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MEETING ABSTRACT

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Soft-tissue pharmacokinetics of ceftolozane/tazobactam: room for dose optimization?

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Background: Ceftolozane/tazobactam (CEF/TAZ) is a novel antibiotic to treat multi-resistant Gram-negative infections including soft-tissue infections. Available information of pharmacokinetics (PK) of CEF/TAZ in soft tissue and plasma protein binding is fragmentary.

Methods: We investigated single and repeated dose PK of CEF/TAZ in plasma, muscle and subcutis of eight healthy volunteers receiving 1.5 g CEF/TAZ as 1 h intravenous infusion every 8 hours. CEF/TAZ concentrations in muscle and subcutis were measured by microdialysis. Plasma protein binding was determined by ultrafiltration.

Results: Single and repeated dose concentration-time profiles of CEF/TAZ in investigated compartments are shown in Fig. 1. Mean plasma protein binding was 6.3% and 8.0% for CEF and TAZ, respectively. Taking plasma protein binding into account, unbound tissue/plasma AUC_{last} ratios after repeated dose were approximately 0.9 for both muscle and subcutis. Between single and repeated dose no appreciable accumulation occurred in plasma and subcutis. However, both CEF and TAZ showed pronounced accumulation in muscle after repeated dose, with an increase in mean AUC_{last} of 33% and 23% compared to single dose, respectively. Using the Enterobacteriaceae breakpoint of 1 mg/l, time above minimal inhibitory concentration (MIC) for unbound plasma CEF ($fT > MIC$) after repeated dose was 100%. For TAZ, the currently discussed PK/PD index time above a threshold concentration ($T > C_T$, where C_T is calculated as $0.5 \times MIC$ of ceftolozane) was 52.2%, which is markedly below the value of 75.7% associated with 1-log killing according to literature [1].

Discussion: Plasma exposure of CEF/TAZ in the present study was lower compared to previous data in healthy volunteers. In terms of soft-tissue PK, this study amends existing data showing marked accumulation in muscle. After repeated doses, concentrations were comparable between subcutis and muscle. Remarkably, plasma protein binding of CEF and TAZ was considerably lower than previously reported. Review of the current literature on relevant PK/PD targets for CEF/TAZ suggests sufficient exposure for CEF but possibly subtherapeutic levels for TAZ at the evaluated dosing regimen.

Reference

1. Vanscoy B, Mendes RE, McCauley J, Bhavnani SM, Bulik CC, Okusanya OO, Forrest A, Jones RN, Friedrich LV, Steenbergen JN, Ambrose PG: **Pharmacological basis of β -lactamase inhibitor therapeutics: tazobactam in combination with ceftolozane.** *Antimicrob Agents Chemother*, 2013; 57(12):5924–5930.
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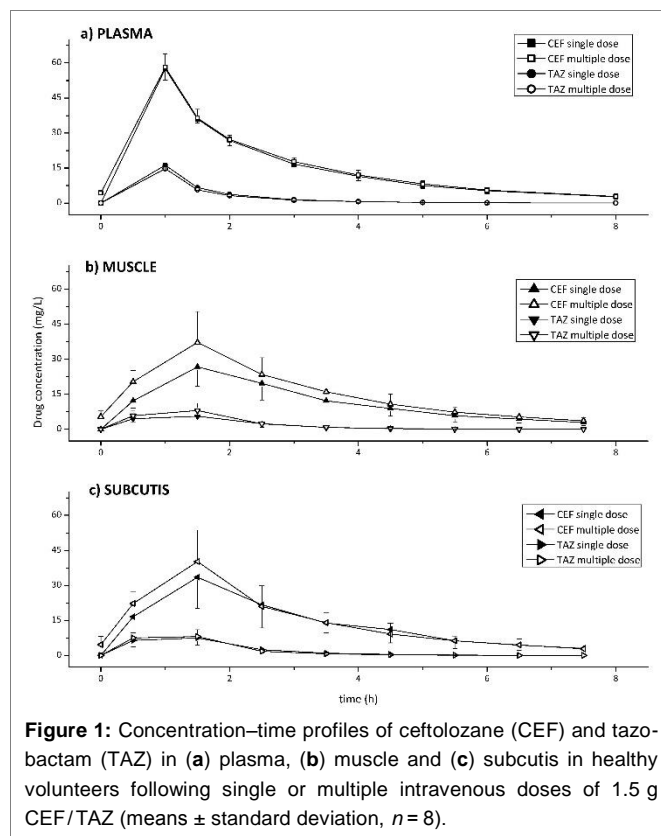


Figure 1: Concentration–time profiles of ceftolozane (CEF) and tazobactam (TAZ) in (a) plasma, (b) muscle and (c) subcutis in healthy volunteers following single or multiple intravenous doses of 1.5 g CEF/TAZ (means \pm standard deviation, $n = 8$).