

# 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**

<b>SECTION 1</b>	<b>This patient is <u>ALLERGIC</u> to doxy AND</b>	<b>Medical Use Only</b>
	<input type="checkbox"/> Is also ALLERGIC to cipro.	See Table 1, prescribe an alternate antibiotic regimen, dispense 10 day supply
	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> Has kidney disease.	See Table 2, calculate renal dosing of cipro, dispense 10 day supply.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> Weighs less than 67 pounds.	Calculate appropriate cipro dose based on 15 mg/kg/dose (max 500 mg/dose) every 12 hours, dispense 10 day supply.

<b>SECTION 2</b>	<b>This patient is <u>PREGNANT</u> AND</b>	<b>Medical Use Only</b>
	<input type="checkbox"/> Is ALLERGIC to Cipro and was prescribed Doxycycline	Doxy can cause staining and poorly formed teeth in children whose mothers take it during pregnancy. The risk depends on when it's given and for how long. Continue doxy or see Table 1 for an alternate antibiotic regimen, dispense 10 day supply.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> Has kidney disease.	See Table 2, calculate renal dosing of cipro, dispense 10 day supply.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> 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.
	<input type="checkbox"/> Declined medication.	See Table 1, prescribe an alternate antibiotic regimen, dispense 10 day supply.

For questions please contact the health department hotline at:

hotline # to go here

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## MEDICAL USE ONLY

**Table 1: Recommended Initial Antimicrobial Agent for Post-Exposure Prophylaxis\***

<p><b>Non-pregnant Adults ≥19 yrs of age</b></p>	<p><b>Preferred Choices</b>  Ciprofloxacin, 500 mg orally twice daily  Doxycycline, 100 mg orally twice daily  (Ciprofloxacin and doxycycline are equally recommended for PEP in non-pregnant adults)  <b>Second-line options (if preferred choices unavailable or contraindicated)</b>  Levofloxacin 750mg orally every 24 H  Moxifloxacin 400 mg orally every 24 H  Clindamycin 600 mg orally every 8 H  If susceptibility confirmed, Amoxicillin 1 gm every 8 H or Penicillin VK 500mg every 6 H could be considered.</p>
<p><b>Pregnant, postpartum and lactating women</b></p>	<p><b>Ciprofloxacin is preferred, 500 mg orally twice daily</b>  <b>Second-line options</b>  Levofloxacin 750mg orally every 24 H  Moxifloxacin 400 mg orally every 24 H  Clindamycin 600 mg orally every 8 H  Doxycycline, 100 mg orally twice daily  If susceptibility confirmed, Amoxicillin 1gm every 8 H or Penicillin VK 500mg every 6 H could be considered.</p>
<p><b>Children (&lt;18 years of age8)  AVA would be considered under an investigational new vaccine protocol for individuals &lt;18 years of age.</b></p>	<p><b>Preferred Choices</b>  Ciprofloxacin 15 mg/kg orally every 12 H. (not to exceed 500mg/dose)  Oral suspension of ciprofloxacin is available in limited supply in the Strategic National Stockpile.  Doxycycline (not to exceed 100 mg/dose)  &gt;8 years and &gt;45 kg: 100 mg every 12 H  &gt;8 years and ≤45 kg: 2.2 mg/kg every 12 H  ≤8 years: 2.2 mg/kg every 12 H  (Ciprofloxacin and doxycycline are equally recommended for PEP in children.)  <b>Second-line options</b>  Levofloxacin  &lt;50 kg: 8 mg/kg by mouth, every 12 H (not to exceed 250mg per dose)  &gt;50 kg: 500mg by mouth every 24 H  [If susceptibility confirmed, Amoxicillin or Penicillin VK could be considered.]</p>

\*Source: Oregon Health Authority Post-Exposure Prophylaxis Model Standing Orders for Anthrax, 2019.  
<https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/stdgordr.aspx>

**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	