

**ATRIUM HEALTH FLOYD
PATIENT CARE SERVICES**



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| TITLE: Restricted Antimicrobials | Policy No.: AHF PCS-06-063 |
| Purpose: To describe how restricted antimicrobials are managed. | Developed Date: 5/2017 Review Date: 2/21 Revised Date: 4/18, 8/19, 11/22 Review Responsibility: Senior VP; Chief of Patient Care Services, Administrator/CNO, Pharmacy Directors, Infectious Disease Physician, Clinical Pharmacy Coordinator, Pharmacy and Therapeutics Committee, Antimicrobial Stewardship Team |
| Expected Outcomes: Reduce the development of antimicrobial resistance and toxicity. | |
| Reference Standards: MM.09.01.01 | |

DEFINITION

The Restricted Antimicrobial List is comprised of antimicrobials which if overused could lose their activity against multiple drug-resistant organisms (MDRO). The list also includes agents with known serious adverse effects which would require close monitoring and dosage adjustment by Infectious Disease specialists.

| Antimicrobial Class | Drug Name | Restriction Policy | Provider Action |
|-----------------------|------------------------|-----------------------------------|------------------------------------------------------------------------------------|
| Antibacterials | Cefiderocol | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Ceftaroline | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Ceftazidime/avibactam | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Ceftolozane/tazobactam | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Dalbavancin | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |
| | Daptomycin | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires ASN/ID approval/consult |

| Antimicrobial Class | Drug Name | Restriction Policy | Provider Action |
|-----------------------------------|-------------------------|-----------------------------------|------------------------------------------------------------------------------------|
| Antibacterials (contd.) | Delafloxacin | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Eravacycline | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |
| | Imipenem/relebactam | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Meropenem/vaborbactam | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Minocycline – IV and PO | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires ASN/ID approval/consult |
| | Oritavancin | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |
| | Plazomicin | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Polymyxin B | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Tigecycline | Restricted to Infectious Diseases | 24 hours of drug will be dispensed – Continuation requires an ID consult |

| Antimicrobial Class | Drug Name | Restriction Policy | Provider Action |
|---------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Antifungals | Micafungin | Restricted for Fungal Prophylaxis in Allogeneic Bone Marrow Transplant Patients | Use only for specific indication |
| | Posaconazole – Delayed Release Tablets | Use only for the following indications: <ul style="list-style-type: none"> • GvHD primary prophylaxis for adult BMT patients • Treatment of documented or suspected non-Aspergillus fungal infections • Subtherapeutic levels with posaconazole suspension • Subtherapeutic levels with voriconazole • Voriconazole Intolerance • Voriconazole Treatment Failure • Prophylaxis for AML/MDS with prolonged neutropenia | Use only for specific indications |
| | Posaconazole – IV | Restricted to Infectious Diseases and Hematology/Oncology | 24 hours of drug will be dispensed - Continuation requires an ID or Heme/Onc consult |
| | Isavuconazole | Restricted to Infectious Diseases and Hematology/Oncology | 24 hours of drug will be dispensed - Continuation requires an ID or Heme/Onc consult |
| | Voriconazole | Restricted to Infectious Diseases and Hematology/Oncology | 24 hours of drug will be dispensed – Continuation requires an ID consult |
| | Ibrexafungerp | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |

| Antimicrobial Class | Drug Name | Restriction Policy | Provider Action |
|----------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Antivirals | Baloxavir | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |
| | Foscarnet | Restricted to Infectious Diseases | 24 hours of drug will be dispensed - Continuation requires an ID consult |
| | Letermovir | <ul style="list-style-type: none"> • Unrestricted for CMV prophylaxis (with undetectable viral load) for recipient seropositive stem cell transplant recipients • Restricted to Infectious Diseases for all other indications (including preemptive therapy or treatment) | 24 hours of drug will be dispensed - Continuation requires an ID consult |
| | Maribavir | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained unless continuing as a home medication |
| | Peramivir | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |
| | Ribavirin (inhaled only) | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |
| Antiparasitic | Artesunate | Restricted to Infectious Diseases | Must obtain ID consult for drug to be obtained |