

## Antibiotic Alternatives During Amoxicillin 400 mg/5 mL Suspension Shortage

- **Overview:** there is a national shortage of amoxicillin 400 mg/5mL suspension
- **Anticipation:** shortage will eventually affect all formulations of amoxicillin, including suspensions, capsules, tablets, and chewable tablets. It is possible the amoxicillin shortage will eventually affect availability of amoxicillin-clavulanate formulations
- **Goal During Shortage:** continue to provide most narrow spectrum antibiotic that will provide adequate coverage for various indication
- **First Step:** If child requires amoxicillin, see if capsule or chewable tablet is appropriate based on weight.
  - Capsules (250 mg & 500 mg):
    - Oral: open capsule & empty contents into juice, apple sauce, or pudding & administer
    - Feeding tube: open capsule & empty into 15-30 mL of water & administer into tube. Flush with 10 mL of water.
  - Chewable tablets (125 mg & 250 mg): tablets can be split
- **Second Step:** If unable to receive amoxicillin, use table below to help select appropriate antibiotic
- **Acute Otitis Media Note:** Consider Watchful Waiting or Safety-Net Antibiotic Prescription (SNAP) if :
  - 6—24 months of age AND: unilateral infection, mild otalgia < 48 hours, and maximum temperature < 102.2F (39C)
  - > 24 months of age AND: unilateral or bilateral infection with mild otalgia < 48 hours, and maximum temperature < 102.2F (39C)
  - Watchful Waiting = no antibiotic prescribed and has close follow-up within 48-72 hours
  - SNAP = prescribe antibiotic and comment in pharmacy instructions: “fill only upon patient request.” Family to fill prescription if no improvement within 48-72 hours.
- **General Note:** Blank Children’s Hospital will release Outpatient Antibiotic Handbook in near future to help guide antibiotic selection for many common infections in children.
- **Cost and Availability Notes:** Cefpodoxime and cefixime can be costly without insurance approval and not available at all pharmacies
- **Questions or Concerns:** Please, discuss any questions or concerns with Blank Children’s Hospital Pediatric Infectious Diseases Clinic — 515-241-8300

Diagnosis	1st Line Alternative to Amoxicillin	Other Alternatives to Amoxicillin	Duration	Notes
<b>Group A Streptococcal Pharyngitis (Strep Throat)</b>	<u>Oral Penicillin VK</u> <ul style="list-style-type: none"> <li>Consider flavoring at local pharmacy</li> <li>≤ 27 kg: 250 mg PO BID</li> <li>&gt; 27 kg: 500 mg PO BID</li> </ul> <u>Penicillin G benzathine IM shot</u> <ul style="list-style-type: none"> <li>≤ 27 kg: 600,000 units x 1</li> <li>&gt; 27 kg: 1.2 million units x 1</li> </ul>	- Cephalexin 40 mg/kg/day (max 500 mg/dose) PO divided every 12 hours	Oral: 10 days  IM: x 1 day	Do <b>NOT</b> use <ul style="list-style-type: none"> <li>azithromycin—high rates of Group A Streptococcal resistance</li> <li>3rd generation cephalosporins (cefdinir, cefixime, cefpodoxime, ceftriaxone) - unnecessarily broad</li> </ul>
<b>Acute Otitis Media (Initial Therapy)</b>	- Consider watchful waiting or SNAP (see above) if:  - Amoxicillin-clavulanate 80-90 mg/kg/day PO BID (max 875 mg amoxicillin component/dose)  - Ceftriaxone 50 mg/kg x 1 IM (max 1000 mg/dose)	- Clindamycin 30 mg/kg/day PO divided TID (max 450 mg/dose)  - Cefdinir 14 mg/kg/day PO divided BID (max 300 mg/dose)  - Cefpodoxime 10 mg/kg/day PO divided BID (max 200 mg/dose)	Oral: 7-10 days  IM: 1 day	Do <b>NOT</b> use <ul style="list-style-type: none"> <li>Azithromycin—high rates of pneumococcal resistance</li> </ul>
<b>Acute Otitis Media (Initial Therapy Failure)</b>	- Ceftriaxone 50 mg/kg once daily x 3 days IM (max 1000 mg/dose)	- If neither used for initial therapy <ul style="list-style-type: none"> <li>Clindamycin 30 mg/kg/day PO divided TID (max 450 mg/dose) PLUS</li> <li>Cefpodoxime 10 mg/kg/day PO divided BID (max 200 mg/dose)</li> </ul>	Oral: 10 days  IM: 3 days	Monotherapy with oral cephalosporins (cefdinir, cefixime, cefpodoxime) does not provide adequate coverage against resistant pneumococcus
<b>Community-Acquired Pneumonia</b>	- Amoxicillin-clavulanate 80-90 mg/kg/day PO BID (max 1000 mg amoxicillin component/dose)	- Clindamycin 30 mg/kg/day PO divided TID (max 600 mg/dose)  - Cefpodoxime 10 mg/kg/day PO divided BID (max 200 mg/dose)	5 days	Do <b>NOT</b> use: <ul style="list-style-type: none"> <li>Cefdinir—does not achieve therapeutic concentrations in lungs to treat pneumococcus</li> <li>Azithromycin—high rates of pneumococcal resistance</li> </ul>

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<b>Acute Bacterial Rhinosinusitis</b>	- Amoxicillin-clavulanate 80-90 mg/kg/day PO divided BID (max 875 mg amoxicillin/dose)	- Cefpodoxime 10 mg/kg/day PO divided BID (max 200 mg/dose)  - Cefixime 8 mg/kg/day PO divided BID (max 200 mg/dose) <b>PLUS</b> clindamycin 30 mg/kg/day PO divided TID (max 450 mg/dose)	10 days	Do NOT use: <ul style="list-style-type: none"> <li>Cefdinir—does not achieve therapeutic concentrations in sinuses to treat pneumococcus</li> <li>Azithromycin—high rates of pneumococcal resistance</li> </ul>
<b>Dental Abscess</b>	- Amoxicillin-clavulanate 50 mg/kg/day divided TID PO (max 500 mg amoxicillin/dose)	- Clindamycin 30 mg/kg/day PO divided TID (max 450 mg/dose)		- All children with dental abscess require urgent dental referral
<b>Pneumococcal Prophylaxis for anatomic or functional asplenia (e.g. sickle cell, trauma, etc.)</b>	- Penicillin VK <ul style="list-style-type: none"> <li>&lt; 3 years: 125 mg PO BID</li> <li>&gt; 3 years: 250 mg PO BID</li> <li>Adolescents: 250-500 mg PO BID or 500—1000 mg once daily</li> </ul>			