

## Netilmicin

<b>General</b>	
• Class of the drug:	Aminoglycoside antibiotics
• Synonym(s):	
• Common trade name(s) in Switzerland:	Netromycin®
• Conversion factors:	$mg/l \times 2.1 = \mu mol/l$ $\mu mol/l \times 0.476 = mg/l$
<b>Clinical pharmacology</b>	
• Indications for TDM:	Individual dose adaptation, suspicion of toxicity, side effects
• Protein binding:	0 - 30% (albumin)
• Elimination half-life:	1 - 3 hours Neonates: 3 – 8 h (see remarks)
• Volume of distribution:	0.3 l/kg
• Metabolism:	
- Main metabolic pathways:	No metabolism
- Active metabolite(s)?	None
- Inhibitor or inducer of the cytochrome P450 system?	No
- Other significant pharmacokinetic interactions:	
• Elimination of parent drug:	Renal 100%
• Typical therapeutic range:	<u>Multiple dosing:</u> Peak concentration: 6 – 10 mg/l (13 - 21 $\mu mol/l$ ) Trough concentration: $\leq 1 mg/l (\leq 2.1 \mu mol/l)$ <u>Once-daily dosing:</u> Trough concentration: $< 0.5 mg/l (< 1.1 \mu mol/l)$
• Potentially toxic concentration:	<u>Multiple dosing:</u> Peak concentration: $> 12 mg/l (25 \mu mol/l)$ Trough concentration: $> 2 mg/l (4.2 \mu mol/l)$ <u>Once-daily dosing:</u> Trough concentration: $> 0.5 mg/l (> 1.1 \mu mol/l)$
<b>Pre-analytics</b>	
• Time to steady-state since beginning of treatment or change of posology:	Steady-state is generally achieved after 3 doses for multiple dosing

<ul style="list-style-type: none"> <li>• Time for blood sampling:</li> </ul>	Peak: one hour after beginning of infusion Trough: within 30 minutes of next dose Once-daily dosing: trough level only
<ul style="list-style-type: none"> <li>• Type(s) of sample:</li> </ul>	Serum or plasma
<ul style="list-style-type: none"> <li>• Stability:</li> </ul>	1 week at 4°C When combined therapy with penicillines and/or cephalosporines: in vitro inactivation →freeze sample
<b>Analytics</b>	
<ul style="list-style-type: none"> <li>• Position(s) in the analysis list/Method:</li> </ul>	8628.01      Immunological
<b>Remarks</b>	<ul style="list-style-type: none"> <li>• Elimination is strongly dependent on renal function</li> <li>• Avoid gel tubes if possible, unless having confirmed that no binding occurs</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>• <i>Grundlagen der Arzneimitteltherapie Ausgabe 2005, Documed</i></li> <li>• <i>Arzneimittel Kompendium der Schweiz, Documed, 2005</i></li> <li>• <i>Taylor and Diers, Abbott: A textbook for the clinical application of therapeutic drug monitoring 1986</i></li> <li>• <i>Thomson Micromedex® Healthcare series</i></li> <li>• <i>Begg et al., Br J Clin Pharm 39 (1995) 597</i></li> <li>• <i>Touw et al., Ther Drug Monit 27 (2005) 10</i></li> </ul>