Methods. We employed a mix method approach, first distributing a survey to all full-time prescribers. We then followed up with qualitative interviews (12 of 22 prescribers) which was conducted by a single, trained interviewer using a standardized guide. Interviews were recorded and transcribed verbatim. Each transcription was independently reviewed and coded by two blinded investigators using standardized themes. Discord was adjudicated by a third investigator for stability, robustness, and interrater reliability. Individually, researchers identified and coded key themes and statements. These themes were then discussed as a group and combined where they shared meaning. This project was reviewed and deemed to be non-human subjects research by the Stanford University School of Medicine Protocol Review Board to protect human subjects in medical research. Results. A total of 20 of the 22 prescribers (13 MDs and 9 APPs) completed the survey (91% response rate). Notably, only 25% of prescribers agreed that COVID-19 had changed their antibiotic prescribing practices for patients with respiratory infections despite objective data that all prescribed less. In the qualitative interviews, we identified four major themes impacting the appropriateness of antibiotic prescribing practices as shown in Table 1.

Conclusion. Urgent care prescribers attributed a decrease in antibiotic prescribing during COVID-19 to changes in patient expectations and knowledge base, a switch to telemedicine-based encounters, and changing epidemiology. These shifts could be utilized by outpatient antimicrobial stewardship efforts to support low prescribing rates for conditions in which antibiotics are generally not indicated.

Disclosures. Marisa Holubar, MD, MS. Nothing to disclose.

161. Flucytosine Utilization and Dosing Practices at an Academic Medical Center Molly M. Miller, PharmD1, Emily Kruekemeier, MPH, PharmD2, BCP3; Erica J. Stobs, MD, MPH4; Trevor C. Van Schooneveld, MD, FACCP5; Trevor C. Van Schooneveld, MD, FACP6; Bryan Alexander, PharmD7; Scott J. Bergman, PharmD, FCCP, FIDSA, BCPS, BCIDP8; Scott J. Bergman, PharmD9; FCCP, FIDSA, BCPS, BCIDP10; University of Memphis Medicine, Bellevue, Nebraska; 1University of Nebraska Medical Center, Omaha, NE Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing Background. The typical dose of flucytosine is 25 mg/kg/dose every 6 hours for severe infections due to Candida and Cryptococcus. Many hospital protocols use ideal body weight (IBW) for initial dosing to achieve a goal peak serum concentration of 30-80 mcg/mL, but this is supported by very limited data. Our objective was to evaluate flucytosine dosing strategies, describe safety concerns, and explore financial benefits associated with using IBW.

Methods. All inpatient flucytosine orders for adults from 1/1/2015 through 10/31/2020 were retrospectively evaluated. Doses, weight used, flucytosine levels, and patient outcomes were identified. The results of this study showed that patients were often prescribed flucytosine for extended courses of therapy, sometimes for conditions in which antibiotics are generally not indicated.

Results. During this period, 35 patients received flucytosine. The most common indications were cryptococcal meningitis (73%), pulmonary cryptococcosis (14%), and candidiasis (11%). Most patients were receiving concurrent liposomal amphotericin B (57%). The average body mass index (BMI) of all patients was 27 kg/m² (range, 16-41). The average weight used for dosing in most cases (81%) was based on actual body weight. Flucytosine peak monitoring was performed in 51% of cases. Initial peak levels were supratherapeutic in 10/19 cases (53%). Of those 10 patients, 7% were overweight/obese, and 60% would have received a lower initial dose if IBW had been used with dose rounding to the nearest 500mg capsule. For 2 patients, the initial peak levels were less than 30 mcg/mL, but this is not recommended for dosing. For 10 patients, the initial peak levels were in the range of 30-80 mcg/mL, but this is supported by very limited data. For 2 patients, the initial peak levels were above 80 mcg/mL, resulting in a mean cost savings per patient of $640/day using average wholesale price.

