MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

ANTIMICROBIAL DOSING RECOMMENDATIONS FOR ADULT PATIENTS[1]

Antibiotics			
Amikacin IV	Ceftazidime IV	Doxycycline IV/PO	Moxifloxacin IV/PO
Amoxicillin PO	Ceftazidime-avibactam IV	Eravacycline IV	Omadacycline
Amoxicillin-clavulanate PO	Ceftolozane-tazobactam IV	Ertapenem IV	Oxacillin/nafcillin IV
Ampicillin IV	Ceftriaxone IV	Fosfomycin PO	Nitrofurantoin capsules PO
Ampicillin-sulbactam IV	Cefuroxime IV	Gentamicin IV	Nitrofurantoin suspension PO
Azithromycin IV/PO	Cefuroxime PO	Imipenem IV	Penicillin G IV
Aztreonam IV	Cephalexin PO	Imipenem-relebactam IV	Piperacillin-tazobactam IV
Cefazolin IV	Ciprofloxacin IV	Levofloxacin IV/PO	Polymyxin B IV
Cefepime IV	Ciprofloxacin PO	Linezolid IV/PO	Rifampin IV/PO
Cefiderocol IV	Clindamycin IV	Meropenem IV	Tigecycline IV
Cefoxitin IV	Clindamycin PO	Meropenem-vaborbactam IV	Tobramycin IV
Cefpodoxime PO	Colistin IV	Metronidazole IV/PO	Trimethoprim-sulfamethoxazole (TMP-SMX) IV/PO
Ceftaroline IV	Daptomycin IV	Minocycline IV/PO	Vancomycin IV
Antifungals			
Amphotericin B Deoxycholate IV	Flucytosine PO	Itraconazole PO (Tolsura)	Posaconazole suspension PO
Liposomal Amphotericin B IV	Isavuconazole IV/PO	Micafungin IV	Voriconazole IV
Fluconazole IV/PO	Itraconazole PO	Posaconazole tablet IV/PO	Voriconazole PO
Antivirals			
Acyclovir IV	Foscarnet IV	Ribavirin PO	Valganciclovir PO
Acyclovir PO	Ganciclovir IV	Ribavirin PO Lung Transplant	Zanamivir INH
Baloxavir PO	Letermovir IV/PO	Peramivir IV	
Cidofovir IV	Oseltamivir PO	Valacyclovir PO	Footnotes

ANTIBIOTICS	CrCl[1] >50 mL/min	CrCl[1] 30-49 mL/min	CrCl[1] 10-29 mL/min	CrCl[1] <10 mL/min; HD[2]	CRRT (rate 2.5 L/hr)[3]
AMIKACIN (IV)	[See Aminoglycoside Dosing in Adult Patients]				
AMOXICILLIN (PO)					
Cystitis (lower urinary tract infection)	500 mg q8h	500 mg q8h	500 mg q12h	500 mg q24h	500 mg q8h
Helicobacter pylori infection	1 g q12h	1 g q12h	500 mg q12h	500 mg q24h	1 g q12h
Pneumonia, other systemic infections	1 g q8h	1 g q8h	1 g q12h	1 g q24h	1 g q8h
AMOXICILLIN-CLAVULANATE (PO)	875 mg q12h	875 mg q12h	500 mg q12h	500 mg q24h	875 mg q12h
AMPICILLIN (IV)					
Cystitis (lower urinary tract infection)	1 g q6h	1 g q8h	1 g q12h	1 g q24h	1 g q8h
Systemic infection	2 g q6h	2 g q8h	2 g q12h	2 g q24h	2 g q8h
Endocarditis/CNS infection	2 g q4h	2 g q6h	2 g q8h	2 g q12h	2 g q6h
AMPICILLIN-SULBACTAM (IV)					
Cystitis (lower urinary tract infection)	1.5 g q6h	1.5 g q8h	1.5 g q12h	1.5 g q24h	1.5 g q8h
Systemic infection	3 g q6h	3 g q8h	3 g q12h	3 g q24h	3 g q8h
Acinetobacter infection	3 g q4h	3 g q6h	3 g q8h	3 g q12h	3 g q6h
AZITHROMYCIN (IV/PO)					
Systemic infection	500 mg x1, then 250 mg q24h				
Legionella or Pneumonia in ICU	500 mg q24h				
Mycobacterial infection	Consult infectious diseases				
AZTREONAM (IV)					
Cystitis (lower urinary tract infection)	1 g q8h	1 g q8h	1 g q12h	1 g q24h	1 g q8h
Systemic infection	2 g q8h	2 g q8h	2 g q12h	1 g q12h	2 g q8h
Febrile neutropenia, documented or suspected *Pseudomonas* infection, CNS infection	2 g q6h	2 g q6h	2 g q8h	2 g q12h	2 g q6h
CEFAZOLIN (IV)					
Cystitis (lower urinary tract infection)	1 g q8h	1 g q8h	1 g q12h	500 mg q24h	1 g q8h
Systemic infection	2 g q8h	2 g q8h	2 g q12h	1 g q24h or 2 g post HD 3x/week	2 g q8h
CEFEPIME (IV)					
Cystitis (lower urinary tract infection)	1 g q12h	1 g q24h	500 mg q24h	1 g q48h	1 g q24h
Mild/moderate systemic infection	2 g q12h	1 g q12h	1 g q24h	2 g post HD 3x/week or 500 mg q24h	1 g q12h
Severe systemic infection (such as febrile neutropenia, patients in ICU, documented *Pseudomonas*, empiric pneumonia coverage, etc.)	2 g q8h	2 g q12h	1 g q12h	2 g post HD 3x/week or 1 g q24h	2 g q12h

