

Table 1. Suggested Dosing of Antibiotics for the Treatment of Antimicrobial-Resistant Infections in Adults, Assuming Normal Renal and Hepatic Function¹⁻⁴

Amikacin	uUTI: 15 mg/kg IV as a single dose cUTI: 15 mg/kg IV once; subsequent doses and dosing interval based on pharmacokinetic evaluation Additional information in <u>Supplemental Material</u>.
Ampicillin-sulbactam	Total daily dose of 9 grams of sulbactam via one of the following regimens: 9 grams of ampicillin-sulbactam (6 grams ampicillin, 3 grams sulbactam) IV every 8 hours, infused over 4 hours <u>OR</u> 27 grams of ampicillin-sulbactam (18 grams ampicillin, 9 grams sulbactam) IV as a continuous infusion over 24 hours Additional information in <u>Supplemental Material</u>.
Aztreonam-avibactam	2.67 grams of aztreonam-avibactam (2 grams aztreonam, 0.67 grams avibactam) IV once, infused over 3 hours as a loading dose <u>THEN</u> 2 grams of aztreonam-avibactam (1.5 grams aztreonam, 0.5 grams avibactam) IV every 6 hours, infused over 3 hours as maintenance dosing
Cefepime	uUTI: 1 gram IV every 8 hours, infused over 30 minutes All other infections: 2 grams IV, infused over 30 min as a loading dose <u>THEN</u> 2 grams IV every 8 hours, infused over 3 hours
Cefepime-enmetazobactam	2.5 grams (2 grams cefepime, 0.5 grams enmetazobactam) IV every 8 hours, infused over 2 hours CrCL $\geq$130 mL/min: 2.5 grams IV every 8 hours, infused over 4 hours
Cefiderocol	2 grams IV every 8 hours, infused over 3 hours CrCL $\geq$120 mL/min: 2 grams IV every 6 hours, infused over 3 hours
Ceftazidime-avibactam	2.5 grams (2 grams ceftazidime, 0.5 grams avibactam) IV every 8 hours, infused over 3 hours
Ceftazidime-avibactam PLUS aztreonam	Ceftazidime-avibactam: 2.5 grams (2 grams ceftazidime, 0.5 grams avibactam) IV every 8 hours, infused over 3 hours <u>PLUS</u> (administered simultaneously via Y-site administration) Aztreonam: 2 grams IV every 8 hours, infused over 3 hours Additional information in <u>Supplemental Material</u>.

Ceftolozane-tazobactam	uUTI: 1.5 grams (1 gram ceftolozane, 0.5 grams tazobactam) IV every 8 hours, infused over 1 hour All other infections: 3 grams (2 grams ceftolozane, 1 gram tazobactam) IV every 8 hours, infused over 3 hours
Ciprofloxacin	uUTI: 400 mg IV every 12 hours OR 500 mg PO every 12 hours All other infections: 400 mg IV every 8 hours OR 750 mg PO every 12 hours
Colistin	Refer to international consensus guidelines on polymyxins ⁵
Eravacycline	1 mg/kg IV every 12 hours
Ertapenem	1 gram IV every 24 hours, infused over 30 minutes Additional information in <u>Supplemental Material</u>.
Fosfomycin	uUTI: 3 grams PO as a single dose cUTI: 6 grams IV every 8 hours, infused over 1 hour
Gentamicin	uUTI: 5 mg/kg per dose IV as a single dose cUTI: 7 mg/kg IV once; subsequent doses and dosing interval based on pharmacokinetic evaluation Additional information in <u>Supplemental Material</u>.
Gepotidacin	uUTI: 1.5 grams PO every 12 hours
Imipenem-cilastatin	uUTI: 500 mg imipenem IV every 6 hours, infused over 30 minutes All other infections: 500 mg imipenem IV every 6 hours, infused over 3 hours (if feasible) OR 1,000 mg imipenem IV every 8 hours, infused over 1 hour CrCL ≥ 90 mL/min: 1 gram imipenem IV every 6 hours, infused over 1 hour Dosing is based on the imipenem component. An equivalent amount of cilastatin is present when dosing (i.e., 500 mg imipenem is formulated with 500 mg cilastatin). Additional information in <u>Supplemental Material</u>.
Imipenem-cilastatin-relebactam	1.25 grams (500 mg imipenem, 500 mg cilastatin, 250 mg relebactam) IV every 6 hours, infused over 30 minutes
Levofloxacin	750 mg IV/PO every 24 hours
Meropenem	uUTI: 1 grams IV every 8 hours, infused over 30 minutes All other infections: 1-2 gram IV every 8 hours, infused over 3 hours (if feasible); 2 g preferred for obesity, central nervous system infections, and extracorporeal membrane oxygenation or CrCL ≥ 130 mL/min Additional information in <u>Supplemental Material</u>.

Meropenem-vaborbactam	4 grams (2 grams meropenem, 2 grams vaborbactam) IV every 8 hours, infused over 3 hours
Minocycline	200 mg IV/PO every 12 hours
Nitrofurantoin	Macrocrystal/monohydrate (Macrobid®): 100 mg PO every 12 hours Oral suspension: 50 mg PO every 6 hours
Pivmecillinam	uUTI: 370 mg pivmecillinam PO every 8 hours (185 mg pivmecillinam is equivalent to 200 mg pivmecillinam hydrochloride)
Plazomicin	uUTI: 15 mg/kg IV as a single dose cUTI: 15 mg/kg IV once; subsequent doses and dosing interval based on pharmacokinetic evaluation Additional information in <u>Supplemental Material</u> .
Polymyxin B	Refer to international consensus guidelines on polymyxins ⁵
Sulbactam-durlobactam	2 grams (1 gram sulbactam, 1 gram durlobactam) IV every 6 hours, infused over 3 hours CrCL ≥130 mL/min: 2 grams (1 gram sulbactam, 1 gram durlobactam) IV every 4 hours, infused over 3 hours Additional information in <u>Supplemental Material</u> .
Sulopenem etzadroxil-probenecid	500 mg sulopenem etzadroxil-500 mg probenecid PO every 12 hours
Tigecycline	200 mg IV once as a loading dose <u>THEN</u> 100 mg IV every 12 hours
Tobramycin	uUTI: 5 mg/kg/dose IV as a single dose cUTI: 7 mg/kg IV once; subsequent doses and dosing interval based on pharmacokinetic evaluation Additional information in <u>Supplemental Material</u> .
Trimethoprim-sulfamethoxazole	uUTI: 160 mg (trimethoprim component) IV/PO every 12 hours All other infections: 8-15 mg/kg/day (trimethoprim component) IV/PO divided every 8 to 12 hours Additional information in <u>Supplemental Material</u> .

uUTI: uncomplicated urinary tract infection; cUTI: complicated urinary tract infection; IV: intravenous; PO: orally; mg: milligrams; mg/kg: milligrams per kilogram

¹Dosing suggestions limited to organisms and infectious syndromes discussed in the 2026 IDSA AMR Treatment Guidance document

²Dosing suggested for several agents may differ from dosing recommended by the United States Food

and Drug Administration

³For suggested pediatric dosing of newer beta-lactam agents refer to Lockowitz CR, et al. J Pediatric Infect Dis Soc. 2025;14(2):piaf004.

⁴For suggested dosing of central nervous system infections refer to Hsu AJ, et al. Clin Infect Dis. 2025;80(5):959-968.

⁵Tsuji BT, et al. Pharmacotherapy. 2019;39:10-39.