

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)

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 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 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. **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 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 phenoxymethylpenicillin products.

DEVELOPED TOGETHER WITH

