
















Antibiotic /Pregnancy code Generic / TRADE	Strength / Formulation (in mg or mg/5ml)	Flavour	Ped. Dose  mg/kg/day	Dosing Interval	Usual Max/d	Dose: 1 {10kg child  2 Adult	COST \$/10d	 Comments (see page 2 - EDS criteria abbreviation key)	
<b>PENICILLINS</b>  ←Pregnancy category									
<b>Amoxicillin</b> <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) ♦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> ; 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> <b>CLAVULIN</b> (amox/clavulanate ratio varies) -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) ♦↑activity vs resistant <i>H. flu</i> but not PRSP ♦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(2:1), 500(4:1), 875mg (7:1)	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> <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> <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> <b>CECLOR</b> <sup>(2<sup>nd</sup>)</sup>	125,250 & 375mg/5ml	Susp	Ⓞstrawberry	<b>20-40</b>	Q6-8H	2g	{125mg Q8H}	<b>25</b>	♦serum sickness <1% 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> <b>SUPRAX</b> (~3 <sup>rd</sup> )	100mg/5ml	Susp	Ⓞstrawberry	<b>8mg</b>	Q24H	400mg	{80mg Q24H}	<b>24</b>	⚠️ EDS -b,c,v & uncomplicated gonorrhea ♦diarrhea ~15%
	400mg	Tab					400mg Q24H	<b>44</b>	
<b>Cefprozil</b> <b>CEFZIL</b> (2 <sup>nd</sup> )	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% ♦500mg od = \$43 –adequate for some indications
	250 & 500mg	Tab					500mg Q12H	<b>81</b>	
<b>Cefuroxime axetil</b>  <b>CEFTIN</b> (2 <sup>nd</sup> )	125mg/5ml;sachet <sup>(250mg)*<sup>▼</sup></sup>	Susp	tutti-fruity	<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>  <b>KEFLEX</b> (1 <sup>st</sup> )	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>  <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 ♦antipseudomonal (rarely in peds-cystic fibrosis)
	250,500 & 750mg	Tab					500mg Q12H;1g XL od	<b>49;40</b>	
<b>Gatifloxacin</b>  <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>  <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>  <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  $\emptyset$  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 Generic / TRADE	Strength/Formulation (in mg or mg/5ml)	Flavour	Ped. Dose mg/kg/day	Dosing Interval	Usual Max/d	Dose: 1 {10kg child } 2 Adult	COST \$/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> <b>ZITHROMAX</b> 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> <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> i) Base Tab ii) <b>ERYC</b> iii) <b>PCE</b>	i) 250mg, 500mg <sup>★</sup>	Base EC Cap			Q6-8H	2g	250mg Q6H <sup>ERYthro, ERYC</sup>	13,30 <sup>ii</sup>	♦absorption is better on an empty stomach, but taking with food lessens GI upset ♦Estolate formulation preferred in children as most acid stable; not recommended in adults ♦Coverage: <i>H. influenzae</i> coverage poor with erythromycin alone (better with newer macrolides); there is some PRSP cross-resistance
	ii) 250 & 333mg	EC Cap					333mg Q8H <sup>ERYC</sup>	26	
	iii) 333mg	EC Tab			Q8H	2g	333mg Q8H <sup>PCE</sup>	25	
<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> ♦contraindicated in infants <2months old									
<b>Cotrimoxazole(SMX/TMP)</b> <b>BACTRIM/SEPTRA</b> (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" ♦(20mg/kg/day TMP used in PCP) ♦store suspension at room temperature
	100/20	Tab					{ii tab Q12h}	12	
	400/80 & 800/160 (DS)	Tab					(800/160) i tab Q12H	10	
<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 ♦store suspension at room temp (thickness)
	150 & 300mg	Cap			Q6-12H		300mg Q6H	54	
<b>Linezolid ZYVOXAM</b>	600mg (600mg IV <sup>★</sup> )	tab		30mg	BID	1.2g	600mg BID	1560	☞ 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 ♦Tx: anaerobic, antiprotozoal & PMC inf's
							250-500mg Q8H		
<b>Fosfomycin MONUROL</b>	3g oral powder	sachet		>1 yr 2g x1	x 1	3g	3g x1 empty stomach	31	☞ EDS-b,c,x for UTIs only!
<b>Nitrofurantoin</b> ii) <b>MACRODANTIN</b> iii) <b>MACROBID</b>	50 & 100mg	Tab		5-7mg	Q6H	200-	50mg Q6H cc	14	♦for UTI only; avoid at term (36wks) in preg. ♦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
	ii)50mg macrocrystals	Cap	ped. formulation not available		Q6H	400mg	50mg Q6H cc	23	
	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
- PMc =pseudomembraneous colitis (*C. difficile*)

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<sup>1</sup>Roden DM. Drug-induced prolongation of the QT interval. *N Engl J Med*. 2004 Mar 4;350(10):1013-22.