

## Therapeutic monitoring of amphotericin B in Saudi ICU patients using HUPLC MS/MS assay

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**Background:** Amphotericin B is the first-line agent for the treatment of invasive aspergillosis and other life-threatening invasive fungal infections. The aim of the study was to monitor AmB in critically ill Saudi patients in ICU after IV administration of 0.5-0.75 mg/kg/day Fungizone®. Therefore, a fast, robust, selective, sensitive, and precise UPLC MS/MS method has to be developed to measure AmB concentrations in these patients.

**Methods:** Seven ICU patients with Creatinine Clearance (ClCr) > 40 ml/min and on AmB for at least 7 days were included in the study. After protein precipitation, the separation was performed on a Waters AQUITY UPLC MS/MS system, BEH Shield RP18 column with a gradient elution, and the detection was via electrospray ionization source with positive ionization mode, at 925.1 → 742.3 and 321.8 → 155 m/z for AmB and Clopidogrel (IS), respectively. One compartmental model was used to calculate the pharmacokinetics of intermittent IV infusion of AmB in these patients. Results: A fast, robust, selective, sensitive, and precise UPLC MS/MS method for AmB monitoring in human plasma using clopidogrel as IS was developed. The method was validated by calculating the precision and accuracy of inter- and intra-day analysis in the concentration range of 200-4000 ng/mL with no significant difference among inter- and intra-day analysis ( $P > 0.05$ ). The method was linear over all the investigated range with correlation coefficient,  $r > 0.995$  of six replicates/day. The method was sensitive enough to measure AmB concentrations at all-time points within the dosing interval for all included patients. The pharmacokinetics of AmB in these patients, at steady state, showed a high terminal half-life ( $t_{1/2}$ ) of  $124.6 \pm 73.4$  h, with the highest concentration ( $C_{peak}$ ) of  $513.9 \pm 281.1$  ng/mL and the lowest concentration, immediately before next dose, ( $C_{trough}$ ) of  $316.4 \pm 129.0$  ng/mL. The drug mean clearance (Cl) was  $89.2 \pm 26.9$  mL/h/kg and there was a good correlation ( $r = 0.69$ ) between the AmB Cl and the ClCr in these patients, which was not reported before.

**Conclusions:** The pharmacokinetics of AmB in critically ill Saudi patients in ICU was studied using a fully validated rapid, sensitive and robust method. It is recommended to calculate AmB dose based on creatinine clearance in critically ill ICU patients which needs further investigation with larger population.

### Biography

Al-Quadeib, Bushra, Ph.D. candidate in Newcastle University, UK. She has completed her Master at the age of 30 years from King Saud University, Pharmacy college, Saudi Arabia. She has published 6 papers in reputed journals and has been serving as an editorial board member of repute.