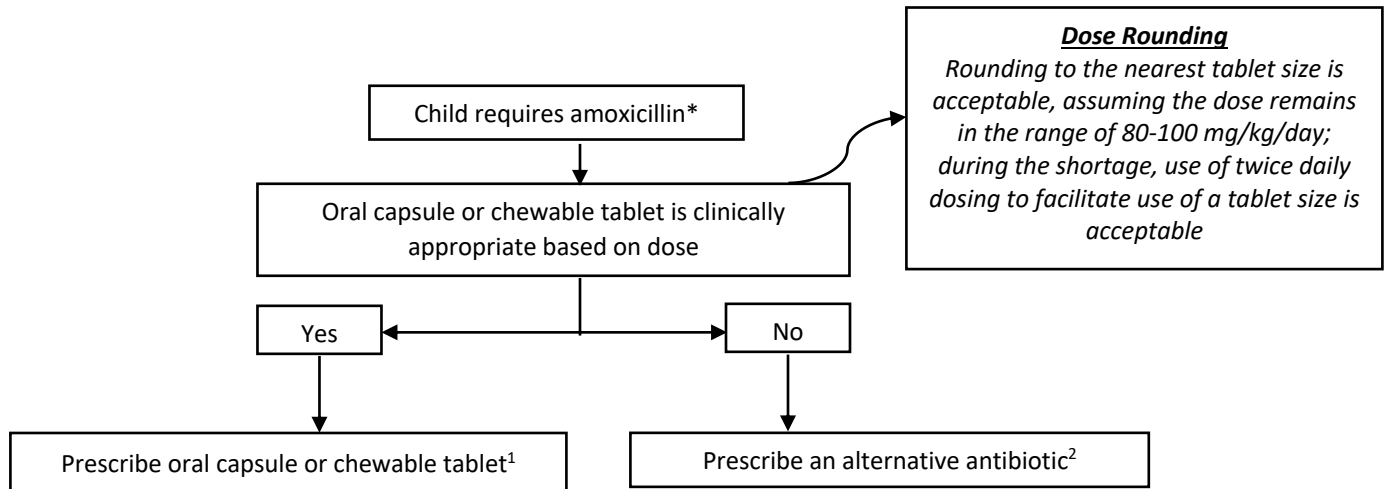


## Antibiotic Recommendations During Amoxicillin Suspension Shortage



\* Recommend shortest, effective duration or watch and wait strategy, when appropriate

### ¹Administration Instructions

#### Capsules (250 mg and 500 mg)

- Feeding tube: Open capsule and disperse contents into 15-30 mL of water and immediately administer per tube. Flush with 10 mL of water.
- Oral: Open capsule and disperse contents into juice, apple sauce, or pudding and immediately consume.
- Should only be used for doses that can be rounded to increments of whole capsules.

#### Chewable tablets (125 mg and 250 mg)

- Chewable tablets can be split.

### ² Therapeutic Alternative to Amoxicillin

Otitis Media	Preferred: cefprozil	Alternatives: - Amoxicillin-clavulanate - Cefdinir - Cefixime - Trimethoprim-sulfamethoxazole* - Ceftriaxone IM
Community Acquired Pneumonia	Preferred: cefprozil	Alternatives: - Amoxicillin-clavulanate - Cefixime - Clindamycin - Trimethoprim-sulfamethoxazole* - Cefdinir (Limit use to those fully immunized to <i>Strep pneumoniae</i> )
Acute Bacterial Sinusitis	Preferred: cefprozil	Alternatives: - Amoxicillin-clavulanate - Cefdinir - Cefixime - Trimethoprim-sulfamethoxazole*
Group A Streptococcus Pharyngitis	Cephalexin Penicillin V Penicillin G benzathine IM Ceftriaxone IM	

UTI prophylaxis	Trimethoprim-sulfamethoxazole*	
Dental prophylaxis	Cephalexin Penicillin V	
Post-splenectomy prophylaxis	Preferred: cefprozil	Alternatives: - Cefuroxime - Cefixime - Penicillin V - Trimethoprim-sulfamethoxazole*

IM: intramuscularly

\*Trimethoprim-sulfamethoxazole should only be utilized in patients >1 month of age

### Anti-infective formulations, relative cost, and ability to manipulate for enteral tube administration

Antimicrobial Agent	Formulation	Relative Cost	Crush/Open?	Comments
<u>Amoxicillin</u>	Capsule	\$		
	Tablet	\$	Yes	Only the extended-release formulation should NOT be crushed
	Suspension	\$		
Ampicillin	IV	\$\$		
Amoxicillin/clavulanate	Tablet	\$		
	XR Tablet	\$	Yes	Only the extended-release formulation should NOT be crushed
	Suspension	\$		
Ampicillin/sulbactam	IV	\$\$		
Cefdinir	Capsule	\$	Yes	
	Suspension	\$\$		
Cefixime <sup>NF</sup>	Tablet	\$\$		
	Capsule	\$\$	Yes	
	Suspension	\$\$		
Cefprozil	Tablet	\$\$		
	Suspension	\$	Yes	
Cefuroxime	Tablet	\$		
	IV	\$\$	Yes	Crushing tablet is associated with strong, persistent, bitter taste

<u>Cephalexin</u>				
	Capsule	\$		
	Tablet	\$		
	Suspension	\$\$	Yes	
Cefazolin	IV	\$		
<u>Clindamycin</u>				
	Capsule	\$		
	Suspension	\$\$	Yes	
	IV	\$\$		
<u>Dicloxacillin</u>				
	Capsule	\$	Yes	
<u>Doxycycline</u>				
	Capsule	\$		
	Tablet	\$	Yes	Only the delayed-release formulation should NOT be crushed
	Suspension	\$		
	IV	\$\$		
<u>Penicillin VK</u>				
	Tablet	\$		
	Suspension	\$	Yes	
Penicillin G Potassium	IV	\$\$		
<u>Trimethoprim/sulfamethoxazole</u>				
	Tablet	\$		
	Suspension	\$	Yes	
	IV	\$\$		
NF = non-formulary, R = restricted, XR = extended-release, CSTD closed system transfer device				
<b>Key:</b> Inpatient acquisition costs, not including preparation or administration				
\$ < 10, \$\$ = \$10-49, \$\$\$ = \$50-99, \$\$\$\$ = \$100-199, \$\$\$\$\$ > \$200/day				
<u>Underlined</u> have absorption nearly equivalent to IV				