

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

Indication	Daily dose regimen	Way of administration	Duration of treatment
Bacterial meningitis Ventriculitis	Adults: 4 g every 6 hours*	IV	7-10 days
Severe community-acquired pneumonia, severe course, hospital treatment	Adults: 2 g every 8 hours +/- cefotaxime – 1-2 g every 6-8 hours	IV IV or IM	7-10 days
Pulmonary infections in patients with cystic fibrosis	Adults: 4 g every 6-8 hours + ceftazidime 2 g every 6-8 hours +/- tobramycin powder/inhalation solution, 112 mg/300 mg every 12 hours	IV IV inhalation	21 days 21 days 28 days
Secondary peritonitis (including post-operative, as well as in intolerance to beta-lactams)	Adults: 2 g every 6-8 hours + metronidazole 0.5 g every 8 hours +/- amikacin 15 mg/kg/day in 1-2 injections	IV IV IV or IM	7-10 days
Osteomyelitis (including after external/internal osteosynthesis or post-traumatic osteomyelitis)	Adults: 2-4 g every 6-8 hours +/- vancomycin 1 g every 12 hours	IV IV	3-4 weeks
Skin and soft tissues infections, including in diabetic patients	Adults: 2 g every 6-8 hours +/- metronidazole 0.5 g every 8 hours	IV IV	7-10 days

BPI (pyelonephritis, pyelitis), including in pregnant women	Adults: 1.0-2.0 g every 6-8 hours	IV	10-14 days
Sepsis (including in immunodeficient patients), empiric therapy	Adults: 4.0 g every 6-8 hours + cefepime 2 g every 12 hours	IV	14-21 days
Severe infections caused by MR staphylococci Bacteremia caused by MR staphylococci	Adults: 4.0 g every 6-8 hours + vancomycin 0.5 g every 6 hours	IV	14-21 days

* Dependent on etiology, the following combinations may be used:

Fosfomicin + Cefotaxime, Fosfomicin + Ceftriaxone, Fosfomicin + Vancomycin