Health New Zealand
Te Whatu Ora

ANTIMICROBIAL STEWARDSHIP (AMS)

Memo

To:	• Clinicians involved with antimicrobial prescribing, dispensing or administration for **adult** patients (this memo does not apply to paediatrics). • Individuals and organisations supporting appropriate antimicrobial use, including AMS and infection prevention teams, managers, professional bodies, government agencies, academic institutions, educators, health information sources, and quality or decision-support services
From:	Health NZ AMS Working Group and the Te Whata Kura development team
Date:	11 May 2026
Subject:	*Co-prescription of the below combination for adult patients:* **AMOXICILLIN + CLAVULANIC ACID PO 625mg (500 + 125mg) three times daily** **PLUS** **AMOXICILLIN PO 500mg three times daily**

This oral combination is recommended for treatment of some conditions in adult patients in our national antibiotic guideline, Te Whata Kura, and is increasingly used in practice.

Each dose provides amoxicillin 1000mg with clavulanic acid 125mg, approximating the standard amoxicillin + clavulanic acid IV 1.2g (1000mg + 200mg) dose. In many infections, appropriately dosed oral antibiotics are as effective as IV therapy and should be used when patients can take oral treatment.

What is the rationale for the combination?

- Higher amoxicillin exposure (with clavulanic acid) improves activity against some common gram-negative bacilli (Enterobacterales e.g. *E. coli*) compared with standard amoxicillin + clavulanic acid PO 625mg or amoxicillin PO 500mg alone.
- Overseas, solid dosage formulations containing higher doses of amoxicillin (with clavulanic acid) are available, allowing this increased exposure to be achieved without the need to prescribe two separate products.

What should it be used for?

- Empiric treatment of polymicrobial infections when Enterobacterales are likely pathogens e.g. diabetic foot infection (infection present > 4 weeks), or when recommended treatment is amoxicillin + clavulanic acid IV 1.2g and patient can take medicines orally.
- Targeted treatment of infections due to susceptible Enterobacterales when narrower spectrum options are not suitable. This may be on Infectious Diseases/Microbiology advice, or when the laboratory reports an organism as "I = susceptible, increased exposure".

When is it not appropriate?

- It is not used in children.
- Infections unlikely to involve Enterobacterales.
- Cystitis, where standard amoxicillin + clavulanic acid dosing achieves high urinary concentrations (use only if narrower spectrum agents like nitrofurantoin or cefalexin are unsuitable).
- Polymicrobial infections dominated by gram-positive organisms and anaerobes (e.g. human or animal bite infections), where amoxicillin + clavulanic acid PO 625mg alone is sufficient.

Practical points:

- Counsel patients to take both components together, three times daily with food.
- Avoid the term "boosted" in relation to this regimen (e.g. "boosted Augmentin®") or other beta-lactams – it is ambiguous and may cause errors through confusion with probenecid "boosted" beta-lactam regimens. Prescribe and communicate all antibiotic combinations in full.

Also see previous communication from the Te Whata Kura development team here.

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