FOLLOW-UP OF RECOMMENDATIONS ON DOSE ADJUSTMENT OF CEFTOLOZANE/TAZOBACTAM IN RENAL FAILURE

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Background Ceftolozane/tazobactam is a novel antibiotic commonly used in infections by gram-negative bacteria resistant to conventional antibiotics. Drug-dosing errors are common in patients with renal impairment and can cause adverse effects or poor outcomes.

Purpose To determine the adequacy of ceftolozane/tazobactam dose adjustment according to renal function in hospitalised patients.

Material and methods Retrospective observational study in a third-level hospital involving patients treated with ceftolozane/tazobactam from January to August 2018. Variables collected: sex, age, creatinine clearance (CrCl), medical/critical care unit, type of infection, microorganisms isolated, type of therapy (empiric or targeted), posology, treatment duration, effectiveness of treatment (microbiological and/or clinical cure) and dosage adequacy. Underdosing was defined as any dose lower than the Summary of Product Characteristics recommended dose (based on CrCl) and overdosing was the opposite. For pneumonia (off-label), a double dose was considered according to the Stanford Health Care Antimicrobial Dosing Reference Guide.

Results Forty-six patients were included: 65.2% were male, mean age was 65.4±16.2 years and mean CrCl was 61.8±30.6 mL/min. At the beginning of treatment, 41.3% had CrCl <60 mL/min. Sixteen patients (34.8%) were admitted to the intensive care unit. Main infection sites were: respiratory (30.4%) and intra-abdominal (15.2%). Therapies that have been modified following a pharmacist’s report and, therefore, the degree of acceptance of notifications by the medical staff were examined.

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Material and methods The analysis was carried out by extrapolating, from the prescription software, the medical prescrip-

REFERENCES AND/OR ACKNOWLEDGEMENTS

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