

Oral Cephalosporin and Acid-suppression Therapy Drug Interaction Guidance

Drug	Indication	Concomitant Acid-suppression Therapy DDI	No Acid-suppression Therapy DDI
Cefuroxime	Community-Acquired Pneumonia ¹	1000 mg PO q 12h	500 mg PO q 12h
Cefpodoxime	Uncomplicated Bacteremia ²	Consider alternative therapy: cephalexin, fluoroquinolone, SMX/TMP	Cefpodoxime 400 mg PO BID
	Uncomplicated Pyelonephritis ³	Consider alternative therapy: cephalexin 1 g PO QID, fluoroquinolone, SMX/TMP	Cefpodoxime 400 mg PO BID
	Uncomplicated Community-Acquired Intra-Abdominal Infection ⁴	Consider alternative therapy: amoxicillin/clavulaunate XR, metronidazole + (fluoroquinolone or SMX/TMP)	Cefpodoxime 400 mg PO BID + metronidazole 500 mg PO TID
	Cystitis	Cefpodoxime 200 mg PO BID	Cefpodoxime 200 mg PO BID

DDI – drug-drug interaction, **SMX/TMP** – sulfamethoxazole-trimethoprim,

Acid-suppression – H2 antagonists or proton pump inhibitors administered on a scheduled basis

1 – Candidates for oral beta-lactam therapy for community-acquired pneumonia include those that are hemodynamically stable, improving clinically (resolving leukocytosis and defervescence early in therapy), and able to adequately absorb oral medications.

2 – Uncomplicated bacteremia is defined as hemodynamically stable, improving clinically (resolving leukocytosis and defervescence early in therapy), cleared cultures quickly, source control obtained, able to adequately absorb oral medications, and a susceptible Gram-negative pathogen is identified.

3 – Uncomplicated pyelonephritis is defined as hemodynamically stable, improving clinically (resolving leukocytosis and defervescence early in therapy), cleared cultures quickly, able to adequately absorb oral medications, and a susceptible Gram-negative pathogen is identified.

4 – Uncomplicated community-acquired intra-abdominal infection is defined as infection that involves a single organ and does not extend into the peritoneum.

Relevant Dosing Reference:

Mogle BT, Beccari MV, Steele JM, et al. Clinical considerations for oral beta-lactams as step-down therapy for Enterobacteriaceae bloodstream infections. *Expert Opinion on Pharmacotherapy* 20:8; 903-907.