CEFIDEROCOL (IV)	CrCl >120 mL/min	CrCl 60-119 mL/min	CrCl 30-59 mL/min	CrCl 15-29 mL/min	CrCl <15 mL/min or iHD	CRRT
	2 g q6h	2 g q8h	1.5 g q8h	1 g q8h	750 mg q12h	Refer to footnote 5

ANTIBIOTICS	CrCl[1] >50 mL/min	CrCl[1] 30-49 mL/min	CrCl[1] 10-29 mL/min	CrCl[1] <10 mL/min; HD[2]	CRRT (rate 2.5 L/hr)[3]
CEFOXITIN (IV)					
Systemic infection	2 g q6h	2 g q8h	2 g q12h	1 g q24h	2 g q8h
Mycobacterial infection	3 g q6h	3 g q8h	3 g q12h	2 g q24h	3 g q8h
CEFPODOXIME (PO)					
Cystitis (lower urinary tract infection)	100 mg q12h	100 mg q12h	100 mg q24h	100 mg post HD 3x/week	100 mg q12h
Systemic infection	400 mg q12h	400 mg q12h	400 mg q24h	400 mg post HD 3x/week	400 mg q12h
CEFTAROLINE (IV)					
Skin & soft tissue infection or cystitis (lower urinary tract infection)	600 mg q12h	400 mg q12h	300 mg q12h	200 mg q12h	400 mg q12h
Systemic infection	600 mg q8h	400 mg q8h	300 mg q8h	200 mg q8h	400 mg q8h
CEFTAZIDIME (IV)	2 g q8h	2 g q12h	1 g q12h	1 g q24h or 2 g post-HD 3x/week	2 g q12h
CEFTAZIDIME-AVIBACTAM (IV)	2.5 g (ceftazidime 2 g - avibactam 0.5 g) q8h	1.25 g (ceftazidime 1 g - avibactam 0.25 g) q8h	0.94 g (ceftazidime 0.75 g - avibactam 0.19 g) q12h	0.94 g (ceftazidime 0.75 g - avibactam 0.19 g) q24h or 2.5 g (ceftazidime 2 g – avibactam 0.5 g) post HD 3x/week	1.25 g (ceftazidime 1 g - avibactam 0.25 g) q8h
CEFTOLOZANE-TAZOBACTAM (IV)					
Cystitis (lower urinary tract infection)	1.5 g q8h	750 mg q8h	375 mg q8h	750 mg x1, then 150 mg q8h	750 mg q8h
Systemic infection, documented or suspected *Pseudomonas* infection, CF exacerbation	3 g q8h	1.5 g q8h	750 mg q8h	2.25 g x1, then 450 mg q8h	1.5 g q8h
CEFTRIAXONE (IV)					
Cystitis (lower urinary tract infection community-acquired pneumonia)	1 g q24h				
Community-acquired pneumonia, endocarditis, systemic infection	2 g q24h				
CNS infections or enterocooccal endocarditis (used in combination with ampicillin)	2 g q12h				
CEFUROXIME (IV)					
Cystitis (lower urinary tract infection)	750 mg q8h	750 mg q8h	750 mg q12h	750 mg q24h	750 mg q8h
Systemic infection	1.5 g q8h	1.5 g q8h	1.5 g q12h	1.5 g q24h	1.5 g q8h
CEFUROXIME (PO)					
Cystitis (lower urinary tract infection)	250 mg q12h	250 mg q12h	250 mg q24h	250 mg q48h	250 mg q12h
Systemic infection	500 mg q12h	500 mg q12h	500 mg q24h	500 mg q48h	500 mg q12h
CEPHALEXIN (PO)					
Cystitis (lower urinary tract infection)	500 mg q8h	500 mg q8h	500 mg q8h	500 mg q24h	500 mg q8h
Other urinary tract infection and systemic infection	500 mg q6h or 1 g q8h	500 mg q6h or 1 g q8h	500 mg q8h or 1 g q12h	500 mg q24h or 1 g q24h	500 mg q6h or 1 g q8h
CIPROFLOXACIN (IV)					
Cystitis (lower urinary tract infection)	400 mg q12h	400 mg q12h	400 mg q24h	200 mg q24h	400 mg q24h
Systemic infection	400 mg q8h	400 mg q8h	400 mg q12h	400 mg q24h	400 mg q8h

