

PRESCRIBING POLICIES:

4.6 PHARMACIST-MANAGED IV-PO CONVERSION PROGRAM

POLICY

The oral dosage form for treatment courses of select parenteral drugs will be promoted by permitting pharmacists to review and change the route of administration of selected medications in accordance to established criteria.

PROCEDURES

- Pharmacy:
1. A clinical pharmacist will assess patients receiving the drugs listed below to determine if oral therapy is feasible.
 2. If patients meet the criteria for oral conversion:
 - continues to need medication
 - is clinically stable
 - is capable of tolerating the oral dosage form and
 - has no factors present e.g. gastrointestinal abnormalities or drug interactions that would adversely affect oral bioavailability,the pharmacist will write the order for the equivalent oral regimen, specifying the next administration time, in the Physician's orders.
 3. Pharmacist will document the rationale for the dosage form selection in the Progress Notes.
 4. In collaboration with the prescribing physician and the 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.
 5. Pharmacists should ensure that "IV->PO Conversion Service" comment-line is in the PCIS system.
 6. The pharmacist will consult with the physician prior to conversion for antimicrobial drugs listed in Group 3 in the table below.

List of IV Drugs Eligible for Conversion to PO by a Pharmacist

1) Antimicrobials

Group 1 (similar AUC achieved with oral dosage form of same drug):

- Ciprofloxacin
- Clindamycin
- Co-trimoxazole
- Fluconazole
- Linezolid
- Moxifloxacin
- Metronidazole
- Voriconazole

PHARMACIST-MANAGED IV-PO CONVERSION PROGRAM cont'd

Group 2 (lower AUC achieved with oral dosage form of same drug)

Note: Patient must be clinically improving prior to step-down

- Acyclovir will be converted to Valacyclovir
- Ampicillin will be converted to Amoxicillin
- Azithromycin will be converted to Clarithromycin or Azithromycin
- Cefazolin will be converted to Cephalexin
- Cefuroxime will be converted to Cefuroxime axetil
- Penicillin G will be converted to Penicillin V

Group 3 (different drug - selection based on pathogen susceptibility and no contraindications to therapeutic alternative)

Note: Prior discussion with prescribing physician is required

- Ceftriaxone will be converted to Cefixime OR Fluoroquinolone
- Imipenem-cilastatin or Meropenem will be converted to 1) Ciprofloxacin + Clindamycin/Metronidazole OR 2) Amoxicillin-clavulanate + Ciprofloxacin OR 3) Moxifloxacin + Metronidazole
- Cloxacillin will be converted to Cephalexin
- Piperacillin-tazobactam will be converted to 1) Ciprofloxacin + Clindamycin/Metronidazole OR 2) Amoxicillin-clavulanate + Ciprofloxacin OR 3) Moxifloxacin + Metronidazole

2) Proton Pump Inhibitors and H2 blockers- Patients must be taking other PO/NG meds or food and there must be no endoscopically confirmed high risk acute upper GI bleeding peptic ulcer disease/rebleeding within past 72 hours ("high risk" as per endoscopy report = active bleed or hemorrhage or presence of a non-bleeding visible vessel or presence of adherent clot).

- Pantoprazole IV (all IV pantoprazole doses, i.e. pantoprazole IV infusions, 40mg IV daily, 40mg IV BID) is converted to lansoprazole PO or lansoprazole fastabs (if unable to swallow tablets)
- Ranitidine IV is converted to PO form; dose adjusted for renal dysfunction