

AMBER 1 GUIDANCE FOR 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, and pivmecillinam, cannot be used because of resistance or other good clinical reasons such as intolerance/allergy/renal impairment/interactions, etc.

In the Hull, East Riding of Yorkshire, North East Lincolnshire and North Lincolnshire areas 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 if specified 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.

Uncomplicated lower urinary tract infections ONE 3 g sachet, as a single dose.

Fosfomycin is occasionally used long term to prevent recurrent infection - the dose and duration of this prescription will be advised by an infection specialist.

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

Fosfomycin 3g oral sachets are readily available from standard pharmaceutical wholesalers.

4. Contraindications

Avoid use in pregnancy and breastfeeding.

Avoid if eGFR less than 10 mL/minute/1.73 m² or patient on dialysis

5. Adverse effects

Adverse effects	Action for GP
Lower GI disturbance (10%)	Normally mild and occurs in the 24 hours after dosing, patients should be warned of this
Skin rashes (1%)	Normally self-limiting
Nausea, dyspepsia (5%)	Normally self-limiting
Headache (3-10%)	Normally self-limiting, take paracetamol if needed
Vulvovaginitis (5%)	Normally self-limiting

6. Drug interactions

The following drugs are known or suspected interactions:	
Interacting Drug	Advice
Metoclopramide	Reduces absorption of fosfomycin; avoid metoclopramide if possible. Other drugs that increase gastrointestinal motility may produce similar effects

7. Pregnancy and Lactation

There is limited information about use of fosfomycin in pregnancy. Only use on specialist recommendation if potential benefit outweighs risk.

There is limited information about use of fosfomycin in breast-feeding. Fosfomycin is likely present in milk. Only use on specialist recommendation if potential benefit outweighs risk.

8. Information for patient

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

Take fosfomycin on an empty stomach (2-3 hours before a meal or 2 or more hours after a meal), preferably before bedtime and after emptying the bladder. Dissolve the sachet contents in a glass of water and take immediately after preparation.

AMBER GUIDANCE



Humber Area Prescribing Committee

Document and version control	This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC (data sheet) or BNF for further prescribing information.		
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	Consultation		Shilpa Jethwa - Consultant Antimicrobial Pharmacist, NLAG, HUTH ACAT
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1	Jane Morgan	Principal Pharmacist - Interface (HUTH)	Adapted from HERPC guidance produced by Lorraine Cullen (Principal Pharmacist HUTH)