

DialyzeIHD: Dialyzability of Medications During Intermittent Hemodialysis



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Drug	% Dialyzed (Type of Dialyzer)	IHD Dosing; Administration Timing Around HD Session	Drug	% Dialyzed (Type of Dialyzer)	IHD Dosing; Administration Timing Around HD Session	Drug	% Dialyzed (Type of Dialyzer)	IHD Dosing; Administration Timing Around HD Session	Drug	% Dialyzed (Type of Dialyzer)	IHD Dosing; Administration Timing Around HD Session
Acarbose	N/A	Not recommended for use, Administer anytime during HD	Clonazepam	N/A	0.25-0.5mg PO Q8H PRN, Administer anytime during HD	Insulin Aspart, Insulin Detemir, Insulin Glargine,	N/A	Reduce to 25-50% of normal dose and titrate, Administer anytime	Pentamidine Isethionate	0 (N/A)	4mg/kg IV Q24-36H, Administer anytime during HD
Acebutolol	N/A	100-150mg PO Q12-24H, Administer post-HD	Clonidine	<5 (Low Flux)	0.1-0.4mg PO Q8-12H, Administer anytime during HD; Dose post-HD if hypotensive	Insulin Lispro		during HD 75, 200mg PO O24H	Phenytoin	No (Low Flux)	Normal dose and titrate based on target free or corrected total phenytoin level,
Acetaminophen	N/A	Normal dose based on indication, Administer anytime during HD	Clopidogrel	N/A	75mg PO Q24H, Administer anytime during HD	Irbesartan	0 (N/A)	75-300mg PO Q24H, Administer anytime during HD; Dose post-HD if hypotensive		No	Administer anytime during HD 15-45mg PO Q24H,
Acyclovir	40-60	2.5-5mg/kg IV/PO Q24H, Administer post-HD over 60	Cloxacillin	N/A	250-500mg PO Q6H or 1-2g IV Q4-	Iron Dextran	N/A	100mg IV weekly to monthly, Administer anytime during HD	Pioglitazone	(N/A)	Administer anytime during HD
	(N/A)	minutes Normal dose based on blood work,			6H, Administer anytime during HD Reduce to 50% of normal dose and	Iron Sucrose	N/A	100mg IV weekly to monthly,	Piperacillin/ Tazobactam	10-65 (Low Flux)	2.25g-4.5g IV Q12H, Administer post-HD over 30 minutes
Alfacalcidol	N/A	Administer anytime during HD 0.25-0.5mg PO Q8H PRN,	Codeine	N/A	titrate, Administer post -HD (if given on HD, may require supplemental dose post -HD)	Isosorbide	Minimal	Administer anytime during HD 5-40mg PO Q8H,	Posaconazole	0 (N/A)	Normal dose based on indication, Administer anytime during HD
Alprazolam	N/A	Administer anytime during HD	Cyclophosphamide	22-36.7 (over 3- 4 hrs)	Reduce to 75% of normal dose based on indication,	Dinitrate	(N/A)	Administer post-HD	Pravastatin	N/A	10-80mg PO Q24H, Administer post-HD
Amantadine	2-5 (Low Flux)	100mg PO Q7days, Administer anytime during HD			Administer post-HD over 20-60 min Dose based on indication and	Itraconazole	(High Flux)	100-200mg PO Q24H, Administer anytime during HD	Prazosin	Minimal (N/A)	1-5mg PO Q8-12H, Administer anytime during HD
Amikacin	18.5-88 (Low Flux)	LD 5-7.5mg/kg IV, then MD 5mg/kg IV QHD (Once daily dosing NOT recommended), Administer post-	Cyclosporine	<1 (Low Flux)	target serum level, Administer anytime during HD	Ketorolac	N/A	AVOID if possible; 10mg PO Q12H, Administer anytime during HD	Prednisone	N/A	Normal dose based on indication, Administer anytime during HD
Amiodarone	Minimal	HD (or over last 10 minutes of HD) Normal dose based on indication,	Dabigatran	68 (N/A)	AVOID use, Not recommended	Labetalol	<1 (Low Flux)	100-400mg PO Q12H, Administer anytime during HD; Dose post-HD if hypotensive	Propranolol	<5 (N/A)	80-160mg PO Q12H, Administer anytime during HD; Dose
