
















| Antibiotic /Pregnancy code<br>Generic / TRADE  | Strength / Formulation<br>(in mg or mg/5ml)      | Flavour | Ped. Dose <br>mg/kg/day | Dosing<br>Interval   | Usual<br>Max/d | Dose: 1 {10kg child <br>2 Adult | COST<br>\$/10d                                     |  Comments<br>(see page 2 - EDS criteria abbreviation key) |   |
|--|--|---------|--|--|----------------|--|--|--|---|
| <b>PENICILLINS</b>  ←Pregnancy category   |  |         |  |  |                |  |  |  |   |
| <b>Amoxicillin</b><br><b>AMOXIL</b>  | 125 & 250mg                                      | ChewT   | cherry   | <b>40-50</b>   | Q8H            | 1.5g   | {125-250mg Q8H}                                    | <b>20</b>  | ♦very good middle ear penetration (& drug of choice for initial Tx of acute otitis media)<br>♦Novamoxin has sugar reduced suspensions ( <b>Amoxil</b> Susp. is bubble-gum flavoured but NOT commonly stocked in pharmacies) |
|  | 125mg/5ml  | Susp    | strawberry   | 80-90mg/kg/d in children at ↑risk                                  |                |  | (may give <b>q12h</b> <small>Sanford's</small> )   | <b>10</b>  |   |
|  | 250mg/5ml  | Susp    | banana/other   | of resistant <i>strep. pneumoniae</i> ;<br>up to 2-3g/day reported |                |  |  | <b>12</b>  |   |
|  | 250 & 500mg                                      | Cap     |  |  |                | 500mg Q8H  | <small>500-875mg q12h option per Sanford's</small> | <b>14</b>  |   |
| <b>Amox/Clavulanate</b><br><b>CLAVULIN</b><br>(amox/clavulanate ratio varies)<br>-dose listed=amoxicillin component  | 125F & 250F /5ml (4:1)                           | Susp    | rasp-orange  | <b>45</b>  | Q8-12H         | 1.5g amox  | {125mg Q8H cc}                                     | <b>21</b>  | ⚠️ EDS -a,c,d,e,g,i,m,p,q ♦↑absorb. with food(cc)<br>♦↑activity vs resistant <i>H. flu</i> but not PRSP<br>♦diarrhea ~25% with q8h regimen; less frequent (~10%) with <b>higher ratio</b> formulation given q12h            |
|  | 200 & 400 /5ml <small>70ml(7:1)</small>          | Susp    |  | (range 20-80)  | Q12H           |  | {200mg Q12H cc}                                    | <b>24</b>  |   |
|  | 250(z:1), 500(4:1), 875mg (z:1)                  | Tab     | Caution preterm: neonatal enterocolitis  |  | Q8-12H         |  | 875mg Q12H cc                                      | <b>37</b>  |   |
| Combination of {Amoxicillin 40mg/kg/d + Amox/Clavulanate 40mg/kg/d} sometimes recommended to provide high-dose of amoxicillin for pen-resistant <i>S. pneumoniae</i> and regular dose amox/clavulanate for excellent <i>H. influenzae</i> & <i>M. catarrhalis</i> coverage without excessive clavulanate, which may cause excessive diarrhea & increased cost (i.e. option in resistant/recurrent OM). |  |         |  |  |                |  |  |  |   |
| <b>Ampicillin</b>   | 125 & 250mg/5ml                                  | Susp    | cherry   | <b>50-100</b>  | Q6H            | 2g   | {250mg Q6H ac}                                     | <b>14</b>  | ♦recommend amox (better absorption; q8h; less rash/diarrhea) unless shigella/citrobacter/enterobacter   |
|  | 250 & 500mg                                      | Cap     |  |  |                |  | 500mg Q6H cc                                       | <b>15</b>  |   |
| <b>Cloxacillin</b>   | 125 mg/5ml                                       | Susp    | cherry   | <b>50-100</b>  | Q6H            | 4g   | {125-250mg Q6H ac}                                 | <b>19</b>  | ♦primarily for <i>Staph. aureus</i> infections  |
|  | 250 & 500mg                                      | Cap     |  |  |                |  | 500mg Q6H ac                                       | <b>17</b>  |   |
