

Guidance on the use of oral fosfomycin for the treatment of ESBL multi-resistant lower UTIs in primary care patients

Indication

Fosfomycin trometamol 3g granules for oral solution is indicated for the treatment of acute uncomplicated lower urinary tract (UTI) infections in adult men and non-pregnant women, (no fever or flank pain) following the “Antimicrobial prescribing guidance – managing common infections in Primary Care” or where a multi-resistant coliform is identified (eg. ESBL positive *E. coli*) from a urine culture and is reported to be sensitive to fosfomycin, and there is no other oral alternative.

Dose

For patients over 12 years: Oral **3g of Fosfomycin** as a **stat dose**

The content of one sachet should be poured into a glass and 50-75 ml of water or other aqueous drink should be added to obtain a uniform opalescent solution. If necessary, the solution may be stirred. The solution should be taken immediately after being prepared

Initiation

This medication should be initiated as per the “Antimicrobial prescribing guidance – managing common infections in Primary care” or according to microbiology sensitivities where there are no other suitable oral antibiotics. A **GP prescribing checklist** has been given on page 2 to support prescribing.

Contraindications

Hypersensitivity to active ingredient or any of the other ingredients.

- patients with severe renal insufficiency (CrCl<10ml/min)
- patients undergoing haemodialysis

Warnings / Precautions for use

Antibiotic associated colitis (including pseudomembranous colitis) has been reported in association with the use of broad spectrum antibiotics including fosfomycin trometamol; therefore, it is important to consider this diagnosis in patients who develop serious diarrhoea during or after the use of fosfomycin trometamol. In this situation adequate therapeutic measures should be initiated immediately. Drugs inhibiting peristalsis are contraindicated in this situation.

This medicine contains 1.923 to 2.213g of sucrose per sachet. Patients with rare hereditary problems of fructose intolerance, glucose - galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

Breast-feeding: Fosfomycin is excreted in breast milk. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Fosfomycin therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the mother.

Drug Interactions

Metoclopramide – Concomitant administration slows the absorption of fosfomycin.

Nutritional interactions - Food intake can slow the absorption of fosfomycin, resulting in lower concentrations in the urine.

Fosfomycin should therefore be administered while fasting or 2 to 3 hours before meals.

Adverse effects

Common: Abdominal pain, diarrhoea, headache, nausea, vomiting, dizziness, vulvovaginal infection

Uncommon: Skin reactions

Not known: Antibiotic associated colitis

Overdose

The following events have been observed who have taken fosfomycin in overdose: vestibular loss, impaired hearing, metallic taste and general decline in taste perception. In the event of an overdose, treatment should be symptomatic and supportive. Urinary elimination of the drug should be promoted through adequate administration of oral fluids

Obtaining a supply

Oral fosfomycin 3g granules for oral solution is only routinely kept in stock in Croydon by Mayday Community Pharmacy (514 London Rd, Thornton Health CR7 7HQ, open daily 9am-10pm). It is available from AAH and Alliance Healthcare (Unichem) wholesalers who can deliver to some community pharmacies on the same or the next working day. A 24 hour delay to treatment is unlikely to significantly affect the outcome of the management of the uncomplicated lower UTI. If there are any queries please discuss with a Microbiologist.

Fosfomycin GP checklist

Fosfomycin is an oral antibiotic indicated for the treatment of resistant lower urinary tract infections.

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| 1. Does the patient have a symptomatic lower UTI? | Yes / No |
| 2. Has a urine sample been sent to the laboratory? | Yes / No |
| 3. Is the initiation of fosfomycin in accordance with the “Antimicrobial prescribing guidance – managing common infections in Primary Care” or
Is the cultured organism resistant to all other oral antibiotics | Yes / No |
| 4. Is there significant growth of a fosfomycin susceptible organism? | Yes / No |
| 5. Is the patient allergic to fosfomycin or any of the excipients? | Yes / No |
| 6. Does the patient have an eGFR of <10ml/min? | Yes / No |
| 7. Is the patient pregnant / breast feeding? | Yes / No |

**Questions 1 to 4 answers should be YES. Questions 5 to 7 answers should be NO.
If in doubt, contact microbiology.**

References:

1. Summary of Product Characteristics. Fosfomycin 3g granules for oral solution. Last Updated on eMC 26-May-2016; Available at: <https://www.medicines.org.uk/emc/product/7219/smpc> Accessed 14 Feb, 2020.
2. Summary of Product Characteristics. Monuril 3g granules for oral solution. Last updated on eMC 30-Jul-2016; Available at: <https://www.medicines.org.uk/emc/product/7329/smpc> Accessed 14 Feb, 2020.
3. Fosfomycin. British national formulary on-line. Last updated 10-Feb-2020; Available at: <https://bnf.nice.org.uk/drug/fosfomycin.html> Accessed 14 Feb, 2020.