

F.1	Amoxicillin + clavulanic acid – dispersible tablet 200 mg + 28.5 mg – EMLc
Draft recommendation	<p><input checked="" type="checkbox"/> Recommended</p> <p><input type="checkbox"/> Not recommended</p> <p>Justification:</p> <p>Compared to other formulations of Amoxicillin + clavulanic acid already included in the EMLc this is a dispersible table with a 7:1 ratio. These characteristics have several advantages over a powder for reconstitution with 4:1 ratio.</p> <ul style="list-style-type: none"> • Additional stability (it doesn't require cold storage) • Does not require to be reconstituted using a precise volume of water. • Due to higher ratio, it can be dosed Q12h (compatible with AWaRE approach recommendations) • It has been associated with lower frequency of adverse events. <p>This formulation is already included in the EML.</p>
Does the proposed medicine address a relevant public health need?	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>Multiple indications as for Amoxicillin + clavulanic acid 4:1 already included:</p> <ul style="list-style-type: none"> • Powder for oral suspension: 125 mg (as trihydrate) + 31.25 mg (as potassium salt)/5 mL • Powder for oral suspension: 250 mg (as trihydrate) + 62.5 mg (as potassium salt)/5mL <p>This formulation also addressed the lack of appropriate formulations for children. Global Accelerator for Paediatric Formulations (GAP-f) was created in response to this problem, their statement prioritizes the development of dispersible tablets over syrups and enabling formulary consolidation with flexible dosage forms. This formulation meets both criteria.</p>

<p>Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication?</p> <p>(this may be evidence included in the application, and/or additional evidence identified during the review process)</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>Therapeutic equivalence between 7:1 and 4:1 ratio has been established (1). FDA and EMA consider both formulations as clinically equivalents.</p> <p>The 7:1 ratio has additional benefits:</p> <ul style="list-style-type: none"> • Treatment of intermediate resistant pneumococci: <ul style="list-style-type: none"> - This formulation allows to administer higher doses of Amoxicillin without significantly increasing the proportion of clavulanic acid compared to the 4:1 formulation. - RCT, Schrag 2001, showed that high dose/ short course in respiratory infections led to significantly lower carriage rate compared to the low-dose long course. It also decreased the risk of TMP-SMX nonsusceptibility (2) • Higher adherence: <ul style="list-style-type: none"> -Studies have shown clear relationship between the number of daily doses and compliance. This was also seen in trial specifically Amoxicillin and clavulanic acid (3-7) - This was also seen in Schrag 2001(2) -Unfortunately a SR that evaluated the use of Amoxicillin +/- clavulanic acid did not show a difference in compliance between BID and TID (7)
<p>Does adequate evidence exist for the safety/harms associated with the proposed medicine?</p> <p>(this may be evidence included in the application, and/or additional evidence identified during the review process)</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>Lower rates of adverse events have been reported in the 7:1 ratio formulation due to the lower proportion of clavulanic acid (8).</p> <p>A systematic review evaluating BID and TID regimens did not show statistically significant difference in the development of adverse reactions in general, diarrhea or dermatological events.</p> <p>Based on this we can conclude that the 7:1 formulation is at least as safe as the 4:1 formulation</p>
<p>Are there any adverse effects of concern, or that may require special monitoring?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>Same concerns as previously reported for the 4:1 formulation</p>

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<p>Are there any special requirements for the safe, effective and appropriate use of the medicines?</p> <p>(e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>Same requirements as previously reported for the 4:1 formulation</p>
<p>Are there any issues regarding cost, cost-effectiveness, affordability and/or access for the medicine in different settings?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>There is no comparative data on the cost effectiveness of amoxicillin/clavulanic acid 4:1 ratio versus 7:1 ratio.</p>
<p>Are there any issues regarding the registration of the medicine by national regulatory authorities?</p> <p>(e.g. accelerated approval, lack of regulatory approval, off-label indication)</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>It is important to highlight that Amoxicillin/clavulanate 200mg/28.5 mg dispersible tablet is not currently available in any market</p>
<p>Is the proposed medicine recommended for use in a current WHO guideline?</p> <p>(refer to: https://www.who.int/publications/who-guidelines)</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p>Comments:</p> <p>Compatible with AWaRE approach recommendations</p>

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3. Cook RC, Zachariah J, Cree F, Harrison HE. Efficacy of twice-daily amoxycillin/clavulanate ('Augmentin-Duo' 400/57) in mild to moderate lower respiratory tract infection in children. Br J Clin Pract. 1996;50(3):125–8.
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5. Behre U, Burow HM, Quinn P, Cree F, Harrison HE. Efficacy of twice-daily dosing of amoxycillin/clavulanate in acute otitis media in children. Infection. 1997;25(3):163–6.
6. Damrikarnlert L, Jauregui AC, Kzadri M. Efficacy and safety of amoxycillin/clavulanate (Augmentin) twice daily versus three times daily in the treatment of acute otitis media in children. The Augmentin 454 Study Group. J Chemother. 2000 Feb;12(1):79–87.

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7. Thanaviratananich S, Laopaiboon M, Vatanasapt P. Once or twice daily versus three times daily amoxicillin with or without clavulanate for the treatment of acute otitis media. Cochrane Database Syst Rev. 2008 Oct 8;(4):CD004975
8. Aronovitz G, Hoberman A, Dreihobl M, Hendrick J, Collaborative Otitis Media Study Group. Improved safety profile of new paediatric amoxycillin/clavulanate in acute otitis media. Proc 35th ICAAC 1995. (Additional reference)