ANTIBIOTICS	CrCl[1] >50 mL/min	CrCl[1] 30-49 mL/min	CrCl[1] 10-29 mL/min	CrCl[1] <10 mL/min; HD[2]	CRRT (rate 2.5 L/hr)[3]
CIPROFLOXACIN (PO)					
Cystitis (lower urinary tract infection)	500 mg q12h	500 mg q12h	500 mg q24h	250 mg q24h	250 mg q12h
Systemic infection, pyelonephritis, prostatitis	750 mg q12h	750 mg q12h	750 mg q24h	500 mg q24h	750 mg q12h
CLINDAMYCIN (IV)	600-900 mg q8h				
CLINDAMYCIN (PO)	300-450 mg q6-8h				
COLISTIN BASE (IV) *					
Severe infection	5 mg/kg x1 (max: 300 mg) then 2.5 mg/kg q12h	5 mg/kg x1 (max: 300 mg) then 1.75 mg/kg q12h	5 mg/kg x1 (max: 300 mg) then 2.5 mg/kg q24h	5 mg/kg x1 (max: 300 mg) then 1.5 mg/kg q24h	5 mg/kg x1 (max: 300 mg) then 2.5 mg/kg q12h
DAPTOMYCIN (IV) *					
Skin & soft tissue or urinary tract infection	4 mg/kg q24h	4 mg/kg q24h	4 mg/kg q48h	4 mg/kg post HD 3x/week or q48h	4 mg/kg q24h
Systemic infection	6 mg/kg q24h	6 mg/kg q24h	6 mg/kg q48h	6 mg/kg post HD 3x/week or q48h	6 mg/kg q24h
MRSA endocarditis/endovascular infection or systemic infection	8-10 mg/kg q24h	8-10 mg/kg q24h	8-10 mg/kg q48h	8-10 mg/kg post HD 3x/week or q48h	8-10 mg/kg q24h
Enterococcus/VRE endocarditis/endovascular infection	10-12 mg/kg q24h	10-12 mg/kg q24h	10-12 mg/kg q48h	10-12 mg/kg post HD 3x/week or q48h	10-12 mg/kg q24h
DOXYCYCLINE (IV/PO)					
Systemic infection	200 mg x1, then 100 mg q12h				
Acinetobacter infection	200 mg x1, then 100-200 mg q12h				
ERAVACYCLINE (IV)	1 mg/kg q12h				
ERTAPENEM (IV)	1 g q24h	1 g q24h	500 mg q24h	500 mg q24h or 1000 mg post HD 3x/week (preferred for outpatients)	1 g q24h
FOSFOMYCIN (PO)					
Cystitis (lower urinary tract infection)	3 g x1 dose				
Complicated lower urinary tract infection	3 g q48h x3 doses				
GENTAMICIN (IV)	[See Aminoglycoside Dosing in Adult Patients]				
IMIPENEM (IV)					
Cystitis (lower urinary tract infection)	250 mg q6h	250 mg q8h	250 mg q12h	250 mg q24h	250 mg q8h
Mild/moderate systemic infection	500 mg q6h	500 mg q8h	500 mg q12h	250 mg q12h	500 mg q8h
Severe systemic infection	1 g q6h	1 g q8h	1 g q12h	500 mg q12h	1 g q8h
LEVOFLOXACIN (IV/PO)					
Cystitis (lower urinary tract infection)	500 mg x1, then 250 q24h	500 mg x1, then 250 q24h	500 mg x1, then 250 mg q48h	500 mg x1, then 250 mg q48h	500 mg x1, then 250 q24h
Pyelonephritis or non-urinary systemic infection	750 mg q24h	750 mg q48h	750 mg x1, then 500 mg q48h	750 mg x1, then 500 mg q48h	750 mg q48h
LINEZOLID (IV/PO)	600 mg q12h				
IMIPENEM-RELEBACTAM (IV)	**CrCl ≥90 ml/min**	**CrCl 60-89 ml/min**	**CrCl 30-59 ml/min**	**CrCl 15-29 ml/min**	**iHD**
	1.25 g q6h	1 g q6h	0.75 g q6h	0.5 g q6h	0.5 g q6h
MEROPENEM-VABORBACTAM (IV)	**eGFR (mL/min/1.73m²) = 175 * (serum creatinine)$^{-1.154}$ * (age)$^{-0.203}$ * (0.742 if female) * (1.212 if African American)**				
	≥50 mL/min/1.73m²	**49-30 mL/min/1.73m²**	**29-15 mL/min/1.73m²**	**<15 mL/min/1.73m²**	
	4 g (mero 2 g - vabor 2 g) q8h	2 g (mero 1 g - vabor 1 g) q8h	2 g (mero 1 g - vabor 1 g) q12h	1 g (mero 500 mg - vabor 500 mg) q12h	

