

Illustration of “serious shortage protocol” supply options for antibiotic shortages - December 2022



VERSION 7 - UPDATED ON 3 JANUARY 2023

PRESCRIPTION RECEIVED FOR:

**PHENOXYMETHYLPENICILLIN
ORAL SOLUTION**

(125mg/5ml or 250mg/5ml)

or

SF ORAL SOLUTION

(125mg/5ml or 250mg/5ml)

or

TABLETS

(250mg)

UNABLE TO SUPPLY

SUPPLY AN ALTERNATIVE FORMULATION OF:

**PHENOXYMETHYLPENICILLIN
USING SSPS**

For detailed documentation refer to the relevant SSP for the item prescribed: **SSP040**, **SSP041**, and **SSP042**.

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

An SSP allowing formulation change does not exist for: **Phenoxyethylpenicillin 125mg/5ml Oral solution** (containing sugar) or **Phenoxyethylpenicillin 250mg tablets**.

If the prescription is for **phenoxyethylpenicillin 125mg/5ml oral solution**, then the pharmacist can already supply either the sugar free or the sugar-containing oral solution without the need for an SSP.

If the prescription is for **phenoxyethylpenicillin 250mg tablets** and you are unable to supply this, then **SSP047** enables you to supply an alternative antibiotic. Please refer to the final box for further details.

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

UNABLE TO SUPPLY

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. **Azithromycin**
5. **Cefalexin**
6. **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 risk of side effects and antimicrobial resistance, so these should only be supplied when the alternatives are unavailable.

Use your professional judgment to decide when to use an 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.

These 8 SSPs can **ONLY** be used for prescriptions for the specified phenoxyethylpenicillin products.

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