

| Generic Name [Brand] | Adult Dosing | Renal Adjusted Dose | Hemodialysis Dose/Interval |
|---|---|---|---|
| Macrolides | | | |
| Azithromycin [Zithromax, Zmax] | 250-500 mg/day ER* suspension: 2g as single dose | Use caution in patients with CrCl <10 mL/min | No adjustment |
| Clarithromycin [Biaxin, Biaxin XL] | 250-500 mg every 12 hours ER* two 500mg tablets | CrCl <30 mL/min: Decrease dose by 50% | Administration after HD** |
| Erythromycin [E.E.S., Ery-Tab, Erythrocin, Romycin] | 500-800 mg every 6-12 hours | No Dose Adjustment Necessary | Slightly dialyzable (5%-20%); supplemental dose not necessary in dialysis |
| Penicillins | | | |
| Ampicillin [Apo-Ampi, Novo-Ampicillin, Nu-Ampi] | 250-500mg every 6 hours | CrCl >50 mL/min: Dose q 6 hours CrCl 10-30 mL/min: Dose q 6-12 hours CrCl <10 mL/min: Dose q 12-24 hours | Hemodialysis: Moderately dialyzable (20-50%): administer dose after dialysis |
| Amoxicillin [Amoxil] | 500mg to 1g every 8-12 hours | CrCl 10-30 mL/min: 250-500 mg every 12 hours CrCl <10 mL/min: 250-500mg every 24 hours <i>CrCl <30 mL/min: 875mg tablet/ER contraindicated</i> | Moderately dialyzable (20-50%) by hemodialysis. 250-500mg every 24 hours / administer after HD** |
| Amoxicillin ER | ER*: 775mg daily | | |
| Amoxicillin/Clavulanate [Augmentin, Augmentin XR] | 250-500 mg every 8 hours or 875 mg every 12 hours ER*: 2g every 12 hours | CrCl 10-30 mL/min: 250-500 mg every 12 hours CrCl <10 mL/min: 250-500 every 24 hours <i>CrCl <30 mL/min: 875mg tablet/ER contraindicated</i> | Hemodialysis: Moderately dialyzable (20-50%): 250-500 mg every 24 hours; administer dose during and after dialysis. Do not use ER tablets |
| Penicillin VK [ApoPen VK] | 125-500mg every 6-8 hours | No Dose Adjustment Necessary | Dose after dialysis on dialysis days |
| Tetracyclines | | | |
| Doxycycline [Adoxa, Doryx, Monodox, Vibramycin] | Oral, IV: 100-200 mg/day in 1-2 divided doses | No Dose Adjustment Necessary | Not dialyzable: 0-5% |
| Minocycline [Dynacin, Minocin PAC] | 200 mg followed by 100 mg every 12 hours (max 400 mg/day) | Consider decreasing dose or increasing dosing interval; total daily dose should not exceed 200 mg | |
| Tetracycline [Apo-Tetra, Nu-Tetra] | 250-500 mg every 6 hours | CrCl 50-80 mL/min: Dose every 8-12 hours CrCl 10-50 mL/min: Dose every 12-24 hours CrCl <10 mL/min: Dose every 24 hours | Slightly dialyzable (5-20%) via hemo- and peritoneal dialysis; supplemental dose is not necessary |
| 1st Generation Cephalosporins | | | |
| Cefadroxil [Duricef] | 250-1000 mg every 8-12 hours | CrCl 25-50 mL/min: 500mg every 12 hours CrCl 10-25 mL/min: 500mg every 24 hours CrCl <10 mL/min: 500mg every 36 hours | |
| Cephalexin [Keflex] | 250-1000 mg every 6-12 hours (max 4 g/day) UTI: 500mg every 12 hours | CrCl 15-20 mL/min: 250 mg every 8-12 hours CrCl 5-14 mL/min: 250mg every 24 hours CrCl 1-4 mL/min: 250mg every 48-60 hours | 250 mg every 12-24 hours; moderately dialyzable (20-50%); give a dose after dialysis |
| 2nd Generation Cephalosporins | | | |
| Cefaclor [Raniclor] | 250-500 mg every 8 hours | No Dose Adjustment Necessary | Hemodialysis: Moderately dialyzable (20-50%) Supplement with 250-500mg post dialysis |

