C.1	Deletion of Amoxicillin for treatment of Urinary Tract Infection
Does the application adequately address the issue of the public health need for the medicine?	☒ Yes ☐ No ☐ Not applicable Comments: The application is for a deletion of the indication of treatment of urinary tract infection in adults and children for the antibiotic amoxicillin on the EML/c. The rationale for this deletion is the recent (2020) publication of the WHO Global AMR Surveillance GLASS data noting very high levels of resistance to amoxicillin (ampicillin) in the most common UTI pathogen *E. coli*. Amoxicillin would remain on the EML/c for multiple other clinical indications, predominantly focussed on the treatment of respiratory tract infections.
Briefly summarize the role of the proposed medicine(s) relative to other therapeutic agents currently included in the Model List, or available in the market.	The EML/c also lists nitrofurantoin, trimethoprim-sulfamethoxazole, trimethoprim and amoxicillin-clavulanate as treatments for UTI.
Have all important studies and all relevant evidence been included in the application?	☒ Yes ☐ No ☐ Not applicable If no, please provide brief comments on any relevant studies or evidence that have not been included:
Does the application provide adequate evidence of efficacy/effectiveness of the medicine for the proposed indication?	☒ Yes ☐ No ☐ Not applicable Briefly summarize the reported benefits (e.g. hard clinical versus surrogate outcomes) and comment, where possible on the actual magnitude and clinical relevance of benefit associated with use of the medicine(s). There is very limited evidence of clinical efficacy of varying antibiotic regimens for UTI in the community LMIC setting. Generally clinical efficacy is related to sensitivity of the pathogen causing the UTI to the specific antibiotic it is being treated with. There is limited global data on UTI resistance in adults and children in the LMIC setting. Recent GLASS data suggests that rates of resistance to amoxicillin are now very high, with around three quarters of isolates of the commonest pathogen causing UTI now resistant to amoxicillin.

	Is there evidence of efficacy in diverse settings (e.g. low-resource settings) and/or populations (e.g. children, the elderly, pregnant patients)? No good data on children is available, but similar rates of resistance have been identified in children in LMIC setting in a recent systematic review included in the application.
Does the application provide adequate evidence of the safety and adverse effects associated with the medicine?	☐ Yes ☐ No ☒ Not applicable Comments:
Are there any adverse effects of concern, or that may require special monitoring?	☐ Yes ☐ No ☒ Not applicable Comments:
Briefly summarize your assessment of the overall benefit to risk ratio of the medicine (e.g. favourable, uncertain, etc.)	There is a clear risk in the presence of such high resistance rates of failure of clinical treatment.
Briefly summarize your assessment of the overall quality of the evidence for the medicine(s) (e.g. high, moderate, low etc.)	See above
Are there any special requirements for the safe, effective and appropriate use of the medicine(s)**?** (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)	☐ Yes ☐ No ☐ Not applicable Comments: Where possible then antibiotic treatment should be based on the results of a urine specimen microbiology result. This is frequently not possible, especially in the community LMIC setting, where empiric therapy is most commonly prescribed.
Are you aware of any issues regarding the registration of the medicine by national regulatory authorities? (e.g. accelerated approval, lack of regulatory approval, off-label indication)	☐ Yes ☒ No ☐ Not applicable Comments:

Is the proposed medicine recommended for use in a current WHO Guideline approved by the Guidelines Review Committee? (refer to: https://www.who.int/publications/who-guidelines)	☒ Yes ☒ No ☐ Not applicable Comments:
Briefly summarize your assessment of any issues regarding access, cost and affordability of the medicine in different settings.	Amoxicillin is very low cost medicine and some of the alternatives on the EML/c, although generic medicines have higher costs.
Any additional comments	
Based on your assessment of the application, and any additional evidence / relevant information identified during the review process, briefly summarize your proposed recommendation to the Expert Committee, including the supporting rationale for your conclusions, and any doubts/concerns in relation to the listing proposal.	Based on WHO data it is reasonable to approve the deletion of amoxicillin for this indication. There is an urgent need for global clinical trial data on the comparative efficacy of different antibiotic regimens to treat adults and children with UTI in the community LMIC setting.
References (if required)	