## Recommended dosing regimens of Ofloxacin, produced by Kraspharma OJSC, in patients with normal renal function

		Way of	Duration of
Indication	Daily dose regimen	administration	treatment
LRTI <sup>1</sup> , caused by staphylococci and/or gram (-) bacteria	Moderate: 200 mg every 12 hours Severe: 400 mg every 12 hours	IV	7-14 days
Secondary peritonitis	200-400 mg every 12 hours + metronidazole 500 mg every 8 hours <sup>2</sup>	IV IV	10-14 days
Complicated UTI <sup>3</sup> (including pyelitis, pyelonephritis, acute paranephritis)	Moderate: 200 mg every 12 hours Severe: 400 mg every 12 hours	IV	10-14 days
Skin and soft tissues infections, especially in beta-lactam allergic patients	Moderate: 200 mg every 12 hours Severe: 400 mg every 12 hours	IV	7-10 days
Pelvic inflammatory disease (PID)	200 mg every 12 hours + metronidazole 500 mg every 8 hours <sup>2</sup>	IV IV or orally	14-21 days
Bacterial gastrointestinal infections, including escherichiosis, shigellosis, cholera, salmonellosis, typhoid fever, paratyphoids A, B and C <sup>4</sup> , yersiniosis	200-400 mg every 12 hours	IV	3-5 days

Perioperative	200-400 mg 60-90	IV
antibiotic prophylaxis	minutes prior to	
	incision <sup>5</sup>	
	+/- metronidazole	IV
	500 mg 60-90	
	minutes prior to	
	incision <sup>2, 6</sup>	

<sup>&</sup>lt;sup>1</sup> LRT – lower respiratory tract infection

<sup>&</sup>lt;sup>2</sup> to avoid drug-drug interaction: Ofloxacin 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.

<sup>&</sup>lt;sup>3</sup> UTI – urinary tract infection

<sup>&</sup>lt;sup>4</sup> Paratyphoid is caused by the bacteria *Salmonella enterica* of the serotype Paratyphi A, Paratyphi B or Paratyphi C

<sup>&</sup>lt;sup>5</sup> Optimum timing is intravenous dose given or infusion completed 30-60 minutes prior to skin incision

 $<sup>^6</sup>$  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)