

# Ceftolozane/Tazobactam Intravenous Infusion for Adults



## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- **Zerbaxa** vial contains ceftolozane 1g and tazobactam 0.5g. **Prescribe as combination i.e. 1g/0.5g, 2g/1g** etc
- **Restricted to Microbiology or Infectious Diseases advice only (Red-light antimicrobial)**
- **If documented IMMEDIATE, or SEVERE DELAYED hypersensitivity REACTION to PENICILLIN, CEPHALOSPORINS or CARBAPENEMS: DO NOT GIVE THIS DRUG**
- **Contains Sodium** (10mmol per vial)
- See under Dose for adjustments required in Renal impairment

## Available preparations

Zerbaxa vial (ceftolozane 1g and tazobactam 0.5g)

## Reconstitution

Water for injection or Sodium chloride 0.9%

- 10ml per 1.5g vial
- Shake gently to dissolve the powder
- Final volume 11.4ml per vial
- **Dilute further prior to administration**

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

### Intermittent intravenous infusion

- Any dose may be added to 100ml infusion fluid and administer over 60 minutes

Dose of Ceftolazone/tazobactam	Volume of reconstituted injection
2g/1g	22.8ml (two vials)
1.5g/0.75g	17.1ml
1g/0.5g	11.4ml (one vial)
500mg/250mg	5.7ml
300mg/150mg	3.5ml
250mg/125mg	2.9ml
100mg/50mg	1.2ml

## Dose in adults

### Complicated intra-abdominal infection, Complicated urinary tract infection, Acute Pyelonephritis

- Give 1g ceftolazone / 0.5g tazobactam (one vial) every eight hours

### Hospital acquired pneumonia, including ventilator-associated pneumonia

- Give 2g ceftolazone /1g tazobactam (two vials) every eight hours

<b>Renal impairment (ref 1)</b>		
<b>See table in Methods of administration for how to work out doses below- eg 500mg/250mg- use 5.7ml reconstituted solution</b>		
<b>Estimated CrCl (ml/min)</b>	<b>Complicated intra-abdominal infection, Complicated urinary tract infection, Acute Pyelonephritis</b>	<b>Hospital acquired pneumonia, including ventilator-associated pneumonia</b>
<b>30 to 50</b>	give 500mg ceftolazone / 250mg tazobactam every 8 hours	give 1g ceftolazone /0.5g tazobactam every 8 hours
<b>15 to 29</b>	give 250mg ceftolazone / 125mg tazobactam every 8 hours	give 500mg ceftolazone /250mg tazobactam every 8 hours
<b>End stage renal disease or Haemodialysis</b>	give a single loading dose of 500mg ceftolazone /250mg tazobactam, followed 8 hours later by maintenance dose of 100mg ceftolazone /50mg tazobactam every 8 hours. Administer dose immediately <b>after dialysis on dialysis days</b>	give a single loading dose of 1.5g ceftolazone /0.75g tazobactam, followed 8 hours later by maintenance dose of 300mg ceftolazone / 150mg tazobactam every 8 hours. Administer dose immediately <b>after dialysis on dialysis days</b>

### Hepatic impairment

- No dosage adjustment required

## Storage

- Store between 2 and 8°C

## References

- SPC 17th April 2020

1: eGFR used instead of CrCl- as approved by AST. Email on file from Dr Una NiRiain 10/01/2017

## Therapeutic classification

Cephalosporin antibiotic (fifth generation) with beta-lactamase inhibitor