

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- **Red-light antimicrobial:** Requires pre-authorisation from Microbiology or ID prior to use 24 hours/7 days a week (**Exception:** Oral route of administration).
- **Note:** the vials are labelled as containing 4g in 100ml - however- they actually contain 4g drug powder, which then needs reconstitution and dilution to 100ml
- See under 'Dose' for adjustments required in **renal** impairment
- **Unlicensed for** use in cystic fibrosis
- A low sodium diet is recommended during treatment with Fosfomycin (56mmol sodium per 4g dose)

## Available preparations

Fomicyt 4g vial

## Reconstitution

**Glucose 5% ONLY** (see further information below)

- Reconstitute 4g vial with 20ml diluent removed from a 100ml infusion bag
- The vial will warm slightly upon reconstitution
- Once dissolved, transfer the reconstituted solution to the above infusion bag to produce a 4g in 100ml infusion

## Methods of intravenous administration

### Intermittent intravenous infusion

- Administer 2g dose over at least 15 minutes
- Administer 4g dose over at least 30 minutes
- Administer 8g dose over at least 60 minutes

## Dose in adults

### Usual dose

Indication	Daily dose
<b>Cystic fibrosis (unlicensed)<sup>(ref 1)</sup></b>	4g every six hours
<b>Complicated urinary tract infection</b>	8g every eight hours
<b>Nosocomial lower respiratory tract infection</b>	8g every eight hours
<b>CPE infection (adults) in combination with other antimicrobials</b>	See page 39 of <b>National Guidelines</b>

## Maximum 8g per dose

**Elderly patient:** Use usual recommended dose. Reduce dose if evidence of renal impairment

<b>Renal impairment FOR CYSTIC FIBROSIS</b> <small>(ref 2)</small>	
<b>Use with GREAT CAUTION in patients with renal impairment. Discuss with Micro/ID/CF consultant before using in any patient with renal impairment.</b>	
<b>eGFR (ml/min/1.73m<sup>2</sup>)</b>	<b>Recommended dose</b>
<b>30 to 40</b>	8g loading dose, then 4g every eight hours
<b>20 to 30</b>	6g loading dose, then 3g every eight hours
<b>10 to 20</b>	4g loading dose, then 2g every eight hours
<b>less than 10</b>	2g loading dose, then 1g every eight hours
<b>Intermittent haemodialysis</b>	2g loading dose, then 2g at the end of each dialysis session

## Renal impairment for indications NOT cystic fibrosis

**Use with GREAT CAUTION in patients with renal impairment. Discuss with Micro/ID consultant before using in any patient with renal impairment.**

<b>eGFR (ml/min/1.73m<sup>2</sup>)</b>	<b>Recommended dose</b>
<b>30 to 40</b>	8g loading dose, then 8g bd (=70% of dose)
<b>20 to 30</b>	8g loading dose, then 6g bd (=60% of dose)
<b>10 to 20</b>	8g loading dose, then 4g bd (=40% of dose)
<b>less than 10</b>	8g loading dose, then 4g odÂ (=20% of dose)
<b>Intermittent haemodialysis</b>	2g loading dose, and then 2g at the end of each dialysis session
<b>Continuous renal replacement therapy (RRT)</b>	Post-dilution CVVHF - give usual dose. Pre-dilution CVVHF or other forms of RRT: no clinical data

**Hepatic impairment:** No dosage adjustment necessary

## Monitoring

- Monitor electrolytes (sodium and potassium) due to sodium content (each 4g dose contains 56mmol sodium)
- Monitor fluid balance

## Further information

- Water for Injection can be used as a diluent - however, it may not beÂ practical to administer the drug in 100ml Water for Injection

## Storage

Store below 25<sup>0</sup>C

## References

Fomicyt SPC December 2024

1: Nottingham University Hospitals: [Adult Cystic Fibrosis Intravenous Antibiotic Dosing and Administration Guideline March 2024](#)

2:Â Nottingham University Hospitals: [Guideline for antimicrobial dosing for Adults with Renal impairment \(Fosfomycin IV for CF patients\)](#)

## Therapeutic classification

Antibiotic