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MEROPENEM (IV)					
Cystitis (lower urinary tract infection)	500 mg q8h	250 mg q8h	250 mg q12h	250 mg q24h	250 mg q8h
Systemic infection	1 g q8h	1 g q12h	500 mg q12h	500 mg q24h	1 g q12h
CNS, CF, documented Pseudomonas or Acinetobacter non-urinary infection, ICU patients, or empiric pneumonia coverage	2 g q8h	2 g q12h	1 g q12h	1 g q24h	2 g q12h
METRONIDAZOLE (IV/PO)	500 mg q8h				
MINOCYCLINE (IV/PO)					
Systemic infection	200 mg x1, then 100 mg q12h				
Acinetobacter infection	200 mg q12h				
MOXIFLOXACIN (IV/PO)	400 mg q24h				
OMADACYCLINE (PO)	450 mg q24h x2, then 300 mg q24h				
OMADACYCLINE (IV)	200 mg x1, then 100 mg q24h				
OXACILLIN/NAFCILLIN (IV)	2 g q4h				
NITROFURANTOIN (capsules – cystitis only)	100 mg q12h		Not recommended		
NITROFURANTOIN (suspension – cystitis only)	50-100 mg q6h		Not recommended		
PENICILLIN G (IV)					
Viridans group streptococci native valve endocarditis (penicillin MIC ≤0.12 mg/L)	3 million units q4h	3 million units q4h	3 million units q6h	1.5 million units q6h	3 million units q4h
Viridans group streptococci native valve endocarditis (penicillin MIC >0.12 mg/L), enterococcal endocarditis, prosthetic valve endocarditis, or neurosyphilis	4 million units q4h	4 million units q4h	4 million units q6h	2 million units q6h	4 million units q4h
PIPERACILLIN-TAZOBACTAM (IV)					
Cystitis (lower urinary tract infection)	4.5 g q8h	4.5 g q8h	4.5 g q12h	4.5 g q12h	4.5 g q8h
Systemic infection , including pneumonia and intra-abdominal infection	4.5 g q6h	4.5 g q8h	4.5 g q8h	4.5 g q12h	4.5 g q8h
POLYMYXIN B (IV) *	2 mg/kg x1 (max: 200 mg) then 100 mg q12h				
RIFAMPIN (IV/PO)					
Non-cavitary, non-tuberculous Mycobacterial pulmonary disease	600 mg 3x/week				
Mycobacterial infection	450 mg q24h (<50 kg) or 600 mg q24h (≥50 kg)				
Prosthetic valve Staphylococcal endocarditis	300 mg q8h				
TIGECYCLINE (IV)					
Systemic infection	100 mg x1, then 50 mg q12h				
Acinetobacter infection	100 mg x1, then 100 mg q12h				
TOBRAMYCIN (IV)	[See Aminoglycoside Dosing in Adult Patients]				
TRIMETHOPRIM-SULFAMETHOXAZOLE (IV/PO)[4,*]					
Cystitis (lower urinary tract infection), uncomplicated pyelonephritis	1 DS tab q12h	1 DS tab q12h	1 DS tab q12-24h	1 DS tab q24h	1 DS tab q12h
Skin & soft tissue	1-2 DS tab q12h	1-2 DS tab q12h	1-2 DS tab q12-24h	1-2 DS tab q24h	1-2 DS tab q12h
Non-urinary severe systemic infection	5 mg/kg q12h	5 mg/kg q12h	5 mg/kg q24h	5 mg/kg q24h	5 mg/kg q12h
PCP pneumonia/Nocardia/Meningitis	5 mg/kg q8h	5 mg/kg q8h	5 mg/kg q12h	5 mg/kg q24h	5 mg/kg q12h
VANCOMYCIN (IV)	[See Vancomycin Nomogram]				

