



# THERAPEUTIC GUIDANCE FOR HEALTHIER OUTCOMES

Providing clinical interpretation and therapeutic guidance for molecular diagnostic tests, Choice PharmD values antimicrobial stewardship, ensuring best patient-centered care.

## Customizable Layout

Ability to display your lab logo and customize report colors to match your brand guide

## LIS Integration

HL7 integration with your LIS to allow for fast, accurate, and reliable transmission of data, ensuring speedy turnaround times (TAT)

## Interpretation of Results

Explanation of detected pathogens and resistance genes, aiding providers in clinical interpretation of results

## Evidence-Based Treatment Considerations

Utilizing most recent clinical practice guidelines (IDSA, CDC, WHO, APP), antimicrobial susceptibility data, and medical literature to determine best regimens for treatment

## Medication pricing

Medication pricing featured, based on a range of most affordable coupons available online

## Individualized Clinician Review

Every sample result is reviewed by a clinical pharmacist, ensuring most accurate treatment considerations

## Immediate Pharmacist Access

A QR code is available for providers to chat with a clinical pharmacist or directly speak to via phone call

**CHOICEPHARM D**

**DETECTED PATHOGENS**

**Escherichia coli** Detected - High  $> 10^6$  copies/ $\mu$ l  
Gram-negative organism, may be responsible for urinary tract infection. Most common UTI pathogen.

**Candida Albicans** Detected - Low  $< 10^4$  copies/ $\mu$ l  
Yeast may represent colonization. Symptomatic candiduria should be treated, however in the setting of co-detection of bacteria, it may be difficult to determine causative pathogens of symptomatic disease. Provider discretion should be utilized to determine if antifungal therapy is warranted in the setting of fungal and bacterial co-detection.

**DETECTED RESISTANCE GENES**

Confers resistance to TMP/SMX. Expressed only by gram-negative organisms.

**PHARM D TREATMENT CONSIDERATIONS**

Regimens based on organisms most likely to be pathogenic. Microbial load considered when available.

| Medication                | Dose/Duration                                                                                                                                  | Renal Adjustment                                                                                 | Considerations                                                                                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nitrofurantoin (Macrobid) | Cystitis: 100 mg PO BID x 5 d (7 d for complicated cystitis)<br>Pyelonephritis: Avoid use                                                      | Avoid use in pts with CrCl < 30 mL/min                                                           | Coverage for: <b>Escherichia coli</b><br>• \$16-21 for 7 day course (coupon pricing)                                                                                                                                                                              |
| Fosfomycin (Monurol)      | Cystitis: 3 g PO x 1 dose (x 3 doses every 48-72 hrs for complicated cystitis)<br>Pyelonephritis: Avoid use                                    | None                                                                                             | Coverage for: <b>Escherichia coli</b><br>• \$31-51 for treatment course (coupon pricing)<br>• May repeat dosing every 48-72 hrs up to a total of 1-3 doses                                                                                                        |
| Cefdinir (Omnicef)        | Cystitis: 300 mg PO BID x 5 d (7 d for complicated cystitis)<br>Pyelonephritis: 300 mg PO BID x 10-14 d (following Ceftriaxone 1 g IV/IM once) | CrCl < 30 mL/min: 300 mg PO daily                                                                | Coverage for: <b>Escherichia coli</b><br>• \$17-26 for 7 day course (coupon pricing)<br>• Safe to use in most PCN allergies (~5-10% general cross-reactivity), avoid with hx of anaphylaxis to PCN                                                                |
| Ciprofloxacin (Cipro)     | Cystitis: 500 mg PO BID x 3 d (5-7 d for complicated cystitis)<br>Pyelonephritis: 500 mg PO BID x 7-10 d                                       | CrCl 30-50 mL/min: 250-500 mg PO every 12 hrs<br>CrCl 5-29 mL/min: 250-500 mg PO every 18-24 hrs | Coverage for: <b>Escherichia coli</b><br>• \$19-18 for 5 day course (coupon pricing)<br>• FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C. difficile colitis |

**Additional Considerations**

Complicating factors include: Male patients, pregnant women, obstruction, immunosuppression, renal failure, renal transplantation, urinary retention from neurologic disease, uncontrolled diabetes, and individuals with risk factors that predispose to persistent or relapsing infection (e.g., calculi, indwelling catheters or other drainage devices). For males in which acute prostatitis is suspected, fluoroquinolones and TMP/SMX are preferred due to reliable penetration of prostatic tissue.

Reviewed by: John PharmD (P512345) Date: 10/29/2024

Have a question about a report? Scan the QR code to chat with a pharmacist or call 904-618-3554.

Powered by: **CHOICEPHARM D**