

**APPENDIX C: DOSAGE ADJUSTMENT IN RENAL INSUFFICIENCY**

DRUGS	NORMAL DOSE	DOSAGE ADJUSTMENT IN RENAL INSUFFICIENCY	
		CREATININE CLEARANCE (mL/MIN)	DOSE
Acyclovir	IV dose for serious HSV/VZV infections: 10mg/kg q8h  po dose for herpes zoster: 800mg q4h (5x/day)	25-50 10-25 0-10 10-25 0-10	10mg/kg q12h 10mg/kg q24h 10mg/kg q48h 800mg q8h 800mg q12h
Amikacin	10-15mg/kg/day IV	Dosage adjustment based on therapeutic drug monitoring	Dosage adjustment based on serum levels
Amphotericin B	0.5–1.0mg/kg/day IV		No dosage adjustment necessary; alternative amphotericin B preparation or other antifungals may be considered if renal insufficiency occurs during therapy
Cidofovir	5mg/kg IV q.w x 2, then every 2 weeks (with probenecid and hydration)	If ↑ 0.3–0.4mg/dL >baseline  If ↑ ≥0.5mg/dL >baseline or ≥3+ proteinuria	3mg/kg per dose  d/c therapy
Ciprofloxacin	500mg po b.i.d	30–50 5-29  Patients on haemodialysis or peritoneal dialysis	250mg q12h 250mg q18h (or 375mg q24h) 250mg q24h (given after dialysis)
Clarithromycin	500mg po b.i.d	<30	250mg b.i.d or 500mg q.d
EMB	15mg/kg q24h po	10-50  <10  Haemodialysis	15mg/kg q24-36h 15mg/kg q48h 15mg/kg t.i.w after haemodialysis
Fluconazole	200-800mg po or IV q.d	≥50  <50  Haemodialysis	Full dose 50% of full dose Full dose after haemodialysis
Flucytosine	25mg/kg po q6h	20-40 10-20  Haemodialysis	25mg/kg q12h 25mg/kg q24h 25-50mg/kg q48-72h (after haemodialysis)
Foscarnet	120-180mg/kg/ day	Dosage adjustment according to calculated CrCl/kg; please consult package labelling for dosing table	

DRUGS	NORMAL DOSE	DOSAGE ADJUSTMENT IN RENAL INSUFFICIENCY	
		CREATININE CLEARANCE (ML/MIN)	DOSE
Ganciclovir	<u>Induction Therapy:</u> 5mg/kg IV q12h  <u>Maintenance Therapy:</u> 5mg/kg IV q24h	50-69 25-49 10-24 <10 or on Haemodialysis  50-69 25-49 10-24 <10 or on Haemodialysis	2.5mg/kg q12h 2.5mg/kg q24h 1.25mg/kg q24h 1.25mg/kg t.i.w after haemodialysis 2.5mg/kg q24h 1.25mg/kg q24h 0.625mg/kg q24h 0.625mg/kg t.i.w after haemodialysis
3TC	<u>For HIV/HBV-Co-Infected Patients:</u> 150mg b.i.d	30-49 15-29 5-14 <5	150mg q.d 150mg x 1, then 100mg q.d 150mg x 1, then 50mg q.d 50mg x 1, then 25mg q.d
Levofloxacin	500 mg po q.d	20-49 10-19 Haemodialysis or CAPD	250mg q24h 250mg q48h 250mg q48h
Aqueous Penicillin G	<u>Neurosyphilis or Ocular Syphilis:</u> 3-4MU IV q4h	10-50 <10 Haemodialysis	2-3MU q4h 1MU q4-6h 1MU q4-6h
Ribavirin	1,000–1,200mg/day (based on weight)	<50	Not recommended
Rifabutin	300mg daily (or adjustment based on drug-drug interaction—see <i>Table 10</i> )	<30	50% of dose
Streptomycin	1g IM or IV q24h	10-50 <10 Haemodialysis	1g q24-72h 1g q72-96h Supplemental 500mg after haemodialysis (unless 1g dose is scheduled around the same time)
SMX-TMP	15–20 mg/kg/day (of TMP) IV or po in 3-4 divided doses	15–30 <15 Haemodialysis	5mg/kg q6-8h x 48 hours, then 3.5-5mg/kg q12h 7-10mg/kg/day in 1-2 divided doses 7-10mg/kg after haemodialysis

DRUGS	NORMAL DOSE	DOSAGE ADJUSTMENT IN RENAL INSUFFICIENCY		
		CREATININE CLEARANCE (mL/MIN)	DOSE	
TDF	<u>For HIV (in HBV Pts):</u> 300mg po q.d	30-49 10-29 ESRD or Haemodialysis	300mg q48h 300mg b.i.w 300mg q.w	
Valacyclovir	<u>For Herpes Zoster:</u> 1g po t.i.d	30-49 10-29 <10 Haemodialysis	1g po q12h 1g po q24h 500mg po q24h 500mg po q24h, schedule timing of dose after haemodialysis	
Valganciclovir	900mg po b.i.d (induction) 900mg po q.d (maintenance)	40-59 25-39 10-25 Haemodialysis	<i>Induction</i> 450mg b.i.d 450mg q.d 450mg q.o.d not recommended	<i>Maintenance</i> 450mg q.d 450mg q.o.d 450mg b.i.w not recommended