Tobramycin 20 mg/2 mL vial contains 1.56 mg of tobramycin as the sulfate, 24.1 mg of sodium chloride, and 0.41 mg of sodium hydroxide. Tolbutamide is a substrate for tobramycin in vitro. The clinical significance of this interaction is unknown. No formal studies have been conducted to evaluate the clinical consequences of this interaction. However, caution should be exercised when tobramycin is administered concomitantly with tolbutamide.

INDICATIONS AND USAGE
Tobramycin is indicated for the treatment of infections caused by susceptible organisms that are sensitive to tobramycin, including the following: Diseases of the skin and skin structure, including acne. Diseases of the eye, including keratitis, conjunctivitis, and other infections of the eyelids, conjunctiva, cornea, and conjunctival sac. Intraocular injections are approved for the treatment of endophthalmitis caused by Pseudomonas aeruginosa or Serratia marcescens. This drug is contraindicated for use by the intracutaneous or intradermal route. Cataracts have been reported in animals treated with tobramycin. Safety and effectiveness in other specific indications have not been established.

To avoid the development of resistant bacteria and maintain the effectiveness of Tobramycin Injection, USP, USP should be used as the shortest possible course of antibiotic therapy. This drug is not effective against viruses such as the common cold or influenza.

References
administered, the patient's renal function, stage of hydration, and age and whether or not other medications with similar mechanisms are being administered may alter the dosing interval for both intramuscular and intravenous routes. The drug elimination half-life can be prolonged in patients with renal impairment. If serum levels of tobramycin cannot be measured, the dosage schedule derived from either normal doses given at prolonged intervals. Both of these methods are suggested as guides to be used in conjunction with clinical and laboratory observations of the patient and should be modified as necessary. Neither method should replace clinical and laboratory observations of the patient.

Dosage and Administration

Tobramycin may be given intramuscularly or intravenously. Severe reactions do not occur with either route but are more likely with intramuscular administration. The drug is supplied as an aqueous suspension in vials for intramuscular injection and as a sterile injectable solution for intravenous injection.

DOSAGE REGIMEN

Dosages of tobramycin should be individualized based on the patient's renal function, stage of hydration, and age and whether or not other medications with similar mechanisms are being administered.

Dosage in Severe Patients

Dosage in Severe Patients

The appropriate dose may be calculated by using the patient's estimated lean body weight plus 40% of the body weight. The patient's renal function should be evaluated before the initiation of therapy and at intervals of 2 to 4 weeks. If the creatinine clearance is not known, the serum creatinine should be measured during the treatment period. If the serum creatinine level of the patient is not known, the usual method of calculating the serum creatinine level is given in Table 3. If the serum creatinine value is known, the amount of the usual dose can be determined by multiplying the patient's serum creatinine level by 0.6 and adding the product to the normal dose from the accompanying nomogram.

Reduced Dosage Monitoring

Reduced dosage monitoring should be done at intervals of 2 to 4 weeks or when the serum creatinine value is less than the amount of the usual dose can be determined by multiplying the patient's serum creatinine level by 0.6 and adding the product to the normal dose from the accompanying nomogram. If the serum creatinine changes, the dosage should be adjusted to the value of the serum creatinine.

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References


