Anti-infective Restrictions		
DRUG	RESTRICTION(S)	
Amphotericin (Ambisome®)	<ol> <li>Infectious Diseases Service.</li> <li>Treatment of invasive fungal infections where treatment with amphotericin is indicated.</li> </ol>	
Ceftazidime (Fortaz®)	<ol> <li>Infectious Diseases Service</li> <li>Treatment of infections due to susceptible MDR gram-negative rod for which other preferred treatment options are unavailable.</li> </ol>	
Ceftazidime/Avibactam (Avycaz®)	All other orders should be substituted to cefepime.  1. Infectious Diseases Service and cases that meet the following criteria:  a. Documented infection due to a carbapenemase producing Gram-negative bacteria OR  b. Empiric therapy for critically ill patients with a history of a carbapenemase producing (carbapenem resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team.  c. Susceptible MDR Pseudomonas aeruginosa where anti-pseudomonal beta-lactams cannot be used	
Ceftolozane/Tazobactam (Zerbaxa®)	<ol> <li>Infectious Diseases Service</li> <li>Treatment of infections due to susceptible MDR gram-negative rod for which other preferred treatment options are unavailable.</li> </ol>	
Ceftaroline (Teflaro®)	1. Infectious Diseases Service	
Ciprofloxacin (Cipro®)	<ol> <li>Infectious Diseases, Intensivists, Pulmonology Services</li> <li>Treatment of confirmed infection with <i>Psuedomonas aeruginosa</i> susceptible to ciprofloxacin.</li> </ol>	
Cobicistat (Tybost®)	<ol> <li>Ordering or approval by Infectious Diseases Service for <b>new</b> therapy initiation</li> <li>Any provider may order to continue a patient's established home medication</li> </ol>	
Daptomycin (Cubicin®)	*Should not be used for treatment of pneumonia  1. Infectious Diseases Service  2. Treatment of bacteremia and/or endocarditis due to documented or suspected multi-drug resistant gram positive organisms (MRSA, MRSE, and VRE) when vancomycin cannot be used.  a. Vancomycin allergy  b. Vancomycin failure  i. Clinical decompensation after 72 hours  ii. Failure to clear blood cultures after 48 hours for bacteremia/endocarditis  c. Vancomycin Staphylococcus aureus MIC > 2 mcg/ml  d. Recent vancomycin therapy	

1. Infectious Diseases Service 2. One-time dose within 24 hours of expected discharge to support transition to outpatient IV antibiotic therapy.  1. Requires approval by ID or ASP 2. Requires affordability check with case management prior to inpatient administration  Isavuconazonium (Cresemba*)  1. Infectious Diseases Service  * Not recommended for treatment of bacteremia or endocarditis. 1. Infectious Diseases, Intensivists, Pulmonology Services 2. Treatment of HCAP/HAP/VAP infections due to documented or suspected multi-drug resistant gram positive organisms (MRSA, MRSE, and VRE) when vancomycin cannot be used. 3. Treatment of complicated skin and skin structure infection due to documented or suspected multi-drug resistant gram-positive organisms (MRSA, MRSE, and VRE) when vancomycin cannot be used. 4. Treatment of VRE urinary tract infections. 1. Infectious Diseases, Intensivists, Pulmonology Services 2. Treatment of complicated skin and skin structure infection due to documented or suspected multi-drug resistant gram-positive organisms (MRSA, MRSE, and VRE) when vancomycin cannot be used. 4. Treatment of VRE urinary tract infections. 1. Infectious Diseases, Intensivists, Pulmonology Services 2. Treatment organisms including extended-spectrum β-lactamase (ESBL) producing organisms and as deemed appropriate per the Antimicrobial Stewardship team. 3. Treatment of meningitis or febrile neutropenia where a carbapenem is needed.  Use is restricted to Infectious Diseases physicians and cases that meet the following criteria: 1. Preferred therapy for documented infection due to a carbapenemase producing gram-negative bacteria of a carbapenemase producing (carbapenem resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team. 3. Do not use for monobacterial infections caused by Pseudomonas when alternative agent available  Micafungin (Mycamine*)  Micafungin (Mycamine*)  Micafungin (Mycamine*)  Micafungin (Mycamine*)  1. Infect		3. Treatment of complicated skin and skin structure infections due to multi-drug resistant gram positive organisms (MRSA, MRSE, and VRE) when both vancomycin and linezolid cannot be used.
Ertapenem (Invanz®)  2. One-time dose within 24 hours of expected discharge to support transition to outpatient IV antibiotic therapy.  1. Requires approval by ID or ASP 2. Requires affordability check with case management prior to inpatient administration  Isavuconazonium (Cresemba®)  1. Infectious Diseases Service  * Not recommended for treatment of bacteremia or endocarditis. 1. Infectious Diseases, Intensivists, Pulmonology Services 2. Treatment of HcAP/HAP/VAP infections due to documented or suspected multi-drug resistant gram positive organisms (MRSA, MRSE, and VRE) when vancomycin cannot be used. 3. Treatment of complicated skin and skin structure infection due to documented or suspected multi-drug resistant gram-positive organisms (MRSA, MRSE, and VRE) when vancomycin cannot be used. 4. Treatment of VRE urinary tract infections. 1. Infectious Diseases, Intensivists, Pulmonology Services 2. Treatment of confirmed, suspected, or past infection with multi-drug resistant organisms including extended-spectrum β-lactmase (ESBL) producing organisms and as deemed appropriate per the Antimicrobial Stewardship Team. 3. Treatment of meningitis or febrile neutropenia where a carbapenem is needed.  Use is restricted to Infectious Diseases physicians and cases that meet the following criteria: 1. Preferred therapy for documented infection due to a carbapenemase producing (gram-negative bacteria OR 2. Empiric therapy for critically ill patients with a history of a carbapenemase producing (carbapenema resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team. 3. Do not use for monobacterial infections caused by Pseudomonas when alternative agent available 4. Infectious Diseases, Intensivists, Pulmonology Services 2. Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction. 4. Treatment of azole-resistant fungal infections.		