Conclusion. Most flucytosine orders were not dosed using IBW, which may have led to supratherapeutic levels. Using IBW for dosing in overweight patients may lead to reduced toxicity and potential cost savings. For flucytosine in our electronic medical record will be set to IBW to encourage change.

Disclaimers. Trevor C. Van Schooneveld, MD, FACP, Biofire (Individual(s) Involved: Sell); Consultant, Scientific Research Study Investigator; Insmed (Individual(s) Involved: Sell); Scientific Research Study Investigator; Merck (Individual(s) Involved: Sel); Scientific Research Study Investigator; BectoBi (Individual(s) Involved: Sel); Scientific Research Study Investigator

162. Duration of Antibiotics Through Care Transitions: A Quality Improvement Initiative Caitlin Soto, PharmD1; Kate Dintzars, PharmD2; Kate Dintzars, PharmD2; Sara C. Keller, MD, MPH, MSHS1; The Johns Hopkins Hospital, Baltimore, Maryland; 2Johns Hopkins School of Medicine, Baltimore, Maryland; 3Johns Hopkins University School of Medicine, Baltimore, MD Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing Background. Antibiotic resistance is increasing worldwide, largely driven by excessive antibiotic use. Antibiotic stewardship (AS) interventions have traditionally focused on acute care, long-term care, and ambulatory settings. However, as patients transition from one care setting to another, AS interventions should address antibiotic orders (agent, dose, duration) between the hospital and the home. The purpose of this study is to determine the appropriateness of a total course of antibiotics, including inpatient and outpatient prescriptions, to aid in prioritizing AS interventions.

Methods. A single-center, retrospective study was performed to evaluate antibiotic duration for adult patients discharged from a large quaternary-care academic hospital. All antibiotic prescribing data, including pre-admission, during admission, and after hospital discharge, as well as information on indication, was collected from the electronic medical record. Descriptive statistics were used to summarize the data collected.

Results. 196 patients were included in the study. There were 100 instances of disagreement on antibiotic indication between the discharge summary and reviewer. However, 70% of patients were discharged on an appropriate antibiotic. The majority of patients (75%) were prescribed excess antibiotic days beyond guideline recommended total days, and 68% of patients had an antibiotic prescribed for the post-discharge. Of those with excess duration, 31% were prescribed penicillins, 23% were prescribed cephalosporins, and 20% were prescribed trimethoprim/sulfamethoxazole. Excess antibiotic duration was associated most commonly with an unknown gram-negative pathogens diagnosis (23%), a skin and soft tissue infection diagnosis (16%), and antibiotic prophylaxis (12%).

Conclusion. The results of this study showed that patients were often prescribed excess antibiotics at discharge, and the total duration of antibiotics from pre-admission to post-discharge are greater than recommended total days of antibiotic use. Understanding the total duration of antibiotic prescription, including post-discharge and pre-admission durations, is key in assessing risk from antibiotics and targeting AS interventions.

Disclaimers. Kate Dintzars, PharmD. Nothing to disclose.

163. MIC Shifts in Response to Increased Antibiotic Utilization During COVID-19 Pandemic Jonathan Byrd, MD1; Neena Thomas-Gosain, MD2; Jane V. Eason, MD2; Jessica Bennett, PharmD1; Jarred Bowden, Pharm.D., BCIDP, AAHIVP1; UTHSC, Memphis, Tennessee; 2University of Tennessee Health Science Center, Memphis, Tennessee; Memphis VA Medical Center; UTHSC, Memphis, Tennessee; 3VAMC, Memphis, Germantown, Tennessee; 4Memphis VA Medical Center, Memphis, Tennessee Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing Background. Multiple studies have shown that antibiotic utilization increased during the COVID-19 pandemic. However, the impact of this increased utilization has not been well established. The aim of this study is to describe the trends in minimum inhibitory concentrations for various antibiotics against common gram-negative pathogens observed since the start of the COVID-19 pandemic as compared to previous years.

