}^2 = \text{Daily Maintenance Dose}$$

The daily maintenance dose should not exceed 70 mg regardless of the patient's calculated dose.
2. Equilibrate the refrigerated vial of Caspofungin to room temperature.
3. Aseptically add 10.5 ml of water for injection.<sup>a</sup> This will give a final caspofungin concentration in the vial of 5.2 mg/ml.
4. Remove the volume of medicinal product equal to the calculated daily maintenance dose (step 1) from the vial. Aseptically transfer this volume (ml)<sup>b</sup> of reconstituted caspofungin to an IV bag (or bottle) containing 250 ml of sodium chloride solution for injection 9 mg/ml (0.9 %), or lactated Ringer's solution. Alternatively, the volume (ml)<sup>b</sup> of reconstituted Caspofungin can be added to a reduced volume of sodium chloride solution for injection 9 mg/ml (0.9 %) or lactated Ringer's solution, not to exceed a final concentration of 0.5 mg/ml.

***Preparation notes:***

- a. The white to off-white cake will dissolve completely. Mix gently until a clear solution is obtained.
- b. Caspofungin is formulated to provide the full labelled vial dose (50 mg) when 10 ml is withdrawn from the vial.

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<sup>1</sup> Mosteller RD: Simplified Calculation of Body Surface Area. N Engl J Med. 1987 Oct 22; N317(17): p.1098 (letter)