### Intravenous to Oral Therapy Recommendations

**Bioavailability** (the fraction of medication that reaches systemic circulation; PO serum concentration:IV serum concentration)

- **High bioavailability** (1:1 conversion if patient is tolerating oral therapy and has a functioning GI tract)
  - Moxifloxacin, linezolid, metronidazole, clindamycin, trimethoprim/sulfamethoxazole, doxycycline, fluconazole, azithromycin
- **Low bioavailability** (PO serum concentrations are significantly less than IV serum concentrations)
  - Cephalosporins, penicillins, acyclovir

**Oral Therapy is not recommended for the following infections:**
- Meningitis, endocarditis, *Staphylococcus aureus* bacteremia, and herpes encephalitis

**Suggestions for IV to PO switch with antibiotics with low bioavailability:**

#### Community-Acquired Pneumonia (CID 2007; 44:S27-72)
- Criteria per guidelines
  1) Hemodynamically stable
  2) Clinically improving
  3) Able to ingest oral medications
  4) Functioning GI tract
- Suggestions for de-escalation of ceftriaxone + azithromycin:
  - Amoxicillin/clavulanate 875 mg PO BID +/- azithromycin 250 mg PO qDay (only 3-5 days of total azithromycin therapy is needed)
  - Cefpodoxime 400 mg PO BID +/- azithromycin 250 mg PO qDay (only 3-5 days of total azithromycin therapy is needed)
- “Either the same agent as the intravenous antibiotic or the same drug class should be used.” (ie. cephalosporins to penicillins or - cephalosporins; not cephalosporins to quinolones)

#### Cellulitis treated with vancomycin:
- Purulent/portal of entry (staphylococcal sp)
  - TMP/SMX DS 2 tab PO BID
  - Clindamycin 300 mg PO TID-QID
  - Doxycycline 100 mg PO BID
  - Amoxicillin/clavulanate 875 mg PO BID (if MSSA)
- Non-purulent cellulitis (β-hemolytic streptococcal sp)
  - Clindamycin 300 mg PO TID-QID
  - Amoxicillin 500 - 1000 mg PO TID
- Combination cellulitis (Staph and Strep)
  - Clindamycin 300 mg PO TID-QID
  - Amoxicillin 500 - 1000 mg PO TID + TMP/SMX DS 2 tab PO BID