



DRUG SHORTAGE!

INJECTABLE RESPIRATORY FLUOROQUINOLONES

- **moxifloxacin and levofloxacin INJECTION**

The issue:

- moxifloxacin injection is on full backorder with no further stock anticipated until spring 2018
- levofloxacin injection, a possible alternate, is on full backorder with anticipated limited supply release Oct/Nov 2017

NH Stock status: At current rate of use, NH supply of injectable moxifloxacin will deplete prior to availability of injectable respiratory fluoroquinolone!!

Practice Implications* : Conservation of injectable format is needed!

- Moxifloxacin is a high oral bioavailability drug and its' oral formulation is equally potent to the IV form
- **All moxifloxacin IV orders to be assessed for oral conversion daily!**

Moxifloxacin 400 mg IV = moxifloxacin 400 mg PO

July 12, 2017 All NH sites/units: PLEASE POST	Best Practice		For further information contact: Nancy Dyck (250-261-7555) or Gordon Harper (778-349-3216) NH Medication Use Management Pharmacists mumpharmacist@northernhealth.ca
	Drug Discontinuation		
	Label Change		
	Medication Change	✓	
	Recall		
	Drug Shortage	✓	
	Formulary changes		

**Assessment criteria for IV to PO stepdown:
(refer to Clinical Practice Standard 1-20-6-1-010)**

a. Improving clinically:

- Consistent improvement in fever over the last 24 hours or patient is afebrile (less than 38°C)
- White blood cells decreasing
- Hemodynamically stable

b. Able to tolerate and absorb oral medications:

- Tolerating enteral feeds or eating/drinking fluid diet; taking other medications orally
- No severe or persistent nausea, vomiting or diarrhea
- No gastrointestinal obstruction, ileus, malabsorption syndrome, active gastrointestinal (GI) bleed or continuous gastric suctioning if orogastric/nasogastric (N/G)

c. Patient meets above criteria as well as the following:

- Pathogen known to be susceptible to the oral antimicrobial to be used
- Patient is greater than 18 years of age
- Patient is **not** nothing by mouth (NPO) status and is taking medications orally
- Patient on continuous feeds are able to tolerate holding feeds when required for oral medications that interact
- Patient does **not** have difficulty swallowing or loss of consciousness with no orogastric/N/G available
- Patient does **not** have Short Gut syndrome
- Patient is **not** being treated for the following conditions:
 - Febrile neutropenia
 - Bacteremia with *staphylococcus aureus* or enterococcus species
 - Severe sepsis
 - CNS infection (e.g., meningitis, encephalitis)
 - Endophthalmitis
 - Endocarditis
 - Osteomyelitis/discitis
 - Vertebral or deep abscesses
 - Bone and joint infections
 - Septic arthritis