Methods. This retrospective study was conducted at the Memphis VA. All respiratory, urine, and blood culture MicroScan results run from October 2017-March 2021 were analyzed. Only inpatient and emergency department data was included. The MIC50 and MIC90 were compared using standardized breakpoints. As compared to previous years, Pseudomonas aeruginosa was noted to have the most sustained increase in MIC90 across various antibiotics. In the last 3 quarters of the study time frame, piperacillin-tazobactam mean MIC90 increased from 32 to 64, cefepime from 4 to > 8, gentamicin from 2 to > 8, meropenem from 4 to > 8. Escherichia coli had a sustained increase in cefepime MIC90 from < 1 to > 8 in the final quarter of 2020 and beginning of 2021. Klebsiella pneumoniae was also noted to have sustained a increase in cephalosporin MIC90 from < 1 to > 10 during the year of 2020, with return to previous MIC90 the following quarters.

Conclusion. Previous studies have clearly demonstrated a widespread increase in antibiotic utilization during the COVID era. Our study demonstrates how even short-term increases in antibiotic use can lead to shifts in MIC, if not outright resistance. This was demonstrated across multiple common gram-negative pathogens and to various broad-spectrum antibiotics which were commonly used more frequently during COVID-19. Further analysis will be needed to determine whether these trends...
continue or whether the decrease in antibiotic utilization in the recent months will lead to similar decrease in MIC.

Disclosures. All Authors: No reported disclosures

164. Restriction of Antimicrobials Dispensing without Prescription on a National Level: Impact on the Overall Antimicrobial Utilization in Community Pharmacies in Saudi Arabia
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Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. High rates of non-prescription dispensing of antimicrobials has led to a significant increase in antimicrobial overuse and misuse in Saudi Arabia (SA). The objective of this study was to evaluate antimicrobial utilization following enforcement of a new prescription-only antimicrobial dispensing policy in the community pharmacy setting in SA.

Methods. Data were extracted from the IQVIA database between May 2017 and May 2019. Antimicrobial consumption rate based on the sales, defined daily dose in grams (DDD), DDD/1000 inhabitants/day (DID), and antimicrobial claims for pre-policy (May 2017 to April 2018) and post-policy (June 2018 to May 2019) periods was assessed.

Results. Overall antimicrobial utilization slightly declined (~9~10%) in post-policy vs. pre-policy period (sales, 31,334 vs. 34,492 thousand units; DDD, 183,134 vs. 202,936 thousand grams), with an increase in the number of claims (~16%) after policy implementation. There was a sudden drop in the consumption rate immediately after policy enforcement; however, the values increased subsequently, matching closely to the pre-policy values. Consumption patterns were similar in both periods. Penicillins were the most commonly used antimicrobial (sales, 14,700 - 11,648 thousand units; DDD, 71,038 - 91,227 thousand grams; DID, 2.88 - 3.78). For both the periods, the highest dip in utilization was observed in July (sales, 1,027 - 1,359 thousand units; DDD, 6,194 - 9,399 thousand grams), while the highest spike was in March/October (sales, 3,346 - 3,884 thousand units; DDD, 22,329 - 19,453 thousand grams).

Conclusion. Non-prescription antimicrobial utilization reduced minimally following policy implementation in the community pharmacy setting across SA. Measures to aid effective implementation of prescription-only regulations are necessary.

Disclosures. All Authors: No reported disclosures

Antibacterial consumption in 2019 and 2020 by month, expressed as days of therapy/1000 patient-days.

Rates of isolated multi-drug resistant organisms in 2019 and 2020 by month, expressed as isolates/1000 patient-days.

