Moxifloxacin oral - medication shortage
Fact Sheet – for adults in hospitals and acute care facilities

This Fact Sheet is intended as a guide only and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with local variations, the patient’s current condition and formal clinical review. Our recommendations are based on Therapeutic Guidelines, review of the literature and expert consensus.

There is currently an Australia-wide shortage of oral moxifloxacin

Review whether oral moxifloxacin is required:

Is it required for the indication?
Review your local guidelines or the Therapeutic Guidelines: Antibiotic.
If moxifloxacin is not indicated for that indication, cease or change therapy.

Is the reported penicillin allergy a true allergy?
Penicillin allergy is a common reason to prescribe moxifloxacin. Always try to confirm the nature and severity of the allergy.
If not severe¹ or immediate hypersensitivity², consider antibiotics as recommended by Therapeutic Guidelines: Antibiotic.
If in doubt, consider consultation with a clinical immunology service, if available.

If required, empiric antibiotic alternatives include³:

<table>
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<tr>
<th>Multidrug resistant mycobacterial infections</th>
<th>Where possible, moxifloxacin stocks should be reserved for this priority indication, if seen at your health service.</th>
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<td>Macrolide resistant Mycoplasma genitalium</td>
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| Community acquired pneumonia, if immediate or severe allergy to penicillins | An alternative oral empiric option might be:  
  • doxycycline 100 mg orally 12-hourly  
  or  
  • clarithromycin 500 mg orally 12-hourly |
| Hospital acquired pneumonia, if immediate or severe allergy to penicillins | An alternative oral empiric combination might be:  
  • ciprofloxacin 500 mg orally 12-hourly  
  plus  
  • clindamycin 450 mg orally 8-hourly |

Always consider discussion of individual cases with the infectious diseases or clinical microbiology services for more information

¹ severe hypersensitivity = severe cutaneous adverse reactions, DRESS syndrome
² immediate hypersensitivity = urticaria, angioedema, bronchospasm or anaphylaxis within 1 - 2 hours of exposure
³ in some complex situations intravenous moxifloxacin may be justified, however, an alternative oral regimen can usually be identified