| <b>Penicillin V (Benzathine)</b><br><b>PEN-VEE</b>   | 300mg/5ml  | Susp    | fruity   | <b>25-50</b>   | Q6-12H         | 3g   | {150mg Q8h ac}                                     | <b>11</b>  | ♦Drug of choice for adult pharyngitis (esp. when Strep. confirmed by C&S); <b>q12h</b> dosing appears effective.  |
| <b>Penicillin V (Potassium)</b><br><b>PEN-VK</b>   | 125 & 300mg* <sup>▼</sup> /5ml                   | Soln    | fruity   | <b>25-50</b>   | Q6-12H         | 3g   | {125mg Q6H ac}                                     | <b>14</b>  |   |
|  | 300mg (=500,000 I.U.s)                           | Tab     |  |  |                |  | 300mg Q8H ac                                       | <b>9</b>   |   |
| <b>Pivmecillinam</b> <b>SELEXID</b>  | 200mg  | Tab     |  | -  | Q8-12H         | 1.6g   | 400mg Q12H   | <b>47</b>  | ⚠️ EDS -b,c,x for UTI only  |
| <b>CEPHALOSPORINS</b> (generation)  ←Pregnancy category Cephalosporins lack coverage for atypicals & Enterococcus. Between 1-10% of adult pts with penicillin allergy will develop cephalosporin allergy. <small>Med Letter Sep/03</small>  |  |         |  |  |                |  |  |  |   |
| <b>Cefaclor</b> <sup>(2<sup>nd</sup>)</sup><br><b>CECLOR</b> <sup>x</sup>  | 125,250 & 375mg/5ml                              | Susp    | ⊗strawberry  | <b>20-40</b>   | Q6-8H          | 2g   | {125mg Q8H}  | <b>25</b>  | ♦serum sickness <1%<br>x <sup>▼</sup> <b>Delisted</b> from Sask. formulary <b>April, 2003</b>   |
|  | 250 & 500mg                                      | Cap     |  |  | Q8H            |  | 500mg Q8H  | <b>52</b>  |   |
| <b>Cefixime</b> <sup>(~3<sup>rd</sup>)</sup><br><b>SUPRAX</b>  | 100mg/5ml  | Susp    | ⊗strawberry  | <b>8mg</b>   | Q24H           | 400mg  | {80mg Q24H}  | <b>24</b>  | ⚠️ EDS -b,c,v & uncomplicated gonorrhea<br>♦diarrhea ~15%   |
|  | 400mg  | Tab     |  |  |                |  | 400mg Q24H   | <b>44</b>  |   |
| <b>Cefprozil</b> <sup>(2<sup>nd</sup>)</sup><br><b>CEFZIL</b>  | 125&250mg/5ml                                    | Susp    | ⊗bubblegum   | <b>15-30mg</b>   | Q12H           | 1g   | {150mg Q12H}                                       | <b>29</b>  | ⚠️ EDS -a,b,c,d,e,i ♦diarrhea only ~3%<br>♦500mg od = \$43 –adequate for some indications   |
|  | 250 & 500mg                                      | Tab     |  |  |                |  | 500mg Q12H   | <b>81</b>  |   |
| <b>Cefuroxime axetil</b>  <sup>(2<sup>nd</sup>)</sup><br><b>CEFTIN</b>  | 125mg/5ml;sachet <sup>(250mg)*<sup>▼</sup></sup> | Susp    | tutti-fruitti  | <b>20-30mg</b>   | Q12H           | 1g   | {125mg Q12H cc}                                    | <b>27</b>  | ⚠️ EDS -a,b,c,d,e,i ♦ Susp-bitter tasting; absorption concerns: may ↑absorption with food   |
|  | 250 & 500mg                                      | Tab     |  |  |                |  | 500mg Q12H cc                                      | <b>55</b>  |   |
| <b>Cephalexin</b>  <sup>(1<sup>st</sup>)</sup><br><b>KEFLEX</b>   | 125 & 250mg                                      | Susp    | bubblegum, cherry, orange, banana  | <b>25-100mg</b>  | Q6H            | 4g   | {125mg Q6H}  | <b>15</b>  | ♦poor mid-ear penetration; <u>no</u> coverage of <i>H. flu</i> or atypical ∴ <b>not</b> for empiric Tx of OM/CAP  |
|  | 250 & 500mg                                      | Tab/cap |  |  |                |  | 500mg Q6H  | <b>19</b>  |   |
| Ceftriaxone - <b>ROCEPHIN</b> 50mg/kg IM X1 (Max2g) effective for acute OM incl. areas with high PRSP rates (X3 if recurrent OM) <sup>††</sup> ; Cost 500mg < \$30 <sup>x</sup> ; inj. painful ∴ often mixed with lidocaine; rare side effect: biliary sludge  |  |         |  |  |                |  |  |  |   |