ANTIFUNGALS	CrCl[1] >50 mL/min	CrCl[1] 30-49 mL/min	CrCl[1] 10-29 mL/min	CrCl[1] <10 mL/min; HD[2]	CRRT (rate 2.5 L/hr)[3]
AMPHOTERICIN B DEOXYCHOLATE (IV) *	0.75-1 mg/kg q24h				
LIPOSOMAL AMPHOTERICIN B (AMBISOME) (IV)*					
Systemic infection	3-5 mg/kg q24h				
Mucormycosis	5-10 mg/kg q24h				
FLUCONAZOLE (IV/PO)					
Urinary tract infection or oropharyngeal thrush	200 mg q24h	200 mg x1, then 100 mg q24h	200 mg x1, then 100 mg q24h	200 mg x1, then 100 mg q48h	200 mg q24h
Systemic infection	800 mg x1, then 400 mg q24h	800 mg x1, then 200 mg q24h	800 mg x1, then 200 mg q24h	800 mg x1, then 200 mg q48h or post HD 3X/week	800 mg x1, then 400 mg q24h
C. glabrata infection/ Initial therapy for candidemia/Treatment of *Candida* endophthalmitis	800 mg q24h	800 mg x1 load, then 400 mg q24h	800 mg x1 load, then 400 mg q24h	800 mg x1 load, then 400 mg q48h or post HD 3X/week	800 mg q24h
FLUCYTOSINE (PO)*	25 mg/kg q6h	25 mg/kg q8-12h	25 mg/kg q24h	25 mg/kg post HD	25 mg/kg q8-12h
ISAVUCONAZOLE (IV/PO) (Dosing expressed in mg of isavuconazonium sulfate (prodrug of isavuconazole)	372 mg q8h x6, then 372 mg q24h starting 12h after load				
ITRACONAZOLE (PO CAPSULE AND LIQUID)	200 mg q8h x9, then 200 mg q12h				
ITRACONAZOLE (TOLSURA CAPSULE)	130 mg q8h X9, then 130 mg q12h				
MICAFUNGIN (IV)					
Prophylaxis: primary ALL and pre-engraftment HSCT recipients	50 mg q24h				
Treatment: Invasive candidiasis Prophylaxis: primary AML, relapsed/refractory ALL, and post-engraftment HSCT recipients	100 mg q24h				
Invasive aspergillosis, esophageal candidiasis, infective endocarditis	150 mg q24h				
POSACONAZOLE (PO tablet or IV)					
Prophylaxis or treatment	300 mg q12h x2, then 300 mg q24h				
POSACONAZOLE (PO suspension)					
Prophylaxis	200 mg q8h				
Treatment	200 mg q6h				
VORICONAZOLE (IV)					
Prophylaxis	200 mg q12h				
Treatment	6 mg/kg q12h x2, then 4 mg/kg q12h				
VORICONAZOLE (PO)					
Prophylaxis	200 mg q12h				
Treatment	6 mg/kg q12h x2, then 4 mg/kg q12h				

