

# Letter of Referral

Dear Provider,

This patient \_\_\_\_\_ may have been exposed to\_\_\_\_\_.

**Either doxycycline OR ciprofloxacin is considered first-line for post-exposure antibiotic prophylaxis.** Public health has evaluated this patient for post-exposure prophylaxis and needs your assistance in prescribing or managing appropriate preventive therapy.

On \_\_\_\_\_ this patient has received post exposure prophylaxis of:  
(date)

- Doxycycline 100mg po****BID x 10 days**       **Ciprofloxacin 500mg****po BID x 10 days**       **No antibiotic was given**

**This patient is ALLERGIC to doxy AND**

- Is also ALLERGIC to cipro: See Table 1, prescribe an alternate antibiotic regimen, dispense 10 day supply.
- Is taking tizanidine (Zanaflex): Cipro is contraindicated due to serious medication interactions. Reduce or discontinue tizanidine for the duration of prophylaxis to minimize risk OR see Table 1 for an alternate antibiotic regimen and dispense 10 day supply.
- Has myasthenia gravis: Cipro may exacerbate muscle weakness (boxed warning – avoidance is prudent). See Table 1 for an alternate antibiotic regimen and dispense 10 day supply OR prescribe cipro (500 mg po BID x 10 days) and monitor carefully.
- Has kidney disease: See Table 2, calculate renal dosing of cipro, dispense 10 day supply.
- Has a history of seizure/epilepsy: Cipro increases the risk of seizure. Prescribe cipro (500 mg po BID x 10 days) and monitor OR see Table 1 for an alternate antibiotic regimen and dispense 10 day supply.
- Is unable to swallow pills: Prescribe cipro oral suspension based on 15 mg/kg/dose (max 500 mg/dose) every 12 hours, dispense 10 day supply.
- Is under 75 lbs: Calculate appropriate cipro dose based on 15 mg/kg/dose (max 500 mg/dose) every 12 hours, dispense 10 day supply.

**This patient is PREGNANT (therefore doxycycline contraindicated) AND**

- Is ALLERGIC to cipro: See Table 1, prescribe an alternate antibiotic regimen, dispense 10 day supply.
- Is taking tizanidine (Zanaflex): Cipro is contraindicated due to serious medication interactions. Reduce or discontinue tizanidine for the duration of prophylaxis to minimize risk OR see Table 1 for an alternate antibiotic regimen and dispense 10 day supply.
- Has myasthenia gravis: Cipro may exacerbate muscle weakness (boxed warning – avoidance is prudent). See Table 1 for an alternate antibiotic regimen and dispense 10 day supply OR prescribe cipro (500 mg po BID x 10 days) and monitor carefully.
- Has kidney disease: See Table 2, calculate renal dosing of cipro, dispense 10 day supply.
- Has a history of seizure/epilepsy: Cipro may increase the risk of seizure. Prescribe cipro (500 mg po BID x 10 days) and monitor OR see Table 1 for an alternate antibiotic regimen and dispense 10 day supply.

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- Is unable to swallow pills: Prescribe cipro oral suspension based on 15 mg/kg/dose (max 500 mg/dose) every 12 hours, dispense 10 day supply.
- Declined medication: See Table 1, prescribe alternative antibiotic regimen, dispense 10 day supply.

Thank you for your partnership.

For questions please contact the health department hotline at:

hotline # to go here

Tables

## Table 1: Alternative Prophylactic Medication Regimens

The following antimicrobials have shown good *in vitro* activity against *B anthracis*.

Amoxicillin (pregnancy category B) 500 mg TID for adults; 45 mg/kg/day (max 500 mg/dose) divided TID for children PLUS one of the following:

<b>RIFAMPIN (pregnancy category C)</b>	
Adults	600 mg PO BID
Children and Infants Age >1 mo	10 mg/kg (4.5 mg/lb) PO BID, max 600 mg PO BID
Infants Age <1 mo	5 mg/kg (2.3 mg/lb) PO BID
Suspension	Pediatric suspension must be compounded in pharmacy; Rifadin® package insert has directions to create 50 mg/5mL suspension.
<b>CLARITHROMYCIN (pregnancy category C)</b>	
Adults	500 mg (immediate-release) PO BID
Children and Infants Age >6 mo	7.5 mg/kg (3.4 mg/lb) PO BID, max 500 mg PO BID
Infants Age <6 mo	Not recommended
Suspension	Available as 125 mg/5 mL and 250 mg/5 mL
<b>CLINDAMYCIN (pregnancy category B)</b>	
Adults	300 mg PO TID
Children and Infants	5 mg/kg (2.3 mg/lb) PO TID, max 300 mg PO TID
Suspension	Available as 75 mg/5 mL

## Table 2: Alternative Ciprofloxacin Dosing for Clients with Kidney Disease

<b>Dosing: Renal Impairment</b>	
<i>Manufacturer's recommendations:</i>	
<b>Adults</b>	
CrCl >50 mL/minute	No dosage adjustment necessary
CrCl 30-50 mL/minute:	250-500 mg every 12 hours
CrCl 5-29 mL/minute:	250-500 mg every 18 hours
ESRD on intermittent hemodialysis (IHD)/peritoneal dialysis (PD)	(administer after dialysis on dialysis days): 250-500 mg every 24 hours
<b>Children</b>	
Consider renal dosing in consultation with pediatric nephrologist and/or clinical pharmacist	