



Antibiotic Suspensions
for the treatment of
Acute Otitis Media and Sinusitis
in children

Statement of Principles

1. Acute otitis media (AOM) and sinusitis are the most common infections for which antibacterial agents are prescribed in children.
2. National evidence-based guidelines for the treatment of AOM/sinusitis exist that consider efficacy, safety, and tolerability of antibacterial agents.
3. Health Plans should base formulary decisions on current national guidelines and expert opinion.
4. The bacterial etiology of AOM/sinusitis is constantly changing with new emerging bacteria and evolving antibacterial resistance, consequently availability of a variety of antibacterial agents is essential in proper management.
5. As many children are unable to swallow tablets or capsules, Health Plans must have efficacious and palatable suspensions available for the pediatric population.
6. Treatment success in children is directly related to efficacy of the antibiotic, number of doses required for treatment and palatability of the suspension.

Implementation Guidelines

7. Amoxicillin and amoxicillin-clavulanate suspensions are appropriate “first line” antibacterial agents for the management of AOM/sinusitis.
8. Cefdinir suspension is the appropriate agent currently available for the management of AOM/sinusitis in patients with NON-TYPE I allergy to penicillin and/or when first line agents have failed.
9. Azithromycin is the appropriate agent currently available for the management of AOM/sinusitis in patients with Type I allergy to penicillin and/or when other agents have failed.
10. Cefuroxime, Cefpodoxime and Clarithromycin suspensions are not palatable. Cefuroxime, Cefpodoxime and Clarithromycin require two to four times as many doses as Cefdinir for a full course of treatment. These factors greatly limit the practical use of Cefuroxime, Cefpodoxime and Clarithromycin suspensions in treating the pediatric patient.