

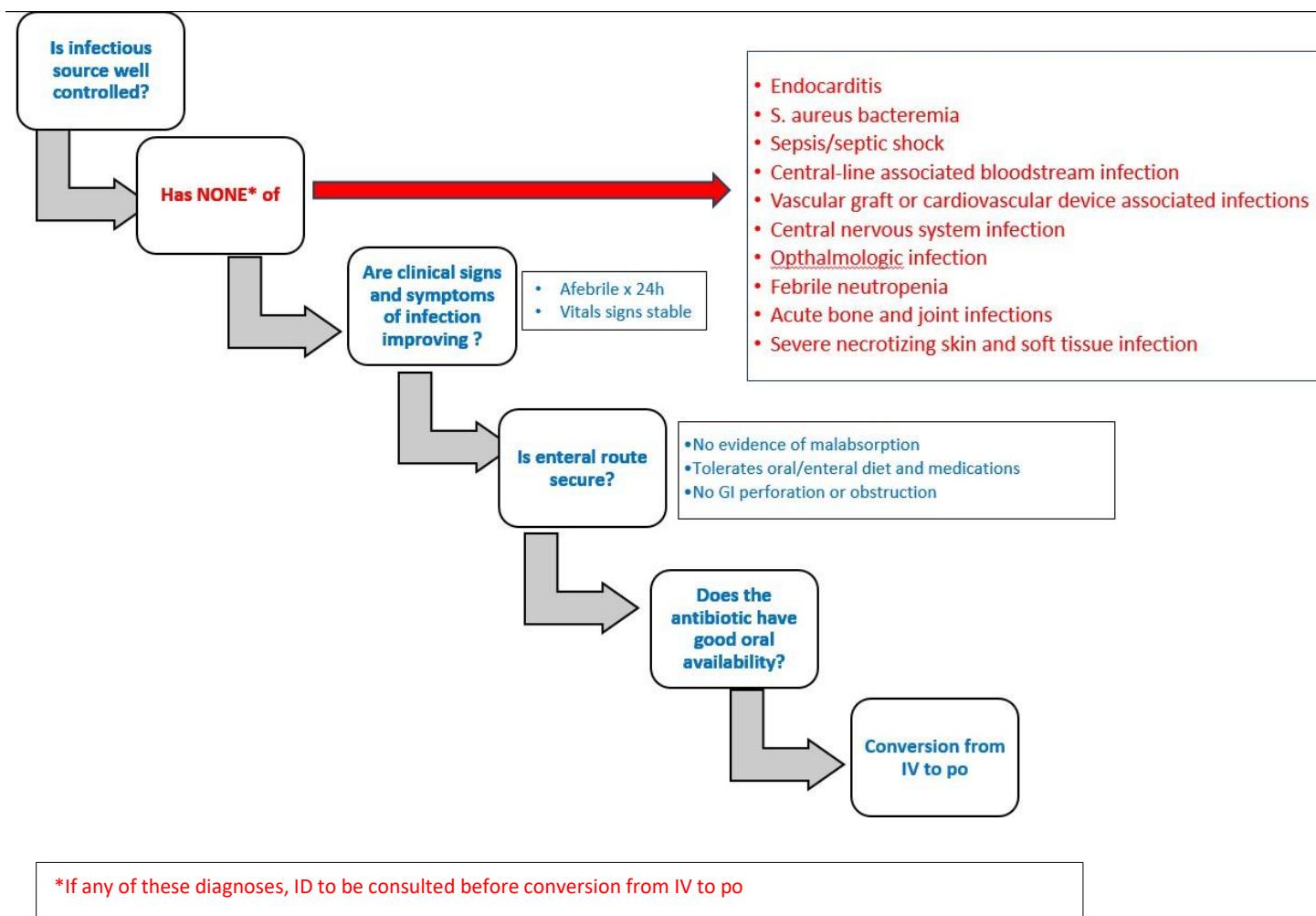
Automatic conversion of an antibiotic from IV to PO



BACKGROUND

Administration of antibiotics through the intravenous (IV) route can be associated with adverse events related to the catheter or peripheral IV site, higher costs, longer hospitalizations, and a higher carbon footprint than administering antibiotics orally. This document outlines the conditions in which antibiotics should be automatically converted from their IV to their po formulation, also known as sequential therapy. Change of an antibiotic to a *different* agent (eg step down to a narrow spectrum agent) is not within the scope of this document.

WHEN TO automatically convert from IV to po (by clinical pharmacist or treating MD)



ANTIBIOTICS FOR AUTOMATIC CONVERSION FROM IV TO PO

IV Regimen	Equivalent PO Regimen
Azithromycin ¹ 500 mg IV q24h	Azithromycin 500 mg PO q24h ¹
Ciprofloxacin ² 400 mg IV q12h	Ciprofloxacin 500 mg PO q12h
Ciprofloxacin ² 400 mg IV q8h (<i>Pseudomonas</i> dosing)	Ciprofloxacin 750 mg PO q12h (<i>Pseudomonas</i> dosing)
Clindamycin 600 mg IV q8h	Clindamycin 300-450 mg PO q6h
Fluconazole 400 mg IV q24h	Fluconazole 400 mg PO q24h
Levofloxacin ² 500 mg IV q24h	Levofloxacin 500 mg PO q24h
Linezolid 600 mg IV q12h	Linezolid 600 mg PO q12h
Metronidazole 500 mg IV q8h	Metronidazole 500 mg PO q8h
Moxifloxacin ² 400 mg IV q24h	Moxifloxacin 400 mg PO q24h
Trimethoprim-sulfamethoxazole 160/800 mg IV q12h (i.e. TMP 160mg/SMX 800mg)	Trimethoprim-sulfamethoxazole 160/800 mg PO q12h (i.e. TMP 160mg/SMX 800mg)

¹Oral bioavailability of azithromycin ranges from 34% to 52% but remains a good option for PO conversion because of excellent tissue penetration and prolonged half-life.

² Enteral feedings or co-administration of **multivalent cations** (e.g., calcium, iron, magnesium, aluminum) can impact absorption of fluoroquinolones through chelation, therefore decrease oral bioavailability - consult pharmacy to advise on optimal timing of administration

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Drafted by Rachel Verret (Pharmacy Resident)

Reviewed by F.Bourdeau (pharmacy), S.Landry (pharmacy), K.Archambault (pharmacy) and M. Semret (Infectious Diseases)

Revised by ASP committee on 19Jun2025; approved by MUHC P&T committee on 17Dec2025