

## 1192 telavancin

### DOSAGE AND ROUTES

- **Adult:** PO 20 mg before bedtime at the same time every night; take without food

### tavaborole topical

See Appendix B

### RARELY USED

### teduglutide

(te'due-gloo'tide)

#### Gattex

*Func. class.:* Functional GI disorder agent

*Chem. class.:* Recombinant glucagon-like peptide-2 analog

**USES:** Short bowel syndrome, dependent on parenteral support

### DOSAGE AND ROUTES

- **Adult:** SUBCUT 0.05 mg/kg daily

### telavancin (Rx)

(tel-a-van'sin)

#### Vibativ

*Func. class.:* Antiinfective, miscellaneous

*Chem. class.:* Lipoglycopeptide

**ACTION:** Inhibits bacterial cell-wall synthesis, disrupts cell membrane integrity, blocks glycopeptides

**USES:** Skin/skin-structure infections caused by *Enterococcus faecalis*, *E. faecium*, *Staphylococcus aureus* (MRSA), *S. aureus* (MSSA), *S. epidermidis*, *S. haemolyticus*, *Streptococcus agalactiae* (group B), *S. dysgalactiae*, *S. pyogenes* (group A  $\beta$ -tremolytic), *S. anginosus*, *S. intermedius*, *S. constellatus*, nosocomial pneumonia caused by susceptible gram-positive bacteria

**Unlabeled uses:** Bacteremia

**CONTRAINDICATIONS:** Hypersensitivity

**Precautions:** Breastfeeding, children, geriatric patients, renal disease, antimicrobial resistance, diabetes mellitus, diarrhea, GI disease, heart failure, hypertension, pseudomembranous colitis, QT prolongation, vancomycin hypersensitivity

**Black Box Warning:** Pregnancy, renal disease

### DOSAGE AND ROUTES

#### Complicated skin/skin-structure infections

- **Adult:** IV INFUSION 10 mg/kg over 60 min q24hr  $\times$  7-14 days

#### Nosocomial pneumonia

- **Adult:** IV INFUSION 10 mg/kg q24hr  $\times$  7-21 days

#### Renal dose

- **Adult:** IV CCr 30-50 mL/min 7.5 mg/kg q24hr; CCr 10-29 mL/min 10 mg/kg q48hr

**Available forms:** Lyophilized powder for inj 250, 750 mg

#### Administer:

- Use only for susceptible organisms to prevent drug-resistant bacteria
- Antihistamine if red man syndrome occurs: decreased B/P; flushing of neck, face
- Avoid IM, subcut use

#### Intermittent IV INFUSION route

- After reconstitution with 15 mL D<sub>5</sub>W sterile water for inj; 0.9% NaCl (15 mg/mL) 250-mg vial; add 45 mL to 750-mg vial (15 mg/mL) for dose of 150-800 mg; further dilute with 100-250 mL of compatible sol; for dose <150 mg or >800 mg, further dilute to concentration of 0.6-8 mg/mL with compatible sol; give over 60 min; reconstituted or diluted sol is stable for 4 hr room temperature, 7 hr refrigerated; **avoid rapid IV; may cause red man syndrome**

**Y-site compatibility:** Amphotericin B lipid complex (Abelcet), ampicillin-sulbactam, azithromycin, calcium gluconate, caspofungin, cefepime, ceftAZidime, cefTRIAxone, ciprofloxacin,