

# Cefalexin - medication shortage

## Fact Sheet – for 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 the patient's current condition and formal clinical review.



### There is currently a shortage of cefalexin

If your patient is currently prescribed cefalexin,  
please consider the following:

Is cefalexin **required** for the  
indication?

- Review the *Therapeutic Guidelines* or your local guidelines, if cefalexin is not required for the indication, e.g., *viral respiratory infections* - **CEASE**
- **Cefalexin is rarely recommended as first-line therapy**
  - Its main role is as an alternative antibiotic for patients with non-severe penicillin hypersensitivity
  - It is often used in children due to improved palatability and tolerability over other liquid antibiotics

If cefalexin is still recommended for the indication,  
consult with an infectious diseases physician or clinical microbiologist to discuss alternatives

- The most appropriate alternative antibiotic regimen will vary depending on the site and severity of infection, pathogen susceptibility and patient factors, including antibiotic allergies
- Refer to the *Therapeutic Guidelines*, your local guidelines or contact infectious disease or clinical microbiology for more details and advice

#### Acute rheumatic fever

- Benzathine benzylpenicillin\* (intramuscular), phenoxymethylpenicillin\*, amoxicillin\* or azithromycin

#### Bone and joint infections<sup>^</sup>

- Flucloxacillin/ dicloxacillin\* or clindamycin or trimethoprim-sulfamethoxazole

#### Ear, nose and throat infections

- Acute localised otitis externa
  - Dicloxacillin/flucloxacillin\* or clindamycin
- Peritonsillar abscess (quinsy) and peritonsillar cellulitis<sup>^</sup>
  - Phenoxymethylpenicillin\*, clindamycin or azithromycin
- Streptococcal pharyngitis and tonsillitis
  - Phenoxymethylpenicillin\*, amoxicillin\* or azithromycin
- Suppurative unilateral cervical lymphadenitis<sup>^</sup>
  - Dicloxacillin/flucloxacillin\*, clindamycin or trimethoprim-sulfamethoxazole

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<b>Eye infections</b>	<ul style="list-style-type: none"><li>• Periorbital cellulitis<sup>^</sup><ul style="list-style-type: none"><li>○ Dicloxacillin/flucloxacillin*, cefuroxime or clindamycin</li></ul></li><li>• Orbital (post-septal) cellulitis<sup>^</sup><ul style="list-style-type: none"><li>○ Amoxicillin-clavulanate*, clindamycin PLUS ciprofloxacin, or trimethoprim-sulfamethoxazole</li></ul></li></ul>
<b>Genital infections</b>	<ul style="list-style-type: none"><li>• Infective vulvovaginitis<ul style="list-style-type: none"><li>○ Phenoxymethylpenicillin*, clindamycin or trimethoprim-sulfamethoxazole</li></ul></li></ul>
<b>Prophylaxis</b>	<ul style="list-style-type: none"><li>• Dental procedures<ul style="list-style-type: none"><li>○ Amoxicillin* or clindamycin</li></ul></li><li>• Invasive Group A Streptococcal infection<ul style="list-style-type: none"><li>○ Benzathine benzylpenicillin* (intramuscular), Phenoxymethylpenicillin*, amoxicillin* clindamycin or azithromycin</li></ul></li></ul>
<b>Skin and soft tissue infections</b>	<ul style="list-style-type: none"><li>• Dicloxacillin/flucloxacillin* or clindamycin or trimethoprim-sulfamethoxazole</li><li>• For diabetic foot infection:<ul style="list-style-type: none"><li>○ Amoxicillin-clavulanate*</li></ul></li><li>• For erysipelas or if <i>Streptococcus pyogenes</i> suspected:<ul style="list-style-type: none"><li>○ Phenoxymethylpenicillin*, benzathine benzylpenicillin* (intramuscular) or trimethoprim-sulfamethoxazole</li></ul></li></ul>
<b>Traumatic wound infections</b>	<ul style="list-style-type: none"><li>• Dicloxacillin/flucloxacillin* or clindamycin or trimethoprim-sulfamethoxazole</li></ul>
<b>Urinary tract infections</b>	<ul style="list-style-type: none"><li>• Acute cystitis<ul style="list-style-type: none"><li>○ Nitrofurantoin, trimethoprim or trimethoprim-sulfamethoxazole</li></ul></li><li>• Acute non-severe pyelonephritis<ul style="list-style-type: none"><li>○ Amoxicillin*, amoxicillin-clavulanate*, trimethoprim or trimethoprim-sulfamethoxazole</li></ul></li><li>• Recurrent urinary tract infections<ul style="list-style-type: none"><li>○ Nitrofurantoin, trimethoprim or trimethoprim-sulfamethoxazole</li></ul></li><li>• Acute non-severe bacterial prostatitis<ul style="list-style-type: none"><li>○ Trimethoprim</li></ul></li></ul>

\* These are penicillins, refer to patient allergy and adverse reaction information prior to prescribing

<sup>^</sup> Intravenous agents are required for initial therapy, only use as an oral antibiotic for IV to oral step-down