Amlodipine	(N/A) Minimal	Administer anytime during HD 2.5-10mg PO Q24H,	Dapsone	N/A	100mg PO Q24H, Administer anytime during HD	Lamotrigine	17 (N/A)	Normal dose based on indication, Administer post-HD	Quinapril	12	post-HD if hypotensive 2.5-10mg PO Q24H, Administer anytime during HD; Dose
Amoxicillin	(N/A) 30-47	Administer anytime during HD 500mg PO Q24H,	Daptomycin	39-58 (High Flux)	6mg/kg IV QHD, Administer post-HD over 10 minutes	Lanthanum	N/A	Normal dose based on blood work,		(Low Flux) Yes	post-HD if hypotensive 200-300mg PO HS or on HD,
	(Low Flux)	Administer post-HD Normal dose based on indication,	Darbepoetin	No (High & Low	0.45mcg/kg/week IV/SC initially, Administer anytime during HD		10-21	Administer anytime during HD LD 500mg IV/PO, then 250-500mg	Quinine	(N/A) Minimal	Administer anytime during HD
Amphotericin B	(High Flux)	Administer anytime during HD		Flux) 13-27	5mg/kg/week IV,	Levofloxacin	(High Flux)	IV/PO Q48H, Administer post-HD over 60 minutes	Ramipril		Administer post-HD Dose based on indication,
Amphotericin B Lipid Complex	0 (High Flux)	5mg/kg IV Q24H Administer anytime during HD	Deferoxamine	(Low Flux)	Administer post-HD or during last hour of HD	Linezolid	32-37 (Low Flux)	600mg IV/PO Q12H, Administer post-HD over 30 minutes	Rituximab	(N/A)	Administer anytime during HD 5-40mg PO Q24H,
Ampicillin	35-40	1000mg IV Q12H, Administer post-HD	Diazepam	N/A	Normal dose based on indication, Administer anytime during HD	Lisinopril	51 (Low Flux)	2.5-10mg PO Q24-48H, Administer post-HD	Rosuvastatin	N/A	Administer anytime during HD
	(Low Flux) 50-100	(or last 10 minutes of HD) 81-325mg PO Q24H (varies based	Diclofenac	N/A	AVOID if possible; 25mg PO Q12H, Administer anytime during HD	Lithium	Yes (N/A)	Reduce to 25-50% of normal dose; titrate based on target serum level,	Sevelamer	N/A	Dose based on blood work, Administer anytime during HD
ASA	(N/A)	on indication), Administer post-HD 25mg PO Q24H,	Digoxin	N/A	LD 0.5-0.75mg (if required), then MD 0.0625mg PO QHD, Administer anytime during HD		(1V/A) 8	Administer post-HD 0.5-1mg PO Q8H PRN,	Simvastatin	Minimal (N/A)	10-40mg PO Q24H, Administer anytime during HD
Atenolol	75 (Low Flux) Minimal	25mg PO Q24H, Administer post-HD 10-80mg PO Q24H,	Dille: -		120-360mg PO Q24H (sustained release), Administer anytime	Lorazepam	(Low Flux)	Administer anytime during HD 50-100mg PO Q24H,	Sirolimus	0 (N/A)	Normal dose based on target serum level, Administer anytime during HD
Atorvastatin	(N/A)	Administer anytime during HD	Diltiazem	N/A	during HD; Dose post-HD if hypotensive	Losartan	0 (High Flux)	Administer anytime during HD; Dose post-HD if hypotensive	Sodium Ferric Gluconate	<1 (N/A)	125mg IV weekly to monthly, Administer anytime during HD
Azathioprine	45 (N/A)	Reduce to 50% of normal dose based on indication, Administer post-HD	Dimenhydrinate	N/A	25-50mg PO/IV/SC Q8H PRN Administer anytime during HD	Meropenem	50-70 (Low Flux)	500-1000mg IV Q24H, Administer post-HD over 15 minutes	Sodium Thiosulfate	>32 (High Flux	12.5-25mg IV thrice weekly, Administer post-HD over 30-60 minutes
Azithromycin	N/A	250-500mg PO or 500mg IV Q24H, Administer anytime during HD	Diphenhydramine	N/A	25-50mg PO/IV/SC Q6H PRN Administer anytime during HD	Methadone	1-18	Reduce to 50-75% of normal dose and titrate, Administer anytime	Sotalol	20 (low Flux)	40mg PO Q24H,
