

June 1, 2020

Dear North Shore Medical Advisory Committee,

The purpose of this letter is to ask NSMAC to reaffirm its support for pharmacists to independently convert bioequivalent antimicrobials from the IV to PO route when clinically appropriate; and when the patient is clinically able to tolerate and absorb medication via the oral route. This is an established practice at other hospitals such as VGH and SPH and is becoming the standard of practice for hospitals supported by Lower Mainland Pharmacy Services (FH/VCH/PHC/PHSA).

IV to PO conversion interventions are in keeping with the College of Pharmacists of BC Professional Practice Policy #58. The policy outlines parameters for pharmacists' scope of practice for medication management activities such as dose/frequency/route adjustments.<sup>1,2</sup> Please see attached document, "Pharmacist Scope of Practice" (Oct 2018) for details. The updated scope had previously been reviewed and approved by NSMAC in 2018.

The "change-route" activity is applicable to bioequivalent antimicrobials such as ciprofloxacin, clindamycin, co-trimoxazole, fluconazole, linezolid, metronidazole, moxifloxacin, and voriconazole. While azithromycin is not technically classified as bioequivalent, the PO route is considered clinically comparable to the IV route and is thus included in the "change-route" activity as well.

Antimicrobial therapy IV to PO conversion has been associated with many patient care and cost benefits including shorter length of stay, lower risk of line-associated infections, improved patient mobility, and reduced costs.<sup>3,4</sup> With active pharmacist involvement, we anticipate fewer phone calls to prescribers and shorter time to PO stepdown for patients.

If you have any questions or concerns about this request, please contact us at your earliest convenience.

Thank you,

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(on behalf of VCH Coastal Antimicrobial Stewardship Committee)

## References:

1. College of Pharmacists of B.C.; Professional Practice Policy #58: Medication Management (Adapting a Prescription) 27 March 2009 [http://library.bcpharmacists.org/6\\_Resources/6-2\\_PPP/5003-PGP-PPP58.pdf](http://library.bcpharmacists.org/6_Resources/6-2_PPP/5003-PGP-PPP58.pdf)
2. College of Pharmacists of B.C.; Professional Practice Policy #58 Amendment; February 11, 2011. [http://library.bcpharmacists.org/6\\_Resources/6-2\\_PPP/1017-PPP58\\_OrientationGuide.pdf](http://library.bcpharmacists.org/6_Resources/6-2_PPP/1017-PPP58_OrientationGuide.pdf)
3. Kuper K. Intravenous to oral therapy conversion. In: Competence assessment tools for health-system pharmacies. 4th ed. American Society of Health System Pharmacists, Inc; 2008.
4. Mertz D, Koller M, Haller P, et al. Outcomes of early switching from intravenous to oral antibiotics on medical wards. *J Antimicrob Chemother* 2009;64:188-99.

Letter endorsed by NSMAC June 5, 2020.