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1. Preferred therapy for documented infection due to a carbapenemase producing gram-negative bacteria OR  2. Empiric therapy for critically ill patients with a history of a carbapenemase producing (carbapenem resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team.  3. Do not use for monobacterial infections caused by Pseudomonas when alternative agent available  1. Infectious Diseases, Intensivists, Pulmonology Services  2. Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction.  3. Empiric treatment of febrile neutropenia.  4. Treatment of azole-resistant fungal infections.  Minocycline – IV only (Minocin®)  1. Infectious Diseases Service		' '
m (Vabomere®)  2. Empiric therapy for critically ill patients with a history of a carbapenemase producing (carbapenem resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team.  3. Do not use for monobacterial infections caused by Pseudomonas when alternative agent available  1. Infectious Diseases, Intensivists, Pulmonology Services 2. Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction. 3. Empiric treatment of febrile neutropenia. 4. Treatment of azole-resistant fungal infections.  Minocycline – IV only (Minocin®)  1. Infectious Diseases Service		
<ul> <li>Meropenem/vaborbacta m (Vabomere®)</li> <li>Empiric therapy for critically ill patients with a history of a carbapenemase producing (carbapenem resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team.</li> <li>Do not use for monobacterial infections caused by Pseudomonas when alternative agent available</li> <li>Infectious Diseases, Intensivists, Pulmonology Services</li> <li>Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction.</li> <li>Empiric treatment of febrile neutropenia.</li> <li>Treatment of azole-resistant fungal infections.</li> <li>Infectious Diseases Service</li> </ul>		
m (Vabomere®)  carbapenemase producing (carbapenem resistant) gram-negative bacteria with resistance to other non-restricted agents based on culture data and review by the antibiotic stewardship team.  Do not use for monobacterial infections caused by Pseudomonas when alternative agent available  Infectious Diseases, Intensivists, Pulmonology Services  Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction.  Empiric treatment of febrile neutropenia. Treatment of azole-resistant fungal infections.  Minocycline – IV only (Minocin®)  Infectious Diseases Service	· · ·	
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Micafungin (Mycamine®)  1. Infectious Diseases, Intensivists, Pulmonology Services 2. Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction. 3. Empiric treatment of febrile neutropenia. 4. Treatment of azole-resistant fungal infections.  1. Infectious Diseases Service  1. Infectious Diseases Service		,
Micafungin (Mycamine®)  2. Empiric treatment of candidemia in ICU patients with shock or new organ dysfunction. 3. Empiric treatment of febrile neutropenia. 4. Treatment of azole-resistant fungal infections.  Minocycline – IV only (Minocin®)  1. Infectious Diseases Service		-
organ dysfunction.  (Mycamine®)  3. Empiric treatment of febrile neutropenia.  4. Treatment of azole-resistant fungal infections.  Minocycline – IV only (Minocin®)  1. Infectious Diseases Service		
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4. Treatment of azole-resistant fungal infections.  Minocycline – IV only (Minocin®)  1. Infectious Diseases Service	(Mycamine®)	<b>.</b>
Minocycline – <i>IV only</i> (Minocin®)  1. Infectious Diseases Service		·
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Nitrofurantoin macrocrystals (Macrodantin)	<ol> <li>Restricted to patients requiring medication administration via feeding tube.</li> <li>Other order to be interchanged to Macrobid at the same dose with</li> </ol>
Oritavancin (Orbactiv®)	BID interval.  1. Infectious Diseases Service
Oritavancin (Orbactiv®)	
Pentamidine (Pentam®) (IV formulation only)	<ol> <li>Infectious Diseases Service</li> <li>Use as an alternative agent to oral TMP-SMX for PJP prophylaxis in hematology/oncology patients</li> </ol>
Peramivir (Rapivab <sup>®</sup> )	<ol> <li>Infectious Diseases, Intensivists Services</li> <li>Patient must be in an ICU level of care</li> <li>Cannot or suspect unable to absorb oral/enteral Tamiflu</li> <li>If initiated, therapy to be re-evaluated after 5 days</li> </ol>
Posaconazole (Noxafil®)	<ol> <li>Infectious Diseases OR</li> <li>Continuation of patient home medication         *Posaconazole suspension: any dose for continuation should be switched to         posaconazole tablets 300mg daily. Tablets can be crushed and have more reliable         absorption.</li> </ol>
Quinupristin/dalfopristin (Synercid®)	<ol> <li>Infectious Diseases Service</li> <li>Treatment of multi-drug resistant gram positive organisms where vancomycin, linezolid, daptomycin, and tigecycline cannot be used based on susceptibility and indication.</li> </ol>
Sulbactam/durlobactam	1. