Vaborbactam-Meropenem (Intravenous Infusion for Adults)

Who can administer

May be administered by registered competent doctor or nurse/midwifeÂ

Important information

- Vaborem vial contains Meropenem 1g and Vaborbactam 1g. Prescribe as combination i.e. 1g/1g, 2g/2g etc.Â
- **Red-light antimicrobial:** Requires pre-authorisation from Microbiology or ID prior to use 24 hours/7 days a weekÂ
- Not routinely stocked in the hospital- ordered on instruction of Microbiology/ID only
- Meropenem is a carbapenem. Avoid if history of immediate or severe hypersensitivity reaction to penicillins, cephalosporins or carbapenemsÂ
- Contains 10.9mmol sodium per 1g/1g vial)
- See under 'Dose' for adjustments required in **renal impairment**
- **Co-administration with valproate may result in a 60-100% decrease in valproic acid levels within two daysÂ** - therefore concurrent use is not recommended (ref 3)
    - In exceptional Â circumstances, where treatment options are extremely limited for a patient, Â following discussion with Microbiology/Infectious Diseases consultant, a carbapenem may be considered the only/best available treatment option
    - In this case, the consultant with primary responsibility for the patient may decide to proceed with carbapenem treatment for a patient on sodium valproate treatment based on a risk/benefit analysis and following consultation with a consultant neurologist
    - Consultant neurologist advice should be sought regarding the potential requirement for adjunct anticonvulsant therapy if the indication for valproate use is seizure control, and advice on clinical monitoring and therapeutic drug monitoring of anticonvulsant drug serum concentrations

Available preparations

Meropenem/Vaborbactam (1g/1g)Â

Reconstitution

Sodium chloride 0.9% (ref 1)

- 20ml per 1g/1g vial
- Mix gently to dissolve the powder
- Final volume 21.3ml per vial

- **Dilute further prior to administration**

Infusion fluids

Sodium Chloride 0.9%Â **only**

Methods of intravenous administration

Intermittent intravenous infusionÂ (ref 1)Â

- Add the contents of the appropriate number of reconstituted vials to 250mL sodium chloride 0.9% infusion bag

For 2g/2g dose:

- Add the total contents of two reconstituted vials (42.6mL) to 250mL infusion fluid and mix gently
- The final concentration is 2g meropenem/2g vaborbactam in approximately 290mL.

For 1g/1g dose:

- Add the total contents of one reconstituted vial (21.3mL) to 250mL infusion fluid and mix gently
- The final concentration is 1g meropenem/1g vaborbactamin approximately 270mL.Â

For 500mg/500mg dose:

- Withdraw 10.5mL from the reconstituted vial and add to 250mL infusion fluid and mix gently.Â
- The final concentration is 500mg meropenem/500mg vaborbactam in approximately 260mL.

Administer over 3 hours

Dose in adults

Usual dose

- Give 2g/2g every 8 hoursÂ

Renal impairment

eGFR (ml/min/1.73m2)(ref 2)	Recommended Dosage Regimen	Â Frequency
20 to 39Â Â	Â 1g/1g Â	Every 8 hours
10 to 19 Â Â	Â 1g/1g Â	Every 12 hours
Less than 10	Â 0.5g/0.5g	Every 12 hoursÂ
Renal replacement therapy	Consult pharmacy or specialist literature	

Monitoring

- Patients with pre-existing liver disorders should have LFTs monitored during treatment with meropenem/vaborbactamÂ

Storage

Store below 25^{0}C

References

SPC Vaborem Feb 2026
1. Â Medusa Injectable medicines guide downloaded 11/02/2026
2. Â eGFR used instead of CrCl- use of eGFR for antimicrobials in GUH- AST committee meeting August 2022

3. AST meeting 26th July 2023

Vaborem-search synonym

Therapeutic classification

Carbapenem antibiotic with Beta lactamase inhibitorÂ