Telavancin

Also called: Vibativ; TD-6424

What it is

A once-daily intravenous lipoglycopeptide antibiotic approved as Vibativ (2009) for complicated skin infections and, when alternatives are not suitable, S. aureus pneumonia.

Approval status

FDA Approved. Approved in the US as Vibativ on September 11, 2009 (NDA 022110) for complicated skin and skin structure infections; NDA 022407 (June 21, 2013) added hospital-acquired and ventilator-associated pneumonia; the label carries a boxed warning (Drugs@FDA via openFDA and the Vibativ label, read October 3, 2026).

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

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: complicated skin and skin structure infections **[Approved label]** Vibativ (telavancin) for injection US prescribing information (DailyMed set 5359b759, effective December 19, 2025)	10 mg/kg (CrCl >50 mL/min)	Every 24 hours, over 60 minutes	7-14 days	Intravenous
Label: hospital-acquired and ventilator-associated pneumonia **[Approved label]** Vibativ (telavancin) for injection US prescribing information (DailyMed set 5359b759, effective December 19, 2025)	10 mg/kg (CrCl >50 mL/min)	Every 24 hours, over 60 minutes	7-21 days	Intravenous
Label: kidney impairment **[Approved label]** Vibativ (telavancin) for injection US prescribing information (DailyMed set 5359b759, effective December 19, 2025)	7.5 mg/kg (CrCl 30-50) or 10 mg/kg (CrCl 10-<30)	Every 24 hours or every 48 hours respectively	As above	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 12 human studies carded on the page (13 study cards in all):

• **ATLAS: complicated skin infections** (Human, 2008). In 1,867 patients, clinical success was 88% on telavancin and 87% on vancomycin; among 579 patients with MRSA, cure was 91% against 86% and microbiological eradication 90% against 85%. **PMID 18444791**

• **ATTAIN: hospital-acquired pneumonia** (Human, 2011). In 1,503 patients, cure rates were 58.9% on telavancin and 59.5% on vancomycin overall, higher with telavancin in monomicrobial S. aureus infection; mortality in one study was 21.5% against 16.6%. **PMID 21148517**

• **FAST: phase 2 in skin infections** (Human, 2005). In 167 randomised patients with complicated skin and soft-tissue infections, success was similar to standard therapy; in the 48 with MRSA, cure was 82% on once-daily telavancin against 69% on standard therapy, and eradication 84% against 74%. **PMID 15889357**

Interactions

From the FDA label's drug-interaction section (Cumberland/Theravance. VIBATIV (telavancin) US prescribing information, section 7. DailyMed version of December 19, 2025, read October 3, 2026):

• With coagulation tests (PT, INR, aPTT, ACT): telavancin binds the phospholipid reagents and falsely raises results shortly after infusion (FDA label)

• With urine protein tests: interferes with dipstick and dye-method urine protein assays; microalbumin assays are unaffected (FDA label)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Adverse events comparable to vancomycin in the pneumonia trials • Higher mortality in patients with pre-existing kidney impairment	• Boxed warning: increased mortality in pneumonia patients with moderate or severe kidney impairment, nephrotoxicity, potential harm to the fetus • Decreased response in skin infections with kidney impairment • Interference with blood clotting tests • Hypersensitivity, infusion reactions and C. difficile diarrhoea

Five questions to ask

1. Is Telavancin right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Telavancin? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example adverse events comparable to vancomycin in the pneumonia trials?
4. Do any of the cautions on this sheet apply to me, such as: Boxed warning: increased mortality in pneumonia patients with moderate or severe kidney impairment, nephrotoxicity, potential harm to the fetus?
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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