

NMH P&T Approved Criteria for Pharmacist Substitution to Oral Administration

The following medications, when administered orally, provide blood levels that are comparable to those achieved with intravenous administration. A number of clinical trials favorably demonstrate the comparable effectiveness of oral therapy in the correct patient population. For some antibiotics, the literature suggests that patient length of stay can be shortened with early and appropriate switch to oral agents.

Approved medications for oral substitution:

- Clindamycin
- Digoxin
- Doxycycline
- Fluconazole
- Fluoroquinolones
- H2 antagonists
- Linezolid
- Macrolides (Azithromycin, Erythromycin)
- Metronidazole
- Proton pump inhibitors
- Rifampin
- Voriconazole

Patients should be switched from the injectable to the oral route of administration if able to tolerate an oral diet and other oral medications for more than 24 hours. All patients should receive an oral regimen of the above drugs **except for the following conditions:**

- Nausea/vomiting resulting in intolerance to oral intake
- Documented short-gut or malabsorption syndrome
- Ileus, no active bowel sounds, or obstruction of the bowel (e.g. mechanic, paralytic, or spastic immotility)
- Inability to swallow in the absence of a feeding tube
- Decreased consciousness in the absence of a feeding tube
- Recent history of seizure or other condition in which the risk of aspiration is high
- Intubated, without feeding tube
- Hypotension requiring vasopressor support
- Gastrointestinal obstruction
- Nasogastric suction
- NPO status
- Active GI bleeding
- Refusing oral medications
- Unable to tolerate oral medications