Table 1. Suggested dosing of antibiotics for the treatment of extended-spectrum β-lactamase producing Enterobacterales (ESBL-E), carbapenem-resistant Enterobacterales (CRE), and difficult-to-treat resistance (DTR)-*Pseudomonas aeruginosa* infections

Agent	Adult Dosage (assuming normal renal and liver function)
Amikacin	**Cystitis**: 15 mg/kg/dose[1] IV once **All other infections**: 20 mg/kg/dose[1] IV x 1 dose, subsequent doses and dosing interval based on pharmacokinetic evaluation
Amoxicillin-clavulanate	**Cystitis:** 875 mg (amoxicillin component) PO q12h
Cefiderocol	2 g IV q8h, infused over 3 hours
Ceftazidime-avibactam	2.5 g IV q8h, infused over 3 hours
Ceftazidime-avibactam and aztreonam Ceftazidime-avibactam should be infused concurrently with aztreonam.	**Ceftazidime-avibactam**: 2.5 g IV q8h, infused over 3 hours **PLUS** **Aztreonam**: 2 g IV q8h, infused over 3 hours
Ceftolozane-tazobactam	**Cystitis:** 1.5 g IV q8h, infused over 1 hour **All other infections:** 3 g IV q8h; infused over 3 hours
Ciprofloxacin	400 mg IV q8h or 750 mg PO q12h
Colistin	Refer to international consensus guidelines on polymyxins[1]
Eravacycline	1 mg/kg/dose IV q12h
Ertapenem	1 g IV q24h, infused over 30 minutes
Fosfomycin	**Cystitis:** 3 g PO x 1 dose
Gentamicin	**Cystitis**: 5 mg/kg/dose[1] IV once **All other infections:** 7 mg/kg/dose[1] IV x 1 dose, subsequent doses and dosing interval based on pharmacokinetic evaluation
Imipenem-cilastatin	**Cystitis (standard infusion)**: 500 mg IV q6h, infused over 30 minutes **All other infections (extended-infusion)**: 500 mg IV q6h; infused over 3 hours
Imipenem-cilastatin-relebactam	1.25 g IV q6h, infused over 30 minutes

Levofloxacin	750 mg IV/PO q24h
Meropenem	**Cystitis (standard infusion)**: 1 g IV q8h **All other infections (extended-infusion)**: 2 g IV q8h, infused over 3 hours
Meropenem-vaborbactam	4 g IV q8h, infused over 3 hours
Nitrofurantoin	**Cystitis:** Macrocrystal/monohydrate (Macrobid®) 100 mg PO q12h **Cystitis:** Oral suspension: 50 mg q6h (M
Plazomicin	**Cystitis:** 15 mg/kg[1] IV x x1 dose **All other infections:** 15 mg/kg[1] IV x 1 dose, subsequent doses and dosing interval based on pharmacokinetic evaluation
Polymyxin B	Refer to international consensus guidelines on polymyxins[2]
Tigecycline	**Uncomplicated intra-abdominal infections (standard dose)**: 100 mg IV x 1 dose, then 50 mg IV q12h **Complicated intra-abdominal infections (high dose):** 200 mg IV x 1 dose, then 100 mg IV q12h
Tobramycin	**Cystitis**: 7 mg/kg/dose[1] IV x 1 dose **All other infections**: 7 mg/kg/dose[1] IV x 1 dose; subsequent doses and dosing interval based on pharmacokinetic evaluation
Trimethoprim-sulfamethoxazole	**Cystitis**: 160 mg (trimethoprim component) IV/PO q12h **Other infections**: 8-10 mg/kg/day (trimethoprim component) IV/PO divided q8-12h; maximum dose 320 mg PO q8h

[1]Recommend using adjusted body weight for patients >120% of ideal body weight for aminoglycoside dosing.

[2] Tsuji BT, Pogue JM, Zavascki AP, et al. International Consensus Guidelines for the Optimal Use of the Polymyxins: Endorsed by the American College of Clinical Pharmacy (ACCP), European Society of Clinical Microbiology and Infectious Diseases (ESCMID), Infectious Diseases Society of America (IDSA), International Society for Anti-infective Pharmacology (ISAP), Society of Critical Care Medicine (SCCM), and Society of Infectious Diseases Pharmacists (SIDP). Pharmacotherapy 2019; 39(1): 10-39.