Table 4: Recommended antibiotic treatment options for difficult-to-treat (DTR) *Pseudomonas aeruginosa*, assuming *in vitro* susceptibility to agents in table

Source of Infection	**Preferred Treatment**	**Alternative Treatment** (when first-line options not available/tolerated)
Cystitis	Ceftolozane-tazobactam, ceftazidime-avibactam, imipenem-relebactam, cefiderocol, or a single-dose of an aminoglycoside	Colistin
Pyelonephritis or cUTI[1]	Ceftolozane-tazobactam, ceftazidime-avibactam, imipenem-cilastatin-relebactam, and cefiderocol	Once-daily aminoglycosides
Infections outside of the urinary tract	Ceftolozane-tazobactam, ceftazidime-avibactam, or imipenem-cilastatin-relebactam	Cefiderocol Aminoglycoside monotherapy: limited to uncomplicated bloodstream infections with complete source control[2]

[1]cUTI: Complicated urinary tract infections are defined as UTIs occurring in association with a structural or functional abnormality of the genitourinary tract, or any UTI in a male patient.

[2]Uncomplicated bloodstream infections include a bloodstream infection due to a urinary source or a catheter-related bloodstream infection with removal of the infected vascular catheter.