Guideline for Prescribing of Fosfomycin for uncomplicated UTI

1. BACKGROUND
Fosfomycin, a unique phosphonic acid antibacterial, is active against a range of Gram-positive and Gram-negative bacteria including Staphylococcus aureus and Enterobacteriaceae, including extended-spectrum beta-lactamase producing Enterobacteriaceae, which are an increasingly common cause of uncomplicated UTI and are often resistant to several first and second-line antibiotics.

2. INDICATION
Uncomplicated lower urinary-tract infections caused by resistant Gram-negative bacteria when other anti-bacterials, such as trimethoprim, nitrofurantoin, co-amoxiclav and pivmecillinam, cannot be used because of resistance or other good clinical reasons such as intolerance/allergy/renal impairment/interactions, etc.

In the Hull and East Yorkshire area fosfomycin is a restricted antibiotic. Use should be reserved for the treatment of uncomplicated UTI due to Extended Spectrum Beta-Lactamase (ESBLs) producing Gram-negative bacteria ONLY when prescription is recommended by a Consultant Microbiologist or Consultant in Infectious Disease via telephone call/email or as suggested on a microbiology report or in a clinic letter. It should not be used when other appropriate oral antibiotics can be used and should not be used for other indications.

3. DOSE / DURATION
For patients 12 years and over:
ONE 3 g sachet, as a single dose.

In men, the dose should be repeated after 3 days.

Fosfomycin is supplied as 3g granules which should be dissolved in a glass of water and taken immediately.

Fosfomycin is readily available from standard pharmaceutical wholesalers.

4. CONTRAINDICATIONS / CAUTIONS
Avoid use in pregnancy and breast feeding.
Avoid if eGFR less than 10 mL/minute/1.73 m² or patient on dialysis.

Drug interactions

Drugs which increase gastrointestinal motility
Metoclopramide – plasma and urinary concentration of fosfomycin reduced by metoclopramide, avoid concomitant use

Other drugs that increase gastrointestinal motility may produce similar effects.

5. ADVERSE EFFECTS
Common side effects (≥1/100 to <1/10) – nausea, dyspepsia, diarrhoea, headache, dizziness, vulvovaginitis – it is common for patients to develop lower gastrointestinal disturbance, which is usually relatively mild, in the 24 hours after dosing and patients should be warned of this.

Fosfomycin is an intensively monitored drug (black triangle drug), as such any possible adverse effects (including any considered not to be serious) relating to treatment should be reported via the yellow card scheme (www.yellowcard.gov.uk).

Details of contraindications, cautions, drug interactions and adverse effects listed above are not exhaustive. For further information always check with BNF www.bnf.org.uk or SPC (www.medicines.org.uk).

6. INFORMATION TO PATIENT
Patient should be informed of benefits and risks of treatment, including common side effects, in particular lower gastrointestinal disturbance (see above).

Fosfomycin should be taken on an empty stomach (about 2-3 hours before or 2-3 hours after a meal), preferably before bedtime and after emptying the bladder.

The granules should be dissolved into a glass of water and taken immediately after its preparation.

Contacts:

HEY NHS Hospitals Trust. 01482 875875. Ask for Microbiologist or ID consultant on call

York Teaching Hospitals Foundation Trust. 01904 725856. Ask for Microbiologist on call
### APPROVAL PROCESS

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<tr>
<th>Written by:</th>
<th>Marie Miller, Interface Pharmacist</th>
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