

Complex Outpatient Antimicrobial Therapy (COpAT) Monitoring Recommendations

Referral to the Clinic 1K Ambulatory Infection Management (AIM) pharmacy team is generally recommended for monitoring of the antimicrobials below. Infectious Diseases consultation and evaluation are required prior to enrollment in COpAT. Place a COpAT treatment plan (following the same process as OPAT) to initiate lab monitoring by the AIM team at discharge.

Antimicrobial Agent	Recommended Laboratory Monitoring	Other Monitoring
Azoles (agents that typically require therapeutic drug monitoring: voriconazole, posaconazole, itraconazole)	<ul style="list-style-type: none">• CMP and azole-specific therapeutic drug monitoring every 5-7 days until therapeutic, then every 4-6 weeks• ECG at baseline then periodically thereafter or as clinically indicated	<ul style="list-style-type: none">• Hepatotoxicity• Prolonged QT
Linezolid, tedizolid	<ul style="list-style-type: none">• CBC-diff weekly	<ul style="list-style-type: none">• Thrombocytopenia• Leukopenia• Serotonin syndrome
Trimethoprim-sulfamethoxazole (when dosed ≥ 10 mg/kg/day TMP component)	<ul style="list-style-type: none">• CBC-diff weekly• CMP weekly	<ul style="list-style-type: none">• Hyperkalemia• Nephrotoxicity• Hepatotoxicity

Notes:

- For high-cost PO agents (i.e. tedizolid, azoles), enter an E-communication to AIM for assistance with the PA process during patient's hospitalization. Secure chat can be utilized for urgent requests.
- Frequent lab monitoring is not generally recommended for other PO antimicrobials, though referrals for COpAT may be made on a case-by-case basis upon discussion with the AIM (e.g. lab abnormalities present, high-dose therapy, patient determined to be at high risk for adverse effects).