

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

CODE: 3.12.6
DATE: 9/17/09
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SECTION: **INPATIENT PHARMACY**

APPROVED: **Thinh Tran, Pharm. D**

SUBJECT: **IV-PO CONVERSION PROCEDURE**

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POLICY

A select group of intravenous anti-infectives (levofloxacin, ciprofloxacin, linezolid, fluconazole, and voriconazole) will be targeted for oral conversion in the inpatient setting. The oral anti-infectives are equally efficacious as its intravenous counter-part.

PROCEDURE:

1. Monday – Friday the IV pharmacist will run the daily report of all the targeted IV anti-infectives.
2. The IV pharmacist will review all patients that are on the above targeted IV anti-infectives.
3. The IV pharmacist will call the prescriber and recommend an oral alternative on all targeted IV anti-infectives if the following exists:
 - a. The patient is on other oral medications
 - b. The RN verifies that patient can tolerate oral medications
4. Do not convert for the following reasons:
 - a. Patient is in the critical care unit (ICU, DOU)
 - b. Patient has nausea or vomiting within the past 24 hours
 - c. Active GI bleed
 - d. Diagnosis of endocarditis
 - e. Non-functional GI tract
 - f. Prescriber request IV route only.
5. The following is a list of targeted anti-infectives:
 - a. Levofloxacin 500 mg IV daily to levofloxacin 500 mg po daily
 - b. Levofloxacin 750 mg IV daily to levofloxacin 750 mg po daily
 - c. Ciprofloxacin 400 mg IV q12h to ciprofloxacin 500 mg po q12h
 - d. Ciprofloxacin 400 mg IV q8h to ciprofloxacin 750 mg q12h
 - e. Linezolid 600 mg IV q12h to linezolid 600 mg po q12h
 - f. Fluconazole 200 mg IV daily to fluconazole 200 mg po daily (higher doses may be converted 1:1)
 - g. Voriconazole 200 mg IV q12h to voriconazole 200 mg po q12h

Reviewed: 8/11/14bj, 12/27/2018bdk, 4/19/2022 TT

Approved By: *Ben Arndt*