

**VANCOUVER GENERAL HOSPITAL  
CSU PHARMACEUTICAL SCIENCES  
NON-FORMULARY DRUG DATA SHEET**

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**DRUG NAME**

Tigecycline  
(Glycylcycline – a tetracycline-type antibiotic)

**ALTERNATE NAME**

TYGACIL™  
Wyeth Pharmaceuticals

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**STRENGTH**

50 mg vial as powder for reconstitution

**DOSAGE FORM**

Parenteral

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**INDICATIONS**

- Treatment of systemic infections, including complicated skin and skin structure and intraabdominal infections caused by susceptible microorganisms
- Spectrum of activity includes Gram positives (methicillin-sensitive *Staphylococcus aureus* (MSSA), methicillin-resistant *S. aureus* (MRSA), *Streptococcus sp.*, and *Enterococcus* including VRE), Gram negatives (Enterobacteriaceae except *Pseudomonas*), and anaerobes (*Bacteroides* and *Clostridium perfringens*).

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**RECONSTITUTION AND STABILITY**

- Vial stable at room temperature
- Reconstitute each 50 mg vial with 5.3 mL NS or D5W to make a 10 mg/mL concentration
- Reconstituted solution should be yellow to orange in colour; if not, the solution should be discarded
- Stable in NS or D5W for 6 hours at room temperature and up to 24 hours in the refrigerator

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**ADMINISTRATION**

- IV intermittent – dilute in 100 mL minibag and infuse over 30-60 minutes
- If IV line is used for sequential infusion of other drugs, flush line before and after with NS or D5W.

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**DOSAGE**

- 100 mg loading dose, then 50 mg IV Q12H
- **Severe hepatic impairment** – 100 mg loading dose, then 25 mg IV Q12H
- **Renal impairment/hemodialysis/CAPD/CRRT** - no dosage adjustments required

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**KNOWN SIDE EFFECTS**

- Common – diarrhea, nausea, vomiting, abdominal pain
- Similar adverse events as tetracyclines - photosensitivity, increased BUN, azotemia, acute pancreatitis
- Anaphylaxis or hypersensitivity reactions may occur

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**SPECIAL PRECAUTIONS**

- Structurally similar to tetracycline class antibiotics; contraindicated in patients with known tetracycline hypersensitivity
- Should not be used in pregnancy, lactation, or in children under 8 years of age due to risk of tooth discolouration
- Not recommended in children under 18 years of age as safety and efficacy have not been established
- Recommended dosage and infusion rate should not be exceeded as it may increase the risk of QTc interval prolongation