

**VANCOUVER GENERAL HOSPITAL  
CSU PHARMACEUTICAL SCIENCES  
SPECIAL ACCESS PROGRAM DRUG DATA SHEET**

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**DRUG NAME**

Capreomycin

**ALTERNATE NAMES**

Capastat®

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**MANUFACTURER**

Eli Lilly

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**STRENGTH**

1g vials

**DOSAGE FORM**

injection

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**INDICATIONS**

- In combination with other agents for treatment of susceptible strains of *M.tuberculosis*.
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**DOSAGE AND ADMINISTRATION**

- 1g IV/IM daily (max 20mg/kg/day) for 60-120 days followed by 1g IV/IM 2 or 3 times per week for a total of 12-24 months of therapy.
  - Reconstitute each 1g capreomycin vial with sterile water or normal saline. For a 1g dose, reconstitute with 2mL and administer 2.7mL (entire withdrawable contents of the vial). For doses less than 1g, reconstitute each vial with 3.4mL, to yield 4mL of 260mg/mL solution.
  - For IV administration, dilute each 1g capreomycin vial in 100mL normal saline. Infuse over 60 minutes.
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**KNOWN SIDE EFFECTS\***

- Most common adverse event is nephrotoxicity; the dose should be reduced or the drug discontinued if renal function deteriorates significantly.
  - Ototoxicity and vestibular toxicity — characterized by loss of hearing, ringing or buzzing or a feeling of fullness in the ears, dizziness and poor coordination.
  - Electrolyte disturbances including hypokalemia, hypocalcemia and hypomagnesemia.
  - Leukocytosis and leukopenia.
  - Urticaria, maculopapular skin rash and febrile reactions.
  - Muscular cramps, pain or weakness; dizziness and drowsiness
  - Elevation of LFTs
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**SPECIAL PRECAUTIONS**

- Reconstituted vials and diluted IV bags are stable for 24hrs when refrigerated.
  - Renal function, serum electrolytes, and liver function must be monitored during therapy.
  - Audiometric testing and vestibular function should be assessed prior to and at regular intervals during therapy.
  - Avoid concomitant administration of other nephrotoxic and ototoxic drugs.
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**\*REPORT ANY ADVERSE DRUG REACTIONS TO THE PHARMACY**