BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Teicoplanin

What it is

A glycopeptide antibiotic used outside the US for Gram-positive infections; not FDA-approved.

Approval status

Not FDA Approved. Not approved by FDA: an openFDA Drugs@FDA search for teicoplanin returned no records (October 3, 2026). It is one of the glycopeptides in clinical use outside the US, as the 2009 meta-analysis describes.

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Study: loading to reach troughs of 15-30 mg/L (normal kidney function) **[Human study]** PMID 24462424	10-12 mg/kg	Every 12 hours for 5 loading doses	Course of infection	Intravenous

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 11 human studies carded on the page (14 study cards in all):

• **Against vancomycin: meta-analysis** (Human, 2009). Across randomised trials, teicoplanin was not inferior to vancomycin for efficacy, with fewer total adverse events (RR 0.61), less nephrotoxicity (RR 0.44) and less red man syndrome. **PMID 19596875**

• **Loading doses and trough levels** (Human, 2014). Five loading doses of 10-12 mg/kg at 12-hour intervals were needed to reach troughs of 15-30 mg/L; patients at 15 mg/L or more tended to respond better (80.9% vs 68.6%), with nephrotoxicity of 1.3% and 3.3% across regimens. **PMID 24462424**

• **Nosocomial pneumonia vs linezolid** (Human, 2010). Across nine trials (2,329 patients), linezolid and the glycopeptides vancomycin or teicoplanin gave similar clinical cure (RR 1.01) and microbiological eradication. **PMID 20639754**

Interactions

Human interaction studies found on PubMed (search of October 3, 2026):

• With warfarin: PT-INR rose a median 80.9% after teicoplanin was added, against 30.6% with vancomycin, in a retrospective study of 49 patients; monitor INR (PMID 28674307)

• With tacrolimus: both are nephrotoxic; with drug monitoring of each, a 2-fold creatinine rise occurred in 2 of 67 stem cell transplant patients, reversibly (PMID 24494811)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Fewer adverse events, less nephrotoxicity and less red man syndrome than vancomycin	• Used outside the US under local product information

Five questions to ask

1. Teicoplanin is listed here as "Not FDA Approved". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Teicoplanin? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example fewer adverse events?
4. Do any of the cautions on this sheet apply to me, such as: Used outside the US under local product information?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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