6. Anti-infective medicines

6.2. Antibacterials

6.2.3. Reserve group antibiotics

**Fosfomycin (injection)**

- **INN**: Fosfomycin
- **Indication**: Carbapenem resistant Acinetobacter baumannii
- **ICD11 code**: MG50.02
- **ATC codes**: J01XX01

**EMLc**

**Medicine type**: Chemical agent

**Antibiotic groups**: RESERVE

**List type**: Complementary

**Formulations**: Parenteral > General injections > IV: 2 g in vial (as sodium) powder for injection; 4 g in vial (as sodium) powder for injection

**EML status history**: First added in 2019 (TRS 1021)

**Sex**: All

**Age**: Also recommended for children

**Therapeutic alternatives**: The recommendation is for this specific medicine

**Patent information**: Patents have expired in most jurisdictions

**Wikipedia**: Fosfomycin (injection)

**DrugBank**: Fosfomycin

**Summary of evidence and Expert Committee recommendations**

The Expert Committee endorsed the inclusion of fosfomycin (IV formulation) on the complementary list of the EML and EMLc as a RESERVE group antibiotic. The Reserve group includes antibiotics that should be reserved for treatment of confirmed or suspected infections due to multidrug-resistant organisms. Reserve group antibiotics should be considered as ‘last resort’ options. Seven selected Reserve group antibiotics are listed as individual medicines on the WHO Model Lists as they have a favourable benefit-risk profile and proven activity against Critical Priority” or “High Priority” pathogens as identified by the WHO priority pathogens list, most notably carbapenem-resistant Enterobacteriaceae. These antibiotics should be globally accessible, but their use should be tailored to highly specific patients and settings, when alternatives are not suitable or have failed. To preserve their effectiveness these Reserve group antibiotics should be prioritized as key targets of national and international stewardship programmes including regular monitoring and reporting of their use.