| <b>FLUOROQUINOLONES</b>  ♦trova-/gropa-floxacin withdrawn due to hepatic/cardiac toxicity respectively ♦concern regarding articular damage in children; rare: tendon rupture, seizures ♦ safety in <18 YRS not established! ♦ DIS   |  |         |  |  |                |  |  |  |   |
| <b>Ciprofloxacin</b> <br><b>CIPRO</b>   | 500mg/5ml $\emptyset$                            | Susp    | strawberry   | (20-30mg)  | Q12H           | 1.5g   | 250mg Q12H (for UTI)                               | <b>44</b>  | ⚠️ EDS-b <sup>2</sup> ABX,c C&S resistance,h,j,l,m prolonged,o,r & gonorrhea<br>♦antipseudomonal (rarely in peds-cystic fibrosis)   |
|  | 250,500 & 750mg                                  | Tab     |  |  |                |  | 500mg Q12H;1g XL od                                | <b>49;40</b>   |   |
| <b>Gatifloxacin</b> <br><b>TEQUIN</b>   | 400mg  | Tab     | ♦coverage incl. PRSP, atypicals, & gm-ves. (not pseudomonas)   | na   | Q24H           | 400mg  | 400mg po Q24H                                      | <b>67</b>  | ⚠️ EDS-c resistant,d,e,j ♦covers anaerobes  |
| <b>Levofloxacin</b> <br><b>LEVAQUIN</b>   | 250, 500 & 750mg                                 | Tab     | ♦rare QT prolongation <sup>&lt;3/million</sup>   | na   | Q24H           | 500mg  | 500mg Q24H   | <b>49</b>  | ⚠️ EDS-c resistant,d,e,j .Generic available   |
| <b>Moxifloxacin</b> <b>AVELOX</b>  | 400mg  | Tab     | ↑/↓ glucose changes <sup>&lt;20/million</sup>  | na   | Q24H           | 400mg  | 400mg po Q24H                                      | <b>69</b>  | ⚠️ EDS-c resistant,d,e,j ♦covers anaerobes  |
| <b>Norfloxacin</b> <br><b>NOROXIN</b>   | 400mg  | Tab     |  | na   | Q12H           | 800mg  | 400mg po Q12H before meals                         | <b>40</b>  | ⚠️ EDS-b,c,l for genitourinary tract inf's only & gonococcal urethritis/cervicitis  |
| <b>Telithromycin</b> <b>KETEK</b>   | 400mg (a KETOLIDE)                               | Tab     |  | na   | Q24H           | 800mg  | 800mg po Q24H                                      | <b>80</b>  | ⚠️ ↑DI 5: Ergots, pimozide...;SE: GI,blurry vision;cover resistant strep  |

⊗ tastes good ⚠️ =Exception Drug Status in Sask  $\emptyset$ =prior approval required for NIHB coverage <sup>▼</sup> covered by NIHB ⊗ not covered by NIHB ABX=antibiotic(s) CAP=community acquired pneumonia ChewT=chewable tab COST \$=total cost to consumer for 10 day therapy GI = gastrointestinal inf=infection na=not applicable OM=otitis media Ped=pediatric PMC=pseudomembraneous colitis PRSP=penicillin resistant Strep. pneumoniae pts=patients Susp=suspension Tx=treatment. Ped. Dose : dosages in the higher end of the range should generally be used for treatment of OM <sup>††</sup>References: (Ped Inf Dis 1999;18-5:403-9. Sanford's 2002;p7)

| Antibiotic /Pregnancy code<br>Generic / TRADE   | Strength/Formulation<br>(in mg or mg/5ml) | Flavour     | Ped. Dose<br>mg/kg/day                       | Dosing<br>Interval | Usual<br>Max/d | Dose: 1 {10kg child }<br>2 Adult | COST<br>\$/10d                     | 🇨🇦               | Comments   |
|---|---|-------------|--|--------------------|----------------|----------------------------------|------------------------------------|------------------|--|
| <b>MACROLIDES: Erythro- &amp; clarithro-mycin can ↑ the QT interval<sup>†</sup> &amp; has more drug interactions<sup>†</sup> (levels of other drugs incl. digoxin) than azithromycin. Rare ototoxicity. ♦coverage includes atypical organisms</b>                               |   |             |  |                    |                |                                  |                                    |                  |  |
| <b>Azithromycin</b><br><b>ZITHROMAX</b><br>Z-PAK= 6x 250mg tabs   | 100 & 200mg/5ml <sub>15ml</sub>           | Susp        | ☺ cherry                                     | Day 1: 10mg        | Q24H           | 500mg                            | {D1: 100mg; D2-5: 50mg}            | 26               | ☞ EDS -a,b,f,k,s,t,u & <i>chlamydia trachomatis</i>  |
|   | 250mg                                     | Tab         |  | Day 2-5: 5mg       |                |                                  | D1: 500mg; D2-5: 250mg             | 42               | ♦5days ≡ 10days therapy; also 1&3day regimens  |
|   | 600mg                                     | Tab         |  |                    |                |                                  | 1200mg weekly                      | -                | ☞ for disseminated MAC in pts with HIV   |
| <b>Clarithromycin</b><br><b>BIAXIN</b>  | 125 & 250mg/5ml <sub>105ml</sub>          | Susp        | fruity                                       | 15mg               | Q12H           | 1g                               | {75mg Q12H}                        | 26               | ☞ EDS -a,b,f,k,s,u,w, MAC prophylaxis in HIV pts, & 1wk for <i>H. pylori</i> eradication   |
|   | 250&500mg; 500mg XL                       | Tab         |  |                    | Q12-24H        |                                  | 500-1000mg XL OD cc                | 37-67            |  |
| <b>Erythromycin</b><br>i) Base Tab ii) <b>ERYC</b><br>iii) <b>PCE</b>   | i) 250mg, 500mg <sup>★</sup>              | Base EC Cap |  |                    | Q6-8H          | 2g                               | 250mg Q6H <sup>ERYthro, ERYC</sup> | 13 <sup>30</sup> | ♦absorption is better on an empty stomach, but taking with food lessens GI upset   |
|   | ii) 250 & 333mg                           | EC Cap      |  |                    | Q8H            | 2g                               | 333mg Q8H <sup>ERYC</sup>          | 26               | ♦Estolate formulation preferred in children as most acid stable; not recommended in adults   |
|   | iii) 333mg                                | EC Tab      |  |                    | Q8H            | 2g                               | 333mg Q8H <sup>PCE</sup>           | 25               | ♦Coverage: <i>H. influenzae</i> coverage poor with erythromycin alone (better with newer macrolides); there is some PRSP cross-resistance            |
| <b>Eryth. Estolate ILOSONE</b>  | 125 & 250mg/5ml                           | Susp        | orange/cher                                  | 30-40mg            | Q6-8H          | 2g                               | {125mg Q8H cc}                     | 13               |  |
| <b>Eryth. Ethylsuc. EES</b>   | 200 & 400mg/5ml                           | Susp        | strawb/bana                                  | 30-40mg            | Q6-8H          | 2g                               | {100mg Q6H}                        | 15               |  |
| <b>Eryth.Stearate ERYTHROCIN</b>  | 250mg                                     | Tab         |  |                    | Q6-8H          | 2g                               | 250mg Q6H                          | 12               |  |
| <b>SULFA COMBINATIONS</b> <span style="border: 1px solid black; padding: 2px;">C</span> , but near term <span style="border: 1px solid black; padding: 2px;">D</span>   |   |             |  |                    |                |                                  |                                    |                  |  |