Aztreonam	40	LD 1000mg IV, then 500mg IV Q12H,			Dose based on indication and target free valproic acid level, Administer post-HD, if feasible.		(Low Flux) 63	during HD AVOID use,	Streptomycin	N/A	1-2g IV Q72-96H, Administer post-HD
Aztreonam	(Low Flux)	Administer post-HD over 20 minutes	Divalproex	N/A	For seizure indication, administer Q12H but may require	Methotrexate		Not recommended 250mg PO Q12-24H,	Sulfamethoxazole/	2-57	Not recommended; 800/160mg (Double Strength tablet) PO or 2.5-
Basiliximab	N/A	Normal dose based on indication, Administer anytime during HD		Minimal	supplemental dose post-HD. 1-8mg PO Q24H,	Methyldopa	(N/A)	Administer post-HD	Trimethoprim (SMX/TMP)	(N/A)	10mg/kg TMP IV daily, Administer post-HD over 30-60 min
Bisoprolol	N/A	2.5-5mg PO Q24H, Administer post-HD	Doxazosin	(Low Flux)	Administer anytime during HD; Dose post-HD if hypotensive	Methyl- prednisolone	5-20 (N/A)	Normal dose based on indication, Administer post-HD	Tacrolimus	N/A	Normal dose based target serum level, Administer anytime during HD
Calcitriol	<8 (High & Low Flux)	Normal dose based on blood work, Administer anytime during HD	Doxycycline	6 (N/A)	100mg IV/PO Q12-24H, Administer anytime during HD	Metoclopramide	2-51 (Low Flux)	5mg PO/IV Q6H, Administer anytime during HD; (if given on HD, may require supplemental dose post-HD)	Telmisartan	0 (N/A)	20-80mg PO Q24H, Administer anytime during HD; Dose
Calcium Acetate		Normal dose based on blood work, As phosphate binder, administer	Dronedarone	N/A	400mg PO Q12H, Administer anytime during HD	Matamalal	N1 / A	12.5-200mg Q12H,	Temazepam	N/A	post-HD if hypotensive 15-30mg PO HS PRN,
Acetate, Calcium Carbonate	NI/Δ	with meals; As supplementation, administer post-HD	Enalapril	38-57 (Low Flux)	2.5-10mg PO Q24-48H, Administer post-HD	Metoprolol	N/A	Administer anytime during HD; Dose post-HD if hypotensive	Terazosin	N/A	1-20mg PO QHS,
Calcium		Normal dose based on blood work and indication,	Epoetin alfa	No (High & Low Flux)	100units/kg/week IV/SC initially, Administer anytime during HD	Metronidazole	25-45 (Low Flux)	500mg IV/PO Q 8-12H, Administer post-HD over 20 minutes	Terbinafine	N/A	Administer anytime during HD Not recommended; 125mg PO Q24H,
Gluconate Infusion	Likely Yes	Administer anytime during HD; Dose post-HD if feasible	Ertapenem	30 (N/A)	500mg IV Q24H, Administer post-HD over 30	Micafungin	N/A	100-150mg IV Q24H, Administer anytime during HD	Tetracycline	N/A	Administer anytime during HD 250-500mg PO Q24H,
Candesartan	0 (High Flux)	4-32mg PO Q24H, Administer anytime during HD;	Erythromycin	0-7	minutes 250-500mg PO Q12H,	Midodrine	Yes (N/A)	2.5-10mg PO PRN intradialytic hypotension,	Tigecycline	0	Administer anytime during HD LD 100mg IV, then 50mg IV Q12H,
Captopril	40	Dose post-HD if hypotensive 12.5-50mg PO Q24H,	Ezetimibe	(Low Flux) N/A	Administer anytime during HD 10mg PO Q24H,	Minoxidil	Likely	Administer at the start of HD 2.5-80mg PO in 1-2 divided doses,	600 y 01111C	(N/A)	Administer anytime during HD LD 2mg/kg IV, then MD 1-1.5mg/kg IV
p:-p:		Administer post-HD Normal dose based on indication,	Fenofibrate	N/A N/A	Administer anytime during HD AVOID use,	THEATON	(N/A)	Administer post-HD AVOID if possible; Reduce to 50% of	Tobramycin	50 (Low Flux)	QHD (Once daily dosing NOT recommended), Administer post-HD (or last 10 minutes of HD)
