Table 1.2: Dosing of oral antibiotics for complicated UTI (in alphabetical order)

Drugs	Oral absorption (%)	Urinary excretion (%)	Dose for patients with normal renal function
Amoxicillin-clavulanate	80 (amoxicillin)[40] variable (clavulanate)[41]	50-70 (amoxicillin)[40] 25-40% (clavulanate)[40]	875mg-125mg every 8 to 12 hours[12,32-34,39,42-45] Other regimens may be more effective[a]
Cefixime	50[46]	50[46]	400mg once daily[7]
Cefpodoxime	50[46]	80[46]	200mg to 400mg every 12 hours[29,34,47]
Ceftibuten	75-90[46]	73[46]	9mg/kg daily (children)[b] 400mg daily or 200mg every 12 hours (adults)[48,49]
Cefuroxime	52[46,50]	90[46,50]	500mg every 12 hours[34,51]
Cephalexin	90[46]	90[46]	500mg to 1000mg every 6 hours[12,28,32,33,39,42-44,52] Other regimens may be more effective[a]
Ciprofloxacin	70[53]	40-50[53]	500mg to 750mg every 12 hours [20,28,34,39,54]
Levofloxacin	99[55]	64-100[55]	500mg to 750mg daily[28,47,54,56]
Other oral beta-lactams (e.g. amoxicillin, cefadroxil, cefaclor, cefdinir)	Comparative clinical outcomes data vs highly bioavailable oral alternatives are more limited and/or discouraging; consider use with infectious disease pharmacist consultation if alternatives are not available.		
Trimethoprim-sulfamethoxazole	70-90[57]	84 (sulfamethoxazole), 66 (trimethoprim)[57]	800mg-160mg every 12 hours[20,34]

[a]Despite routine use of optimized dosing, the majority of studies comparing switch to oral beta-lactams versus fluoroquinolones or trimethoprim-sulfamethoxazole for cUTI have found inferior outcomes with oral beta-lactams when amoxicillin-clavulanate or cephalexin were the predominant oral beta-lactams being used.

[b]Ceftibuten is the sole oral beta-lactam in this table with modern randomized, controlled trial data for cUTI in both children in adults; however, while it produced comparable clinical outcomes versus trimethoprim-sulfamethoxazole in children, in adults relapses were higher with ceftibuten versus norfloxacin.