| <b>Cotrimoxazole(SMX/TMP)</b><br><b>BACTRIM/SEPTRA</b><br>(Sulfamethoxazole/Trimethoprim)   | 200/40 /5ml                               | Susp        | cherry                                       | 6-12mg TMP         | Q12H           | 320mg of TMP                     | {(200/40) 5ml Q12H}                | 10               | ♦UTI prophylaxis: Adult 40-80mg as TMP daily or 3X/wk ♦DS="double strength"  |
|   | 100/20                                    | Tab         |  |                    |                |                                  | {ii tab Q12h}                      | 12               |  |
|   | 400/80 & 800/160 (DS)                     | Tab         |  |                    |                |                                  | (800/160) i tab Q12H               | 10               | ♦(20mg/kg/day TMP used in PCP)<br>♦store suspension at room temperature  |
| <b>Eryth/Sulfisoxazole PEDIAZOLE</b>  | 200mg/600mg /5ml                          | Susp        | strawberry-banana                            | 40-50mg Eyrth.     | Q6-8H          | 2g Eryt, 6g Sulf.                | {(160/480) 4ml Q8H}                | 24               | ♦disadvantage: ↑d resistance & overall SE's (e.g. GI/allergy-rash) ↑d due to use of the 2 drugs  |
| <b>TETRACYCLINES</b> <span style="border: 1px solid black; padding: 2px;">D</span> ♦TCN & doxycycline not recommended in children <8 yrs old (minocycline <13 yrs) ♦ 1hr before or 2hr after any Ca <sup>++</sup> (dairy products) & Fe <sup>++</sup> ♦ phototoxicity a concern |   |             |  |                    |                |                                  |                                    |                  |  |
| <b>Doxycycline VIBRAMYCIN</b>   | 100mg                                     | Tab/Cap     | √ atypical RTIs                              | 2-5mg              | Q12-24H        | 200mg                            | 100mg Q12H                         | 19               | ♦better tolerated than TCN & only q12h   |
| <b>Minocycline MINOCIN</b>  | 50 & 100mg                                | Cap         |  | 4mg/kg X1, 2mg/kg  | Q12H           | 200mg                            | 200mg X1, 100mg Q12H               | 33               | ☞ Tx: acne unresponsive to TCN   |
| <b>Tetracycline</b>   | 250mg                                     | Cap         |  | 25mg               | Q6H            | 2g                               | 250mg Q6H ac                       | 11               | ♦take on empty stomach ♦avoid if ↓renal fx   |
| <b>OTHER</b>  |   |             |  |                    |                |                                  |                                    |                  |  |
| <b>Clindamycin DALACIN C</b>  | 75mg/5ml                                  | Soln        | cherry                                       | 10-30mg            | Q6-8H          | 1.8g                             | {100mg Q8H}                        | 34               | ♦Gram +ve & anaerobic coverage   |
|   | 150 & 300mg                               | Cap         |  |                    | Q6-12H         |                                  | 300mg Q6H                          | 54               | ♦store suspension at room temp (thickness)   |
| <b>Linezolid ZYVOXAM</b>  | 600mg (600mg IV <sup>★</sup> )            | tab         |  | 30mg               | BID            | 1.2g                             | 600mg BID                          | 1560             | ☞ Tx: EDS-Gram +ve resistant/intolerant to vanco   |
| <b>Methenamine mandelate MANDELAMINE</b>  | 500mg                                     | EC Tab      |  | 50-75mg            | Q6H            | 2g                               | 1g Q12H                            | 16               | ☞ ♦requires acidified urine (pH <5.5).: often given with ascorbic acid   |