i i arnamazenine	•	titrate according to target serum level; Administer post-HD, if feasible. For seizure indication,		1ν/ <i>Γ</i> Α	Not recommended Normal dose based on pain	Morphine		normal dose and titrate, Administer post -HD (if given on HD, may	Tolbutamide	N/A	0.25-2g PO Q24H, start with low dose and titrate,
	mgn riux)	administer Q12H but may require supplemental dose post-HD.	Fentanyl	0 (High Flux)	requirement, Administer anytime during HD		Flux)	require supplemental dose post - HD)		, -	Administer anytime during HD 25-100mg Q12-24H (50% of normal
Carvedilol	N/A	3.125-25mg PO Q12H, Administer anytime during HD;	Ferrous Gluconate, Ferrous Sulfate, Ferrous Fumarate	N/A	Normal dose based on blood work, Administer anytime during HD	Moxifloxacin	N/A	400mg IV/PO Q24H, Administer anytime during HD	Topiramate	N/A	dose), Administer post-HD (if given on HD, may require
		Dose post-HD if hypotensive LD 70mg IV, then MD 35mg IV	Ferrous Fumarate Filgrastim	N/A	5mcg/kg SC Q24H,	Mycophenolate Mofetil	No (Low Flux)	1-1.5g PO Q12H, Administer anytime during HD			supplemental dose post-HD) 50-100mg PO Q12H PRN (immediate
Caspofungin	N/A	Q24H, Administer anytime during HD		40-63	Administer anytime during HD 100-200mg IV/PO Q24H, Administer post HD (rate)	Nabilone	N/A	0.25-2mg PO Q12H, Administer anytime during HD	Tramadol	55 (High Flux	release tablets ONLY), Administer post-HD (if given on HD, may require supplemental dose post-
Cefazolin	27-50 (High Flux)	1-2g IV QHD, Administer post-HD (or last 10 minutes of HD)	Fluconazole	(N/A)	Administer post-HD (rate: 200mg/hr) 37 5mg/kg PO OHD	Nadolol	N/A (Low Flux)	40mg PO QHD, Administer post-HD		N/limites 1	HD) 0.5-2mg PO Q24H or 2mg QHD (thrice
Cefixime	0 (Low Flux)	200mg PO Q24H, Administer post-HD	Flucytosine	Readily (Low Flux)	37.5mg/kg PO QHD, Administer post-HD 40-80mg IV/PO Q8-24H (based on	Naloxone	N/A	0.4-2mg IV PRN, Administer anytime during HD	Trandolapril	Minimal (N/A)	weekly), Administer anytime during HD; Dose post-HD if hypotensive
Cefotaxime	39-60	1-2g IV Q24H, Administer post-HD	Furosemide	Minimal (N/A)	requirement), Administer anytime during HD	Naproxen	No (Low Flux)	AVOID if possible; 250mg PO Q12H, Administer anytime during HD	Trimethoprim	0-44 (N/A)	100mg PO Q24H, Administer post-HD
	(LOW FIUX)	(or last 10 minutes of HD) 1-2g IV QHD,	Gabapentin	35	100-300mg PO HS, Administer post-HD (if given on HD,	Nateglinide	N/A	60-180mg PO Q8H AC, Start with low dose and titrate,	Valacyclovir	33-45 (N/A)	500mg PO Q24H, Administer post-HD
Cefoxitin	13.7 (Low Flux)	Administer post-HD (or last 10 minutes of HD)		(Low Flux)	may require supplemental dose post -HD) LD 2mg/kg IV, then MD 1-	rvategiiiiue	IN/A	Administer anytime during HD	Valproic Acid	37-57	Dose based on indication and target free valproic acid level, Administer post-HD, if feasible. For seizure
Ceftazidime	41-81 (High Flux)	1-2g IV QHD, Administer post-HD	Gentamicin	38-60 (High Flux)	1.5mg/kg IV QHD (Once daily dosing NOT recommended),	Niacin	Minimal (High Flux)	250mg PO Q24H and titrate to 500mg PO Q8H, Administer anytime during HD	p. 010 / 1010	(High Flux	indication, administer Q12H but may require supplemental dose post-HD.
