Antimicrobial Stewardship Programme:
Innovation, Research, Education, and Safety
Quality & Patient Safety, Vancouver General Hospital
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PHARMACIST-MANAGED IV-PO CONVERSION PROGRAM

POLICY

Oral dosage form for treatment courses of select parenteral anti-infectives will be promoted by permitting clinical pharmacists to review and change the route of administration in accordance to established criteria.

PROCEDURES

Indications that require IV therapy (e.g. endocarditis) are exempt from IV-PO conversion.

1. Pharmacist will assess patients receiving anti-infectives listed below to determine if oral therapy is feasible.
   If patients meet criteria for oral conversion:
   - ❑ continues to need medication;
   - ❑ is clinically stable'
   - ❑ is capable of tolerating the oral dosage from; and
   - ❑ has no factors affecting oral absorption e.g. gastrointestinal abnormalities or drug interactions.

   Pharmacist will write the order for the equivalent oral regimen in the Physician's orders.
2. Pharmacist will document the rationale for dosage form selection in the Progress Notes.
3. In collaboration with the prescribing physician and balance of the health care team, the pharmacist will monitor patients for clinical progress and medication tolerability, and may convert the patients back to parenteral therapy as required.
4. Pharmacist will consult with the physician prior to conversion for antimicrobial drugs listed in Group 3 in the table below.

LIST OF IV ANTI-INVECTIVES ELIGIBLE FOR PO CONVERSION	CHECKLIST FOR IV TO PO CONVERSION
Group 1 (similar drug levels achieved with oral dosage form of same drug) • Ciprofloxacin → 250-500 mg BID (750 mg BID severe) • Clindamycin → 300-450 mg TID (600 mg TID severe) • Co-trimoxazole → 1-2 DS BID (2 DS TID-QID severe) • Fluconazole → 200 mg Daily (400-800 mg Daily severe) • Linezolid → 600 mg BID • Moxifloxacin → 400 mg Daily • Metronidazole → 500 mg BID-TID • Voriconazole → 3 mg/kg BID (4 mg/kg BID severe)	IV is equivalent to PO ❑ continual need for medication; ❑ clinically stable; ❑ capable of tolerating oral dosage form; (e.g. taking other oral medications & full liquid diet or solids) ❑ no factors affecting oral absorption (e.g. presence of gastrointestinal abnormalities or drug interactions).
Group 2 (lower drug levels achieved with oral dosage form of same drug) Note: Patient must be clinically improving prior to step-down • Acyclovir to Valacyclovir → Dose based on indication • Ampicillin to Amoxicillin → 250-500 mg TID (1 g TID severe) • Azithromycin to Clarithromycin XL →500-1000 mg Daily OR Azithromycin →250-500 mg Daily • Cefazolin to Cephalexin →250-500 mg QID (1 g QID severe) • Cefuroxime to Cefuroxime axetil →250-500 mg BID (TID severe) • Penicillin G to Penicillin V →300-600 mg QID mild infections only	Step-down from IV to PO ❑ continual need for medication; ❑ clinically improving: ❑ temperature (returned to or approaching normal) ❑ signs & symptoms (returned to or approaching normal) ❑ WBC (returned to or approaching normal) ❑ capable of tolerating oral dosage form (e.g. taking other oral medications & full liquid diet; no NPO) ❑ no factors affecting oral absorption (e.g. presence of gastrointestinal abnormalities or drug interactions).
Group 3 (different drug - selection based on pathogen susceptibility and no contraindications to therapeutic alternative) Note: Prior discussion with prescribing physician is required • Ceftriaxone to Cefixime OR Fluoroquinolone • Imipenem-cilastatin or Meropenem to 1) Ciprofloxacin + Clindamycin/Metronidazole OR 2) Amoxicillin-clavulanate ± Ciprofloxacin OR 3) Moxifloxacin ± Metronidazole • Cloxacillin to Cephalexin • Piperacillin-tazobactam to 1) Ciprofloxacin + Clindamycin/Metronidazole OR 2) Amoxicillin-clavulanate ± Ciprofloxacin OR 3) Moxifloxacin ± Metronidazole	Step-down from IV to PO ❑ continual need for medication; ❑ clinically improving: ❑ signs & symptoms (returned to or approaching normal) ❑ temperature (returned to or approaching normal) ❑ WBC (returned to or approaching normal) ❑ capable of tolerating oral dosage form (e.g. taking other oral medications & full liquid diet ; no NPO) ❑ no factors affecting oral absorption (e.g. presence of gastrointestinal abnormalities or drug interactions).