the LaLGP and SOC cohorts, respectively (p=0.153). The average total healthcare-related cost of care was USD $295,589 in the LaLGP cohort compared to $326,089 in the SOC cohort (p=0.282). LaLGPs were associated with a mean savings of $30,500 - $55,831 per patient (cumulative cost savings of $701,510). There was no difference in clinical failure between the two cohorts (22% vs. 30%; p=0.491). Nearly 26% of patients in the SOC cohort left without treatment compared to 0% in the LaLGP cohort (p=0.032).

**Conclusion.** Receipt of LaLGPs may be a beneficial treatment option for patients with socioeconomic factors and deep-seated infections who are not candidates for oral therapy or OPAT.

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## 45. Significantly Decreased Broad Spectrum Antimicrobial Use (Carbapenems And Fluoroquinolones) with Implementation of Antibiotic Stewardship Program (ASP) and Pharmacist Interventions

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**Session:** P-04. Antimicrobial Stewardship: Outcomes Assessment (clinical and economic)

**Background.** According to the WHO, carbapenems and fluoroquinolones (FQ) should be key targets for stewardship programs.

**Methods.** A multifaceted antimicrobial stewardship program (ASP) was implemented in July 2018 at a 160-bed tertiary care center serving the tristate area of Iowa, South Dakota and Nebraska. Carbapenem and FQ use during pre-ASP intervention period (P1: 12/01/2016-6/30/2018) was compared with ASP intervention period (P2: 07/01/2018-1/31/2020). ASP interventions included: stewardship educational pearls in monthly physician newsletters; educational posters in provider areas; suppression of carbapenem results on microbiology susceptibility reports; provider counseling for appropriate ordering; creating carbapenem alternative alert in order-entry software; removing FQ and carbapenems from order-sets where appropriate; default antibiotic order label prints. These medications were more often administered in the late afternoon to a loss of $2052. The ertapenem group had 53 patients with 62.3% females and an average age of 56.3 years. In this group, 145.3 vials were wasted which equated to a loss of $22,630. The ertapenem group had 53 patients with 62.3% females and an average age of 56.3 years. In this group, 145.3 vials were wasted which equated to a loss of $22,630. The ertapenem group had 53 patients with 62.3% females and an average age of 56.3 years. In this group, 145.3 vials were wasted which equated to a loss of $22,630.

**Conclusion.** ASP and pharmacist interventions, a significant decline in the number of antifungals prescribed for patients with candiduria. This strategy is an effective low-cost, passive education technique to improve antimicrobial stewardship.

**Disclosures.** All Authors: No reported disclosures

## 47. Transitioning to Batch Dosing of High-Cost Antimicrobials in the Inpatient Setting

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**Session:** P-04. Antimicrobial Stewardship: Outcomes Assessment (clinical and economic)

**Background.** Antimicrobial stewardship (AMS) committees ensure appropriate antimicrobial utilization. One stewardship intervention is to evaluate the delivery cost of high-cost antimicrobials to better utilize resources and mitigate expenses. We analyzed the total medication wastage and costs of high-cost antimicrobials, specifically daptomycin, ertapenem, amphotericin, and micafungin, at our institution and propose innovative cost-savings changes at a systems level.

**Methods.** This retrospective study consisted of 263 patients. All patients were at least 18 years old who was admitted to our academic institution from January 2020 to April 2021 and received daptomycin, ertapenem, amphotericin, or micafungin. Demographics, daily medication dosage, total doses received, the date and time of the start of the medication, last administered dose, and discontinued order were recorded.

**Results.** The daptomycin cohort consisted of 143 patients with 46.2% females and average age of 56.3 years. In this group, 145.3 vials were wasted which equated to a loss of $22,630. The ertapenem group had 53 patients with 62.3% females and a mean age of 62.3 years. There were 24 vials wasted with a calculated loss of $1080. The amphotericin cohort had 32 patients with an average age of 52.2 years and 43.8% females. There were 189 vials wasted with a loss of $46,116. The micafungin group had 35 patients with 42.9% females and average age of 60.4 years. This group had 12 vials wasted with a loss of $2052.

**Conclusion.** Each antimicrobial has a specific formulation protocol. Daptomycin and ertapenem formulation occurs in the early morning. Amphotericin formulation occurs 2 hours prior to medication use. Micafungin formulation occurs at the time the order label prints. These medications were more often administered in the late morning to early afternoon timeframe. The order to discontinue the medications also occurred at the same interval. One reason could be due to decisions made on morning rounds from primary teams and specialty input. These orders would then be placed after rounds. A cost-saving method would be to batch and change the formulation time for all antimicrobials to later in the afternoon, which would not only prevent waste, but also allow the AMS team to effectively audit appropriate antimicrobial use.

**Disclosures.** All Authors: No reported disclosures