

- **UNLICENSED USE** Not licensed for use in children under 3 months.
- **CONTRA-INDICATIONS** Carnitine deficiency · gastro-intestinal obstruction · infants under 3 months · oesophageal strictures
- **CAUTIONS** Avoid in Acute porphyrias p. 624
- **INTERACTIONS** → Appendix 1: penicillins
- **SIDE-EFFECTS**
  - ▶ **Common or very common** Vulvovaginal fungal infection
  - ▶ **Uncommon** Dizziness · fatigue · gastrointestinal discomfort · gastrointestinal disorders · headache · oral ulceration · vertigo
- **PREGNANCY** Not known to be harmful, but manufacturer advises avoid.
- **BREAST FEEDING** Trace amount in milk, but appropriate to use.
- **MONITORING REQUIREMENTS** Liver and renal function tests required in long-term use.
- **EFFECT ON LABORATORY TESTS** False positive urinary glucose (if tested for reducing substances). False positive newborn screening results for isovaleric acidemia may occur in neonates born to mothers receiving pivmecillinam during late pregnancy.
- **DIRECTIONS FOR ADMINISTRATION** Tablets should be swallowed whole with plenty of fluid during meals while sitting or standing.
- **PATIENT AND CARER ADVICE** Patient counselling is advised on administration of pivmecillinam hydrochloride tablets (posture).

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

**Tablet**

CAUTIONARY AND ADVISORY LABELS 9, 21, 27

- ▶ **Pivmecillinam hydrochloride (Non-proprietary)**  
Pivmecillinam hydrochloride 200 mg Pivmecillinam 200mg tablets | 10 tablet (PoM) £5.40 DT = £5.40
- ▶ **Selexid** (LEO Pharma)  
Pivmecillinam hydrochloride 200 mg Selexid 200mg tablets | 10 tablet (PoM) £5.40 DT = £5.40 | 18 tablet (PoM) £9.72

**ANTIBACTERIALS > PENICILLINS,  
PENICILLINASE-RESISTANT**

F 347

**Flucloxacillin**

23-Jul-2018

**● INDICATIONS AND DOSE****Infections due to beta-lactamase-producing staphylococci including otitis externa | Adjunct in pneumonia | Adjunct in impetigo | Adjunct in cellulitis**

▶ BY MOUTH

- ▶ Neonate up to 7 days: 25 mg/kg twice daily.
- ▶ Neonate 7 days to 20 days: 25 mg/kg 3 times a day.
- ▶ Neonate 21 days to 28 days: 25 mg/kg 4 times a day.
- ▶ Child 1 month–1 year: 62.5–125 mg 4 times a day
- ▶ Child 2–9 years: 125–250 mg 4 times a day
- ▶ Child 10–17 years: 250–500 mg 4 times a day
- ▶ BY INTRAMUSCULAR INJECTION
- ▶ Child: 12.5–25 mg/kg every 6 hours (max. per dose 500 mg every 6 hours)
- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- ▶ Neonate up to 7 days: 25 mg/kg every 12 hours.
- ▶ Neonate 7 days to 20 days: 25 mg/kg every 8 hours.

- ▶ Neonate 21 days to 28 days: 25 mg/kg every 6 hours.

- ▶ Child: 12.5–25 mg/kg every 6 hours (max. per dose 1 g every 6 hours)

**Severe infections due to beta-lactamase-producing staphylococci including otitis externa | Adjunct in pneumonia (severe infection) | Adjunct in impetigo (severe infection) | Adjunct in cellulitis (severe infection)**

- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Neonate up to 7 days: 50 mg/kg every 12 hours.

- ▶ Neonate 7 days to 20 days: 50 mg/kg every 8 hours.

- ▶ Neonate 21 days to 28 days: 50 mg/kg every 6 hours.

- ▶ Child: 25–50 mg/kg every 6 hours (max. per dose 2 g every 6 hours)

**Endocarditis (in combination with other antibacterial if necessary)**

- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Child: 50 mg/kg every 6 hours (max. per dose 2 g every 6 hours)

**Osteomyelitis**

- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Neonate up to 7 days: 50–100 mg/kg every 12 hours.

- ▶ Neonate 7 days to 20 days: 50–100 mg/kg every 8 hours.

- ▶ Neonate 21 days to 28 days: 50–100 mg/kg every 6 hours.

- ▶ Child: 50 mg/kg every 6 hours (max. per dose 2 g every 6 hours)

**Cerebral abscess | Staphylococcal meningitis**

- ▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Neonate up to 7 days: 50–100 mg/kg every 12 hours.

- ▶ Neonate 7 days to 20 days: 50–100 mg/kg every 8 hours.

- ▶ Neonate 21 days to 28 days: 50–100 mg/kg every 6 hours.

- ▶ Child: 50 mg/kg every 6 hours (max. per dose 2 g every 6 hours)

**Staphylococcal lung infection in cystic fibrosis**

▶ BY MOUTH

- ▶ Child: 25 mg/kg 4 times a day (max. per dose 1 g), alternatively 100 mg/kg daily in 3 divided doses; maximum 4 g per day

▶ BY SLOW INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Child: 50 mg/kg every 6 hours (max. per dose 2 g every 6 hours)

**Prevention of *Staphylococcus aureus* lung infection in cystic fibrosis—primary prevention**

▶ BY MOUTH

- ▶ Neonate: 125 mg twice daily.

- ▶ Child 1 month–3 years: 125 mg twice daily

**Prevention of *Staphylococcus aureus* lung infection in cystic fibrosis—secondary prevention**

▶ BY MOUTH

- ▶ Child: 50 mg/kg twice daily (max. per dose 1 g twice daily)

**IMPORTANT SAFETY INFORMATION****HEPATIC DISORDERS**

Cholestatic jaundice and hepatitis may occur very rarely, up to two months after treatment with flucloxacillin has