Subject: **Amoxil® (amoxicillin) intravenous discontinuation**

Date: **15th September 2020**

For: **Consultant Microbiologists, Infectious Disease Physicians, Antimicrobial Pharmacists, Chief Pharmacists.**

From: **Prof Martin Cormican, HSE Clinical Lead AMRIC**

Marie Philbin, Chief Antimicrobial Pharmacist, AMRIC

Globally GlaxoSmithKline is discontinuing Amoxil® (amoxicillin) intravenous (IV). In Ireland the predicted date of stock depletion is 31st October 2020. There may be access to some EMP* amoxicillin IV and possibly EMP ampicillin IV via appropriately authorised EMP suppliers.

Supply of oral amoxicillin is unaffected. Amoxicillin has good oral bioavailability with figures quoted in the range 70 - 90%. From the outset of treatment, if appropriate, oral amoxicillin should be used, if this is not possible, a switch from the intravenous to the oral route of administration should be routinely considered where appropriate.

AMRIC recommend prioritising amoxicillin IV for the specific indications listed below and using suggested alternatives for other indications. Amoxicillin is a penicillin antibiotic and the suggested alternatives may not take account of options for a penicillin allergic patient.

This is a general guide and is not intended to replace more targeted therapy selection based on antimicrobial susceptibility testing and clinical judgement. Initial empiric treatment should be routinely reviewed after 24 hours.

Use amoxicillin IV for the following indications:

- Empirical treatment of sepsis/meningitis in neonates/children ≤ 8 weeks
- Endocarditis or severe *Enterococcus faecalis* infections

If parenteral treatment is necessary for the indications below, suggested alternatives to amoxicillin, depending on predicted or established antimicrobial susceptibility, are:

- Meningitis (with risk factors for *Listeria monocytogenes)* or severe infection with *Listeria monocytogenes*
    - Benzylpenicillin (for meningitis this recommendation is in the context of empiric treatment and a patient receiving a concurrent third generation cephalosporin)
- Infections involving streptococci
    - Benzylpenicillin **OR** cefazolin
- Respiratory infections
    - Co-amoxiclav **OR** cefuroxime
- Necrotising enterocolitis
    - Benzylpenicillin as a replacement for the amoxicillin component of a regimen (BNFC)
- Abdominal infections when amoxicillin is one component of a regimen
    - Co-amoxiclav (no need for metronidazole as co-amoxiclav has anaerobic cover)

* EMP = exempt medical product. An exempt medicinal product (EMP) is a medicinal product that is not authorised or registered in Ireland

OR

- Cefuroxime (lacks coverage of Enterococci)

Despite using amoxicillin as sparingly as possible, it is possible available supply will not be adequate to treat conditions prioritised above. In those cases the recommended alternatives are:

- Empirical treatment of sepsis/meningitis in neonates/children ≤ 8 weeks, when amoxicillin is one component of a regimen
  - Benzylpenicillin **OR** vancomycin
- Endocarditis or severe *Enterococcus faecalis* infections
  - Vancomycin

ENDS

* EMP = exempt medical product. An exempt medicinal product (EMP) is a medicinal product that is not authorised or registered in Ireland