Ceftriaxone	21-24	(or last 10 minutes of HD) 1-2g IV Q12-24H,		. 5	Administer post-HD (or over last 10 minutes of HD)	Nifedipine	2	30-90mg PO Q24H (sustained release),	Valsartan	0 (N/A)	80-320mg PO Q24H, Administer anytime during HD; Dose
Cefuroxime	(High Flux) 18-25	Administer anytime during HD 750-1500mg IV Q24H,	Gliclazide	N/A	40-160mg PO Q12H, Start with low dose and titrate, Administer anytime during HD	•	(Low Flux)	Administer anytime during HD Normal dose based on indication,		•	LD 25mg/kg, then MD IV QHD,
Sodium	(Low Flux)	Administer post-HD (or last 10 minutes of HD)	Glucagon	No (N/A)	0.25-2mg IV/IM once, based on indication,	Nitroglycerin	N/A	varies with dosage form, Administer post–HD, if feasible			Administer post-HD or during the last part of HD MD for patient 80kg or less: 500mg IV
Celecoxib	N/A	AVOID if possible; 100mg PO Q24H, Administer anytime during HD	Glyburide	No	Administer anytime during HD AVOID use,	Ondansetron	N/A	8mg PO/IV Q8H PRN, Administer anytime during HD	Vancomycin	23-38 (High Flux	QHD over last 30 min of HD; MD for patient more than 80kg: 750mg
Cephalexin	51 (Low Flux)	250-500mg PO Q12H, Administer post-HD		(N/A)	Not recommended 25-50mg PO Q8-16H,	Ocale · ·	53-70	Treatment: 75mg PO QHD x 5 days; Prophylaxis: 30mg PO Q24H on day			IV QHD over last 60 min of HD; For higher doses, see PDTM for infusion time
Cholestyramine	N/A	4-8g PO Q12-24H, Administer anytime during HD	Hydralazine	N/A	Administer anytime during HD; Dose post-HD if hypotensive Normal dose based on indication	Oseltamivir	(N/A)	1, then 30mg QHD Administer post-HD	Varanas:1	Minimal	180-480mg PO Q24H (sustained release),
Cinacalcet	N/A	30-180mg PO Q24H, Administer anytime during HD	Hydrocortisone	N/A	Normal dose based on indication, Administer anytime during HD Reduce to 50% of normal dose and	Oxazepam	1-2 (Low Flux)	10-30mg PO HS, Administer anytime during HD	Verapamil	(Low Flux)	••
Ciprofloxacin	23-31 (Low Flux)	250-750mg PO or 200-400mg IV Q24H, Administer post-HD (or last 10 minutes of HD)	Hydromorphone	N/A	titrate, Administer anytime during HD	Oxycodone	33-53	Reduce to 50% of normal dose, Administer post-HD (if given on HD,	Vitamin B & C (Renavite)	Yes	1 tablet PO Q24H Administer post-HD
Clarithromycin	N/A	250-500mg PO Q24H,	Ibuprofen	4-17 (Low Flux)	AVOID if possible; 300mg PO Q8H, Administer anytime during HD	OAYCOUOTIE	(Low Flux)	may require supplemental dose post -HD)	Vitamin E	N/A	400 units PO Q24H Administer anytime during HD
Clindamycin	0	Administer post-HD 150-600mg PO or 600mg IV Q8H,	Imipenem/Cilastatin	21-90 (Low Flux)	250-500mg IV Q12H, Administer post-HD over 30	Penicillin G	N/A	1-4 million units IV Q12-18H, Administer post-HD over 30	Voriconazole	10 (High Flux	200mg PO Q12H (IV not recommended),
Clobazam		Administer anytime during HD Normal dose based on indication,	Indomethacin	20	AVOID if possible; 25mg PO Q12H,	Penicillin V	N/A	300mg PO Q12H, Administer post-	Zopiclone	No	5-15mg PO HS PRN;
		Administer anytime during HD L/hour/mmHg, Low Flux - Kuf <10mL/hour/mmHg, I		(Low Flux) measure of filtratio	Administer anytime during HD on capacity), LD – Loading Dose, MD- Maintenance [HD pared by Polly Kwok, B. Sc. (Pharm); Marianna Leun		(Low Flux) Ackno	Administer anytime during HD owledgements: Kevin Chiu, Michael Chan, Gary Peng