

**Recommended dosing regimens of Ciprofloxacin,  
produced by Kraspharma OJSC, in patients with normal renal function**

Indication	Daily dose regimen	Way of administration	Duration of treatment
Purulent pericarditis (empiric treatment)	400 mg every 12 hours + vancomycin 1 g every 12 hours	IV IV	28 days
Secondary peritonitis (including appendicular, post-operative peritonitis) Abdominal abscess Diverticulitis	400 mg every 12 hours + metronidazole 500 mg every 8 hours	IV IV	7-14 days
Acute cholecystitis Cholangitis	400 mg every 12 hours + metronidazole 500 mg every 8 hours	IV IV	10-14 days
Infectious complications in severe acute pancreatitis	400 mg every 12 hours + metronidazole 500 mg every 8 hours	IV IV	14-28 days
Complicated urinary tract infections (UTIs) (including post-operative UTI and catheter-associated UTI (CAUTI))	400 mg every 12 hours	IV	14-21 days, step-down therapy is possible
Cutaneous anthrax	Adults: 400 mg every 12 hours Children: 10-15 mg/kg every 12 hours	IV	60 days, step-down therapy is recommended
Pulmonary anthrax	Adults: 400 mg every 12 hours	IV	60 days, step-down therapy is possible

Gastrointestinal anthrax	Children: 10-15 mg/kg every 12 hours		
Epididymo-orchitis (men > 35 years old)	400 mg every 12 hours	IV	28 days, step-down therapy is possible
Malignant otitis externa	400 mg every 12 hours	IV	28-56 days, step-down therapy is recommended
Pelvic inflammatory disease (PID) (endometritis, salpingitis, tubo-ovarian abscess, pelvic peritonitis)	400 mg IV every 12 hours + metronidazole 500 mg every 8 hours	IV IV or orally	14-21 days
Bacteremia caused by <i>Salmonella</i> spp., including <i>S. typhi</i>	400 mg every 12 hours	IV	14 days
Sepsis (empiric therapy)	400 mg IV every 12 hours +/- metronidazole 500 mg every 8 hours	IV IV	14-21 days
Perioperative antibiotic prophylaxis	400 mg 60-90 minutes prior to incision <sup>1</sup> +/- metronidazole 500 mg 60-90 minutes prior to incision <sup>2</sup>	IV IV	
Broncho-pulmonary infections in cystic fibrosis	Children: 15 mg/kg every 12 hours + ceftazidime 150-300 mg/kg B day, divide into 2 infusion	IV IV (by continuous infusion)	14-21 days, step-down therapy is possible, 7 days

<sup>1</sup> Optimum timing is intravenous dose given or infusion completed 30-60 minutes prior to skin incision

<sup>2</sup> Metronidazole 500mg/100ml should be infused intravenously at an approximate rate of 5 ml/minute (or 0.5 g infused over 20 to 30 min).

*To avoid drug–drug interaction:* Ciprofloxacin solution for infusion and metronidazole solution for infusion may be administered sequentially of one another if the infusion lines are flushed between infusions with a compatible fluid. Similarly, simultaneous administration down separate lumens of a multilumen venous access device is acceptable. Administration via a Y-site is not acceptable as there will be mixing of the drugs within the line.