

| Prescribing Protocol - FOSFOMYCIN   |  |
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| Title   | Fosfomycin Oral Prescribing Protocol   |
| Areas where Protocol/Guideline<br>applicable e.g., District, Hospital,<br>ITU, Ward | Inpatient ward areas including intensive care  |
| Areas where Protocol/Guideline not applicable                                       | Outpatient   |
| Authorised Prescribers  | Infectious Diseases physician or Microbiologist  |
| Indication for use  | Acute uncomplicated cystitis in females > 18 years due to susceptible pathogens including <i>E. coli, E. faecalis</i> when other agents are unsuitable or ineffective (oral).  |
|   | Bacterial infections due to susceptible organism, e.g., complicated cystitis when other agents are unsuitable or ineffective   |
|   | Fosfomycin has activity against Gram- negative bacteria, including<br>organisms producing extended- spectrum beta-lactamase<br>enzymes (ESBLs) (except <i>Pseudomonas aeruginosa</i> ) and<br>Enterococcus species (including vancomycin- resistant<br>enterococci [VRE]). |
| Clinical condition  | Oral agent available for cystitis caused by ESBL producing Gram-<br>negative bacteria or Enterococcus species (including VRE) when<br>alternative oral agents are unsuitable or ineffective.   |
| Contra-indications  | Known hypersensitivity to fosfomycin trometamol, or its excipients.  |
| Precautions   | Nervous system: headache, dizziness, paraesthesia<br>Cardiac system: tachycardia, hypotension  |
|   | Gastrointestinal system: diarrhoea, nausea, dyspepsia, abdominal pain, anorexia, dry mouth, flatulence.  |
|   | Patients with severe renal insufficiency (creatinine clearance <10mL/min)  |
| Place in Therapy  | Oral option for acute cystitis caused by ESBL producing bacteria<br>or Enterococcus species (including VRE) if alternative oral agents<br>(i.e., nitrofurantoin) are unsuitable or ineffective.  |
|   | Guidance red drug: prior ID/Micro approval required.<br>Only to be stocked in Pharmacy.  |
| If part of combination therapy, list other drugs                                    | N/A  |
| <b>Dosage</b><br>(Include dosage adjustment for specific<br>patient groups)         | <b>Uncomplicated Cystitis:</b> 3 grams orally stat (once).<br><b>Complicated Cystitis:</b> 3 grams orally every three days for 3 doses.  |
| Duration of therapy   | Treatment duration for cystitis is either 1 - 3 doses and not for pyelonephritis/ complicated infection requiring prolonged duration.  |



| Important Drug Interactions                      | Metoclopramide may lower fosfomycin serum concentration and urinary excretion   |
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| Administration instructions                      | Fosfomycin 3 gram (contents of 1 sachet) should be dissolved in a glass of water as a single dose and taken immediately after its preparation.  |
|  | Should be taken on empty stomach (i.e., at least one hour before food or two hours after food)  |
| Monitoring requirements                          | Resolution of clinical signs and symptoms, improvement in laboratory parameters/testing.  |
| Management of complications                      | Consideration of discontinuation of therapy and management of the specific complication, if severe.   |
| Basis of Protocol/Guideline                      | 1. Matthews P C et al, Oral fosfomycin for treatment of urinary tract infection; a retrospective cohort study, BMC Infec Dis 2016   |
|  | 2. MIMS Online [Internet]. Crows Nest (NSW): MIMS Australia Pty Ltd; 2019. <u>Fosfomycin</u> ; [updated 2017 Sept 9; cited 2019 October 10].  |
|  | 3. Pullukcu H et al. Fosfomycin in treatment of extended spectrum beta-lactamase-producing <i>Escherichia coli</i> -related lower urinary tract infections. IJAA (2007) 29: 62-65.  |
|  | 4. Senol S et al. Carbapenem versus fosfomycin tromethanol in treatment of extended-spectrum beta-lactamase-producing <i>Escherichia coli</i> -related complicated lower urinary tract infection. J Chemotherapy (2010) 22(5): 355-7. |
|  | 5. TGA Product Information available online for fosfomycin (Monurol)  |
|  | 6. The Sanford Guide to Antimicrobial Therapy 2019. 50 <sup>th</sup> ed.  |
|  | 7. Huttner A, Kowalczyk A, Turjeman A, et al. Effect of 5-day<br>Nitrofurantoin vs Single-Dose Fosfomycin ono Clinical Resolution<br>of Uncomplicated Lower Urinary Tract Infection in Women. JAMA.<br>2018; 319(17):1781-1789.       |
|  | 8. Neuner EA, Sekeres J, Hall GS, van Duin D. Experience with<br>Fosfomycin for Treatment of Urinary Tract Infections Due to<br>Multidrug-Resistant Organism. Antimicrobial Agents and<br>Chemotherapy. 2012; 56(11): 5744-5748.      |
| Groups consulted in development of this protocol | DIDISH, AMS CAAG (SESLHD/ISLHD)   |



| AUTHORISATION                             |  |  |
|---|--|--|
| Author (Name)                             | Suman Adhikari <sup>1</sup><br>Jayashruti Mohan <sup>2</sup><br>Adriana Chubaty <sup>3</sup><br>Fiona Doukas <sup>3</sup>  |  |
| Position                                  | 1 Antimicrobial Stewardship Pharmacist, St George Hospital<br>2 Antimicrobial Stewardship Support Pharmacist, St George Hospital3 Senior<br>Pharmacist Antimicrobial Stewardship, Prince of Wales Hospital |  |
| Department                                | 1 Pharmacy Department, St George Hospital<br>3 Pharmacy Department, Prince of Wales Hospital   |  |
| Department Contact                        | St George Hospital Pharmacy Department   |  |
| GOVERNANCE                                |  |  |
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| Chairperson, QUM Committee                | Dr John Shephard   |  |
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