Illustration of “serious supply protocol” supply options for antibiotic shortages

- December 2022

**Prescription received for:**
Phenoxymethylpenicillin oral solution (125mg/5ml or 250mg/5ml)
or
SF oral solution (125mg/5ml or 250mg/5ml)
Or
Tablets (250mg)

**Supply an alternative formulation of Phenoxymethylpenicillin using SSPs.**
For detailed documentation refer to the relevant SSP for the item prescribed: SSP040, SSP041, and SSP0042.

SPS has guidance on using solid oral dosage form antibiotics in children.

Whilst penicillin v tablets should be used ahead of alternative antibiotics, it is also important to manage supplies of these for people who take these on a long-term basis and you are empowered to use your judgement.

**Taking into account what you have available, the dosing needs and other patient factors such as allergies, supply an alternative antibiotic using SSPs in THIS** priority order when the prescribed duration is no longer than 10 days:
1. Amoxicillin
2. Clarithromycin
3. Flucloxacillin
4. Cefalexin
5. Co-amoxiclav

If the prescribed duration is longer than 10 days erythromycin is the preferred substitution.

You may supply a solution, suspension or solid dosage form. Refer to Annex B of the SSP for further information on dosing information and alternate formulations.

*The broader spectrum antibiotics have an increased risks of side effects and antimicrobial resistance, so these should be only supplied when the alternatives are unavailable.

**Unable to supply**

Use your professional judgment to decide when to use a SSP and involve the patient in decision making.

If an alternative antibiotic is supplied, pharmacists must notify the patient’s prescriber and/or GP practice within 24 hours.

**Developed together with NPA and PSNC**