Vancomycin Hydrochloride for Injection, USP

Rx only

Infections due to vancomycin-resistant enterococci (VRE) and Gram-positive organisms other than Staphylococcus aureus should be treated with other agents.

The combination of vancomycin and an aminoglycoside acts synergistically.

In a controlled clinical study, the potential ototoxic and nephrotoxic effects of vancomycin on infants were evaluated when administered by intraperitoneal injection at doses slightly exceeding recommended therapy for the treatment of meningitis. The combination with an aminoglycoside is synergistic.

Vancomycin hydrochloride for injection is contraindicated in patients with known hypersensitivity to this antibiotic.

Conversely, patients who have been treated with this drug should be rechallenged with vancomycin hydrochloride for injection for future use; however, a history of allergic reaction to vancomycin is not a contraindication to its subsequent use.

Prior antibiotic therapy with an agent with activity against Staphylococcus aureus will not prevent the development of Staphylococcus aureus with reduced susceptibility to vancomycin.

In patients with normal renal function, vancomycin is not removed by dialysis.

Brand name, 30 mcg/mL (approximately 1 mg/mL) in 30 mL of 0.9% sodium chloride injection, USP, or 0.9% sodium chloride injection, USP. The manufacturer’s lot number, and the date of expiration should be noted.

Vancomycin hydrochloride for injection is indicated for the treatment of life-threatening infections due to susceptible strains of the following organisms: Staphylococcus aureus (including methicillin-resistant strains) and Staphylococcus epidermidis.

Vancomycin hydrochloride for injection, USP (USP), and vancomycin hydrochloride injection, USP (USP), is intended for use in a pharmacy admixture program and is not intended for direct injection or direct infusion.

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Vancomycin hydrochloride for injection is contraindicated in patients with known hypersensitivity to this antibiotic.

Vancomycin is not removed by hemodialysis.

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Infusion-related events are related to both the concentration and the rate of administration of vancomycin. The usual daily intravenous dose is 2 to 3 g divided either over 500 mg every 1 to 4 hours. Each dose should be administered at no more than 10 mg/minute or over a period of at least 60 minutes. Close monitoring of serum vancomycin concentrations may be warranted in these patients.

Vancomycin Hydrochloride for Injection USP, Pharmacy Bulk Package SmartPak® should not be used in patients who require less than a 500 mg dose of vancomycin. The usual daily intravenous dose is 2 to 3 g divided either over 500 mg every 1 to 4 hours. Each dose should be administered at no more than 10 mg/minute or over a period of at least 60 minutes. Close monitoring of serum vancomycin concentrations may be warranted in these patients.

Vancomycin Hydrochloride for Injection USP, Pharmacy Bulk Package SmartPak® should not be used in pediatric patients who require less than a 500 mg dose of vancomycin. The usual daily intravenous dose of vancomycin in children is 40 to 90 mg/kg/24 hr, given in 3 or 4 divided doses over 6 to 8 hours. Each dose should be administered at no more than 10 mg/minute or over a period of at least 60 minutes. Close monitoring of serum vancomycin concentrations may be warranted in these patients.

Vancomycin Hydrochloride for Injection USP, Pharmacy Bulk Package SmartPak® should not be used in pediatric patients who require less than a 500 mg dose of vancomycin. In pediatric patients up to the age of 1 year, the daily total intravenous dose may be lower. In infants, an initial loading dose of 15 mg/kg may be followed by 10 mg/kg every 12 hours for up to 7 days. These doses should be given in 2 or 3 divided doses, over 4 to 6 hours. Each dose should be administered at no more than 10 mg/minute or over a period of at least 60 minutes. Close monitoring of serum vancomycin concentrations may be warranted in these patients.

Vancomycin Hydrochloride for Injection USP, Pharmacy Bulk Package SmartPak® should not be used in patients who require less than a 500 mg dose of vancomycin. In patients with impaired renal function, dosage adjustment must be made in patients with impaired renal function. In patients with renal and the elderly, greater dosage reduction than expected may be necessary because of decreased renal function. Measurement of serum vancomycin concentrations is recommended in elderly patients, especially in patients with chronic renal failure.

Vancomycin is eliminated by both renal and nonrenal routes. The major route of excretion is in the urine. The safety and efficacy of vancomycin administration by the intrathecal (intralumbar or intraventricular) routes have not been established.

When vancomycin is given in divided doses, the peak serum concentration and total daily dose may occur at different times because of the variability in dosage regimens. Therefore, measurement of serum vancomycin concentrations at only one time may not be adequate for patients with significant renal impairment.