| <b>Metronidazole FLAGYL</b>   | 250mg (500mg cap <sup>★</sup> )           | Tab/ Cap    |  | 30mg (range 15-50) | Q6-12H         | 4g                               | {75mg Q6H}                         | 11               | ♦Susp. compounded-poor taste; Disulfiram Rx: DI: phenytoin, warfarin   |
|   |   |             |  |                    |                |                                  | 250-500mg Q8H                      |                  | ♦Tx: anaerobic, antiprotozoal & PMC inf's  |
| <b>Fosfomycin MONUROL</b>   | 3g oral powder                            | sachet      |  | >1 yr 2g x1        | x 1            | 3g                               | 3g x1 empty stomach                | 31               | ☞ Tx: EDS-b,c,x for UTIs only!   |
| <b>Nitrofurantoin</b><br>ii) <b>MACRODANTIN</b><br>iii) <b>MACROBID</b>   | 50 & 100mg                                | Tab         |  | 5-7mg              | Q6H            | 200-                             | 50mg Q6H cc                        | 14               | ♦for UTI only; avoid at term (36wks) in preg.  |
|   | ii)50mg macrocrystals                     | Cap         | ped. formulation not available               |                    | Q6H            | 400mg                            | 50mg Q6H cc                        | 23               | ♦UTI prophylaxis: Child <sup>&gt;1mo</sup> 1-2mg/kg/day (max 100mg/d); Adult 50-100mg po HS. Long term rarely causes pneumonitis, neuropathy & ↑LFTs |
|   | iii)100mg macrocrystal                    | Cap         |  |                    | Q12H           |                                  | 100mg Q12H cc                      | 22               |  |
| <b>Trimethoprim PROLOPRIM</b>   | 100 & 200mg                               | Tab         |  | {na}               | Q12-24H        | 200mg                            | 200mg Q24H                         | 12               | ♦Option: sulfa allergy ♦QID dose in PCP ♦May ↑Scr  |
| <b>Vancomycin VANCOCIN</b>  | 125 & 250mg                               | Cap         | vial sometimes used to make up oral solution | 40mg               | Q6-8H          | 2g                               | 125mg Q6H                          | 320              | ☞ Tx: PMC unresponsive to Metro.; <b>Not Absorbed!</b>   |

**Abbreviation Key to EDS (Exception Drug Status) criteria in SK:**

- a) Upper & lower RTI's in pts NOT responding to 1<sup>st</sup> line ABX
- b) Pts ALLERGIC to alternative ABX
- c) Inf's known to be resistant or not responding to alternate ABX(s)
- d) RTIs in nursing home pts
- e) Pneumonia in pts in the community with comorbidity (ie. COPD, diabetes, renal insufficiency, heart failure, stroke)
- f) Pneumonia
- g) Pneumonia caused by aspiration
- h) Pts with bronchiectasis or cystic fibrosis
- i) Completion of Tx initiated in hospital
- j) Completion of ABX Tx initiated in hospital when alternatives are not appropriate
- k) Completion of ABX Tx initiated in hospital with macrolides or quinolones
- l) *Pseudomonas aeruginosa* inf's
- m) Inf's in pts with neutropenia
- n) Inf's & prophylaxis in neutropenic pts
- o) UTI in pts allergic or not responding to alternate ABX
- p) For human, cat & dog BITES
- q) Diabetic foot inf's
- r) Severe diabetic foot inf's in combo with other ABX
- s) Non-tuberculous *Mycobacterium* inf's & prophylaxis
- t) *Chlamydia trachomatis* inf's
- u) Pts intolerant to erythromycin &/or other ABX
- v) Uncomplicated gonorrhea
- w) *H. pylori* -1 week when used in combo regimens for eradication
- x) Tx of UTI in pregnancy when first line agents inappropriate
- y) *PMc* =pseudomembraneous colitis (*C. difficile*)

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