

controversy arises, they are required to prove that they acted in good faith and that their actions are supported by available evidence.

As the parents and media may misconstrue off-label use as experimental or unapproved use, the pediatrician can face rough weather. In addition, the accelerated reaction of the regulator might put an additional stress. It is imperative that the Indian Academy of Pediatrics (IAP) comes out with a guidance statement for its members regarding off-label use of drugs, detailing the legal position, role of the regulator, therapeutic decision-making process and prescriber responsibilities. As off-label use is highly prevalent among pregnant women, cancer patients and psychiatric patients as well; the Academy should collaborate with professional organizations of these specialties to plead with the regulator and policy makers for facilitating change in labels in case of older drugs, where a considerable body of evidence is available. This will help assure parents, media and the society at large that the drug therapy is safe and efficacious. IAP should also come out with evidence-based updated guidelines for management of pediatric conditions. This will act as support and a ready-reference when a pediatrician is required to employ off-label drug.

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## Non-availability of Cloxacillin – A Deterrent for Rational Antimicrobial Practice

Indiscriminate use of antibiotics is one of the factors responsible for the rising antibiotic resistance in India [1]. The World Health Assembly in 2005 sent a call for rational use of antimicrobial agents to curb the problem of rising antimicrobial resistance [2]. Many strategies have been advocated to counter the ever increasing threat of antimicrobial resistance. One such strategy is antimicrobial stewardship [3]. One other important aspect that is a major determinant of appropriate use of antibiotics is the availability of antibiotics.

The overall prevalence of Methicillin-resistant *Staphylococcus aureus* (MRSA) among hospitalized patients in India is about 40-50% [4,5]. Although MRSA prevalence is on the rise, Methicillin-sensitive *S. aureus* (MSSA) continues to be the more common type of *Staphylococcus*. For MSSA bacteremia, early adminis-

tration of beta-lactams is crucial as empirical Vancomycin therapy for MSSA bacteremia is associated with increased risk of morbidity and mortality compared to an anti-staphylococcal penicillin (oxacillin and nafcillin) or first-generation cephalosporin (cefazolin) [6]. Waiting for culture reports also would be deleterious as delays in initiation of antibiotics for staphylococcal bacteremia have also been associated with an increased odds of infection related mortality [7]. Given this background, the non-availability of Cloxacillin, especially in the private sector hospitals, makes it difficult to treat a patient with MSSA (especially the strains resistant to penicillin but sensitive to oxacillin). Treating doctors are forced to use combinations as ampicillin-cloxacillin or costlier drugs like amoxicillin-clavulanate despite knowing that these are not ideal. Moreover, at times, they are forced to use therapeutically inferior drugs such as Vancomycin [8] or drugs reserved for resistant organisms like Linezolid. Thus, non-availability of antibiotics also paves way for irrational use and hence may defeat the antimicrobial stewardship efforts. Through this letter, we would like to forward our plea to the policy-makers to take into account this

important issue and make all first-line antibiotics available by strict regulations.

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