

Restricted Antimicrobials: Criteria for Use
Ventura County Medical Center-Santa Paula Hospital

	RESTRICTED DRUG	CRITERIA FOR USE	REQUIREMENT
1	AMIKACIN (AMIKIN)	Culture documented infection due to MDR-GNR.	ID APPROVAL
2	AMPHOTERICIN B LIPOSOMAL (AMBISOME)	Empiric or culture documented treatment of a fungal infection when amphotericin B is the only drug therapy indicated.	ID CONSULT
3	ANIDULAFUNGIN (ERAXIS)	1) Empiric treatment of suspected fungemia. 2) Empiric or culture documented treatment of azole-resistant <i>Candida</i> infections.	ID APPROVAL
4	AZTREONAM (AZACTAM)	Empiric or culture documented gram-negative infection in a patient with a true beta-lactam allergy without other therapeutic options.	ID APPROVAL
6	CEFTAROLINE (TEFLARO)	Culture documented infection due to Penicillin resistant <i>Streptococcus pneumonia</i> or MRSA without other therapeutic options.	ID CONSULT
7	CEFTAZIDIME-AVIBACTAM (AVYCAZ)	Culture documented infection due to <i>Klebsiella Pneumonia</i> Carbapenemase (KPC) producing GNR or other MDR-GNR.	ID CONSULT
8	COLISTIMETHATE IV (COLISTIN)	Culture documented infection due to MDR -GNR.	ID CONSULT
9	COLISTIMETHATE INH (COLISTIN)	1) Culture documented pulmonary infection due to MDR-GNR. 2) Cystic fibrosis patient.	ID CONSULT
10	DAPTOMYCIN (CUBICIN)	1) Culture documented VRE bacteremia 2) Culture documented MRSA bacteremia and vancomycin intolerance. 3) Culture documented MRSA bacteremia refractory to vancomycin.	ID APPROVAL
11	ERTAPENEM (INVANZ)	Culture documented infection due to ESBL producing GNR resistant to fluoroquinolones and trimethoprim/sulfamethoxazole.	ID APPROVAL
12	FIDAXOMICIN (DIFICID)	Patients unable to tolerate or failed oral Vancomycin for <i>C.difficile</i> infections (Not on VCMC formulary)	ID APPROVAL

13	FOSFOMYCIN (MONUROL)	Culture documented UTI due to VRE or MDR -GNR.	ID APPROVAL
14	IMIPENEM-CILASTATIN (PRIMAXIN)	Culture documented infections due to GNR sensitive to imipenem-cilastatin and resistant to meropenem or other beta-lactam agent.	ID CONSULT
15	LINEZOLID IV / PO (ZYVOX)	1) Culture documented infection due to VRE. 2) Empiric or culture documented treatment of infection due to MRSA and vancomycin intolerance.	ID APPROVAL
16	MEROPENEM (MERREM)	1) Empiric treatment of septic shock in patient with a beta-lactam allergy 2) Empiric treatment of health-care associated infection in patient with prior infection or colonization by a resistant GNR 3) Empiric or culture documented treatment of meningitis in a patient allergic to Penicillins or Cephalosporins 4) Empiric or culture documented therapy in febrile neutropenic patients allergic to Penicillins and Cephalosporins. 5) Culture documented treatment of infections due to GNR and limited antimicrobial options.	ID APPROVAL
17	TIGECYCLINE (TYGACIL)	Culture documented infection due to VRE or MDR-GNR (excluding bacteremia and UTI) when no other therapeutic option available.	ID CONSULT
18	VORICONAZOLE (VFEND)	1) Empiric or culture documented invasive <i>Aspergillus</i> infections. Continuation of outpatient prophylaxis (only ID approval required).	ID CONSULT
Abbreviations: MDR-GNR (Multiple Drug Resistant Gram Negative Rods), VRE (Vancomycin Resistant Enterococcus), MRSA (Methicillin-resistant Staphylococcus aureus), ESBL: Extended Spectrum Beta lactamases			

Policy 100.109 Antimicrobial Stewardship Program, Attachment A

Approval: Antimicrobial Stewardship Committee 6/17/2020, Pharmacy & Therapeutics Committee 7/2021