* ER: Extended release

** HD: hemodialysis

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| Cefprozil [Cefzil] | 250-500mg every 12-24 hours | CrCl <30mL/min: 50% of normal dose every 12 hours | 55% is removed by hemodialysis |
| Cefuroxime [Ceftin, Zinacef] | 125-500 mg ever 12 hours | CrCl 10-30 mL/min: Give every 24 hours CrCl <10 mL/min: Give every 48 hours | Hemodialysis: Dialyzable (25%); Peritoneal dialysis: Dose every 24 hours |
| 3rd Generation Cephalosporins | | | |
| Cefdinir [Omnicef] | 300 mg twice daily or 600 mg once daily | CrCl <30 mL/min: 300 mg once daily | Hemodialysis removes cefdinir; recommended initial dose: 300mg (or 7mg/kg/dose) every other day. After hemodialysis, 300mg (or 7 mg/kg/dose) should be given |
| Cefixime [Suprax] | 400 mg/day divided every 12-24 hours | CrCl 21-59 mL/min: 260mg once daily (suspension) CrCl <20 mL/min: Give 50% of the standard dose - (172-200 mg daily depending on formulation) | Hemodialysis should receive 65% of the usual dose at the usual intervals (260mg suspension once daily) Peritoneal dialysis 50% depending on formulation) (172-200 mg once daily) |
| Cefpodoxime [Vantin] | 100-400 mg every 12 hours | CrCl <30 mL/min: Give every 24 hours | Dose 3 times/week following dialysis |
| Fluoroquinolones | | | |
| Ciprofloxacin [Cipro, Ciloxan, Proquin] | 500-750 mg every 12 hours ER*:1000 mg every 24 hours | <u>IR</u> : CrCl 30-50 mL/min: 250-500 mg every 12 hours CrCl 5-29 mL/min: 250-500mg every 18 hours <u>ER</u> : CrCl < 30 mL/min: 500mg every 24 hours | Dialysis: Only small amounts of ciprofloxacin are removed by hemo- or peritoneal dialysis (<10%) Usual dose: 250-500mg every 24 hours following dialysis |
| Levofloxacin [Levaquin] | 250-750 mg every 24 hours | Renal dosing scheme is dependent upon dose used - see package insert for recommendations | Dialysis dosing scheme is dependent upon dose used. See package insert for exact recommendation |
| Moxifloxacin [Avelox] | 400 mg every 24 hours | No adjustment is necessary | No adjustment necessary |
| Miscellaneous | | | |
| TMP/SMX [Bactrim (DS), Septra (DS), Sulfatrim] | One double-strength tablet every 12 hours | CrCl 15-30 mL/min: One double strength once followed by 1 single strength every 12 hours CrCl <15 mL/min: Not recommended by mfr. | Manufacturer recommends against use during hemodialysis |
| Clindamycin [Cleocin HCl] | 150-450 mg/dose every 6-8 hours; max dose 1.8 g/day | No adjustment required | Only 10% is eliminated renally |
| Linezolid [Zyvox] | 600 mg every 12 hours | No adjustment recommended | No dosage adjustment needed |
| Metronidazole [Flagyl ER, Flagyl] | 250-750 mg every 6-12 hours, not to exceed 4 g/day | CrCl <10 mL/min, but not on dialysis: Recommendations vary | Extensively removed by dialysis (50-100%); dosage reduction not recommended;administer dose post HD** |
| Nitrofurantoin macrocrystals [Furadantin, Macrochantin] | 50-100 mg/dose every 6 hours; | CrCl <30mL/min = Contraindicated | Contraindicated |
| Nitrofurantoin monohydrate/ macrocrystals [Macrobid] | 100mg twice a day | CrCl <30mL/min = Contraindicated | Contraindicated |
| Fosfomycin [Monurol] | 3g by mouth as a single dose | Guidelines for dosage adjustments are not available. The half-life of fosfomycin increases and urinary excretion decreases as renal impairment progresses. | |

* ER: Extended release

** HD: hemodialysis