High plasma levels of cefotetan are attained after intravenous and intramuscular administration. Each 2 gram vial contains cefotetan disodium equivalent to 2 grams of cefotetan for Injection, USP. Cefotetan for Injection, USP is available in two vial strengths. Each 1 gram vial contains cefotetan disodium equivalent to 1 gram cefotetan for Injection, USP. Cefotetan has a broad-spectrum, beta-lactamase resistant, cephalosporin (cephamycin) structure. To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefotetan and other antibacterial drugs, cefotetan should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. The patient or prescriber should be informed that only antibiotics approved by the FDA for the treatment of the patient’s infection should be used.

Cefotetan is excreted unchanged by the kidneys over a 24 hour period, which results in measurable cefotetan concentrations in peritoneal fluid. The plasma elimination half-life of cefotetan is 3 to 4.6 hours after either intravenous or intramuscular administration.

When renal function is impaired, a reduced dosing interval of 8 to 12 hours should be considered. In patients with a creatinine clearance of 20 to 40 mL/minute, the dose should be 6 g every 12 hours. When the creatinine clearance is less than 20 mL/minute, the dose should be 6 g every 24 hours. The volume of distribution (10.4 (1.2) L vs. 10.3 (1.6) L) were similar following single and multiple intravenous doses of cefotetan. Total body clearance is 180 to 240 mL/minute. Increases in serum creatinine have occurred when cefotetan was given alone. If cefotetan and an aminoglycoside are used concomitantly, the aminoglycoside dose should be reduced.

CLINICAL PHARMACOLOGY: High plasma levels of cefotetan are attained after intravenous or intramuscular administration of 1 to 2 g/mL concentrations of cefotetan powder. The steady-state volume of distribution of cefotetan calculated based on the area under the plasma concentration versus time curve divided by the mean plasma concentration at steady state for a 4 hour dosing interval is 18 to 25 L. The plasma half-life of elimination is 3 to 4.6 hours after either intravenous or intramuscular administration of cefotetan. The elimination of cefotetan from the body is biexponential in nature, with a mean terminal half-life of 3 to 6 hours after intravenous administration.

The plasma elimination hal-life of cefotetan is 3 to 6 hours after intravenous administration which is shorter than that of most penicillins (10 to 20 hours). The terminal half-life decreases with increasing renal function. In normal patients, mean plasma clearance is approximately 150 mL/minute, and renal clearance is about 20% of the mean plasma clearance.

CLINICAL PHARMACOKINETICS: After a single intravenous dose of cefotetan 1 g/mL concentrations of cefotetan powder. The steady-state volume of distribution of cefotetan calculated based on the area under the plasma concentration versus time curve divided by the mean plasma concentration at steady state for a 4 hour dosing interval is 18 to 25 L. The plasma half-life of elimination is 3 to 4.6 hours after either intravenous or intramuscular administration of cefotetan. The elimination of cefotetan from the body is biexponential in nature, with a mean terminal half-life of 3 to 6 hours after intravenous administration which is shorter than that of most penicillins (10 to 20 hours). The terminal half-life decreases with increasing renal function. In normal patients, mean plasma clearance is approximately 150 mL/minute, and renal clearance is about 20% of the mean plasma clearance.

CLINICAL PHARMACOKINETICS: After a single intravenous dose of cefotetan 1 g/mL concentrations of cefotetan powder. The steady-state volume of distribution of cefotetan calculated based on the area under the plasma concentration versus time curve divided by the mean plasma concentration at steady state for a 4 hour dosing interval is 18 to 25 L. The plasma half-life of elimination is 3 to 4.6 hours after either intravenous or intramuscular administration of cefotetan. The elimination of cefotetan from the body is biexponential in nature, with a mean terminal half-life of 3 to 6 hours after intravenous administration which is shorter than that of most penicillins (10 to 20 hours). The terminal half-life decreases with increasing renal function. In normal patients, mean plasma clearance is approximately 150 mL/minute, and renal clearance is about 20% of the mean plasma clearance.

CLINICAL PHARMACOKINETICS: After a single intravenous dose of cefotetan 1 g/mL concentrations of cefotetan powder. The steady-state volume of distribution of cefotetan calculated based on the area under the plasma concentration versus time curve divided by the mean plasma concentration at steady state for a 4 hour dosing interval is 18 to 25 L. The plasma half-life of elimination is 3 to 4.6 hours after either intravenous or intramuscular administration of cefotetan. The elimination of cefotetan from the body is biexponential in nature, with a mean terminal half-life of 3 to 6 hours after intravenous administration which is shorter than that of most penicillins (10 to 20 hours). The terminal half-life decreases with increasing renal function. In normal patients, mean plasma clearance is approximately 150 mL/minute, and renal clearance is about 20% of the mean plasma clearance.