ANTIVIRALS	CrCl[1] >50 mL/min	CrCl[1] 30-49 mL/min	CrCl[1] 10-29 mL/min	CrCl[1] <10 mL/min; HD[2]	CRRT (rate 2.5 L/hr)[3]
ACYCLOVIR (IV)*					
Herpes Simplex Prophylaxis	200 mg q12h	200 mg q12h	200 mg q24h	100 mg q24h	200 mg q12h
Mild/moderate HSV mucocutaneous infection and genital infection	5 mg/kg q8h	5 mg/kg q12h	5 mg/kg q24h	2.5 mg/kg q24h	5 mg/kg q12h
Severe HSV mucocutaneous infection and genital infection	5 or 10 mg/kg q8h	5 or 10 mg/kg q12h	5 or 10 mg/kg q24h	2.5 or 5 mg/kg q24h	5 or 10 mg/kg q12h
Encephalitis; meningitis; VZV infection	10 mg/kg q8h	10 mg/kg q12h	10 mg/kg q24h	5 mg/kg q24h	10 mg/kg q12h
ACYCLOVIR (PO)					
Herpes Simplex Prophylaxis	400 mg q12h	400 mg q12h	400 mg q12h	400 mg q24h	400 mg q12h
Herpes Zoster	800 mg 5x/day	800 mg q6h	800 mg q8h	800 mg q12h	800 mg q6h
Herpes labialis	400 mg q8h	400 mg q8h	400 mg q12h	400 mg q12h	400 mg q8h
Genital herpes, initial episode	400 mg q8h	400 mg q8h	400 mg q12h	400 mg q12h	400 mg q8h
Genital herpes, recurrence	400 mg q8h	400 mg q8h	400 mg q12h	400 mg q12h	400 mg q8h
BALOXAVIR (PO)					
Treatment for patients 40 kg to <80kg	40 mg x1				
Treatment for patients ≥80 kg	80 mg x1				
CIDOFOVIR (IV)*					
BK cystitis	1 mg/kg x1 then discuss subsequent dosing with ID pharmacy/consultation (no probenecid)				
All other indication (ex. ganciclovir-resistant CMV, adenovirus)	5 mg/kg x1; then discuss subsequent dosing with ID pharmacy/consult service (administer with probenecid 2 g 3 hours prior to cidofovir dose, then 1 g at 2 hours and 8 hours after the infusion)				
GANCICLOVIR (IV)*					
Induction, Treatment	5 mg/kg q12h	2.5 mg/kg q12h	2.5 mg/kg q24h	1.25 mg/kg post HD 3x/week	2.5 mg/kg q12h
Maintenance, Treatment	5 mg/kg q24h	2.5 mg/kg q24h	1.25 mg/kg q24h	0.625 mg/kg post HD 3x/week	2.5 mg/kg q24h
LETERMOVIR (PO/IV)	480 mg q24h		Not recommended		480 mg q24h
OSELTAMIVIR (PO)					
Prophylaxis	75 mg q24h	75 mg q24h	75 mg q48h	75 mg 2x/week	75 mg q24h
Treatment	75 mg q12h	75 mg q12h	75 mg q24h	75 mg q48h	75 mg q12h
RIBAVIRIN (PO) (Treatment of Respiratory Syncytial Virus in Hematology patients)	600 mg q8h	400 mg q8h	200 mg q8h	200 mg q24h	400 mg q8h

RIBAVIRIN (PO) Lung Transplant recipients *	≥20 mL/min	<20 mL/min	HD	CRRT
Treatment of Respiratory Syncytial Virus in Lung Transplant recipients	8 mg/kg q6h x48 hours, then 8 mg/kg q24h	8 mg/kg q6h x48 hours, then 4 mg/kg q24h	8 mg/kg q6h x48 hours, then 200 mg q24h	No data