165. Decreased Antimicrobial Consumption and Decreased Rates of Multi-drug Resistant Organisms Following Onset of the COVID-19 Pandemic: Experience from an Australian Tertiary Hospital
Michael Moso, MBBS (Hons), BMDeSc (Hons); Kelly Cairns, BPharm, GDipClinPharm, MClinPharm; Trisha Peel, FRACP, MBBS (Hons), PhD; Nenad Macesic, FRACP, MBBS, MA, PhD; 1The Alfred and Central Clinical School, Monash University, Melbourne, Victoria, Australia; 2Alfred Health, Melbourne, Victoria, Australia

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Current guidelines recommend empiric antibiotics be used only for severe cases of coronavirus disease 2019 (COVID-19) or in cases where there is high clinical suspicion for bacterial co-infection. Level of adherence to guideline-recommended prescribing is unknown and high rates of antimicrobial prescribing may lead to increased development of resistance.

Methods. We reviewed antimicrobial prescribing patterns for patients with COVID-19 managed at The Alfred Hospital in Melbourne, Australia in 2020. Adherence to World Health Organization (WHO) guideline-based prescribing was assessed by manual review of case notes. Monthly hospital-wide antibacterial consumption April-Dec 2020 (post-pandemic period) was compared to Jan 2019-Mar 2020 (pre-pandemic period), measured as days of therapy (DOT) per 1000 patient-days.

Results. Rates of multi-drug resistant organisms (MBR) (including MRSA, VRE, CPE, ESBL) were compared between months in 2019 and 2020 after pandemic onset (April 2020) and expressed as isolates per 1000 patient-days.

Results. 147 patients were managed for COVID-19 in 2020 at our centre. 101 patients required hospital admission and 56 (39%) were classified as either severe or critical in severity. 80 (54%) patients received empiric antimicrobial treatment, including 78/101 (77%) of hospital inpatients and 24/26 (92%) of ICU-admitted patients. 59 (73%) of antimicrobial prescriptions were adherent to WHO guidelines. Monthly antibacterial consumption was significantly lower post-pandemic than in the pre-pandemic period (mean 853 vs 902 DOT/1000 patient-days, P=0.0065). Antimicrobial use patterns varied, with significant decreases in commonly used antibiotics such as ceftriaxone, piperacillin-tazobactam, azithromycin and ciprofloxacin but no change in vancomycin or meropenem (Figure 1). There was a mean decrease of 0.77 MRO isolates/1000 patient-days (P=0.026) when each month in 2020 was compared with the corresponding month in 2019 (Figure 2).

166. Evaluation of Daptomycin Prescribing Practices Based on Microbiologic Susceptibility Determination of "Susceptible-Dose Dependent" (SDD) Amy Rowley, PharmD Candidate; Ashley H. Marx, PharmD, BCPS, BCIDP; David J. Weber, MD, MPH; David J. Weber, MD, MPH; 1University of North Carolina Eshelman School of Pharmacy, Raleigh, North Carolina; 2University of North Carolina Medical Center, Durham, NC; 3University of North Carolina, Chapel Hill, NC

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Recent changes in CLSI microbiologic interpretations of daptomycin and enterococci include the "susceptible-dose dependent" (SDD) category. The effectiveness of SDD for directing clinicians to employ higher dosing of daptomycin is unknown. The study objective was to determine if implementation of SDD paired with a comment recommending higher doses of daptomycin (8-12mg/kg) and ID consultation in 2019 was associated with changes in rates of daptomycin use and prescribed doses for enterococcal bloodstream infections (BSI).

Methods. Single-center, retrospective cohort study of adult inpatients with enterococcal BSI and daptomycin susceptibility results reported from Aug 2016-Jul 2020. Chart review was performed to collect demographics, source of infection, and clinical management strategy. Rate of daptomycin use for definitive therapy (antimicrobial on day 4 after final susceptibilities) and median prescribed dose were compared for BSI caused by S and SDD isolates. Annual (Aug 1-Jul 31) trends in infections and daptomycin use were tabulated.

Results. 189 blood cultures were reviewed, yielding 56 unique episodes of enterococcal BSI. Patients had a mean age of 59 years and majority had an