FOSCARNET (IV)*	mL/min/kg = [(140-age)]/72*SCr; multiply by 0.85 for females						
	≥1.4 mL/min/kg	**1.0- <1.4 mL/min/kg**	**0.8- <1.0 mL/min/kg**	**0.6- <0.8 mL/min/kg**	**0.5-<0.6 mL/min/kg**	**0.4- <0.5 mL/min/kg**	**<0.4 mL/min/kg**
Induction, Treatment for CMV	90 mg/kg q12h	70 mg/kg q12h	50 mg/kg q12h	80 mg/kg q24h	60 mg/kg q24h	50 mg/kg q24h	No data
Maintenance, Treatment for CMV	90 mg/kg q24h	70 mg/kg q24h	50 mg/kg q24h	80 mg/kg q48h	60 mg/kg q48h	50 mg/kg q48h	No data

ANTIVIRALS	CrCl[1] >50 mL/min	CrCl[1] 30-49 mL/min	CrCl[1] 10-29 mL/min	CrCl[1] <10 mL/min; HD[2]	CRRT (rate 2.5 L/hr)[3]
PERAMIVIR (IV)	600 mg q24h	200 mg q24h	100 mg q24h	100 mg post HD	600 mg q24h
VALACYCLOVIR (PO)					
Herpes labialis	2 g q12h	1 g q12h	500 mg q12h	500 mg x1	500 mg q12h
Herpes zoster	1 g q8h	1 g q12h	1 g q24h	500 mg q24h	1 g q24h
Genital herpes, initial episode	1 g q12h	1 g q12h	1 g q24h	500 mg q24h	1 g q24h
Genital herpes, recurrence	1 g q24h	1 g q24h	500 mg q24h	500 mg q24h	500 mg q24h
VALGANCICLOVIR (PO)					
Prophylaxis	See organ-specific solid organ transplant guidelines				
Induction, Treatment for CMV	900 mg q12h	450 mg q12h	450 mg q48h	450 mg q48h	450 mg q12h
Maintenance, Treatment for CMV	900 mg q24h	450 mg q24h	450 mg 2x/week	450 mg 2x/week	450 mg q24h
ZANAMIVIR (INHALED)					
Prophylaxis	10 mg (2 inhalations) q24h				
Treatment	10 mg (2 inhalations) q12h				

Dosing recommendations may fall outside manufacturer guidelines.

1. Cockcroft-Gault; $CrCl\ \left(\frac{mL}{min}\right) = \frac{(140-Age)*Weight\ (kg)}{72*SCr(mg/dL)} * (0.85\ for\ females)$ *For weight*, Actual body weight should be used for non-overweight patients.
   For overweight patients (defined as BMI >/= 25), use adjusted body weight.
   $Ideal\ body\ weight\ (male) = 50 + (2.3 * height\ in\ inches > 60\ inches)$; $Ideal\ body\ weight\ (female) = 45 + (2.3 * height\ in\ inches > 60\ inches$;
   $Adjusted\ body\ weight = 0.4(actual\ body\ weight - ideal\ body\ weight) + ideal\ body\ weight$
2. Schedule dose after hemodialysis; if dosed multiple times daily, schedule subsequent doses after hemodialysis.
3. Dosing may be different for more aggressive CRRT flow rates. Consult clinical pharmacist for dosing recommendations.
4. Based on trimethoprim component.
5. Manufacturer recommendations for cefiderocol dosing in CRRT:

Effluent Flow Rate	Dose
2 L/hr or less	1.5 g q12h
2.1 to 3 L/hr	2 g q12h
3.1 to 4 L/hr	1.5 g q8h
4.1 L/hr or greater	2 g q8h

* For dosing in obese patients, please see Weight-Based Dosing Recommendations for Intravenous Antimicrobials in Obese Adult Patients

Antimicrobial Subcommittee Approval:	10/19; 06/20; 03/21; 05/21; 10/21	Originated:	Unknown
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Revision History:

- 01/20: Added eravacycline and changed CrCl recommendations.
- 08/20: Added cifiderocol and imipenem-relebactam
- 12/20: Updated ceftazidime and ceftazidime-avibactam dosing
- 03/21: Updated vancomycin hyperlink
- 04/21: Added SUBA-itraconazole and omadacycline, added cefiderocol CRRT dosing
- 05/21: Added tigecycline, updated minocylcine dosing, updated ertapenem HD dosing
- 06/21: Adjusted meropenem dosing criteria, adjusted minocycline dosing
- 07/21: Adjusted cefepime and meropenem dosing criteria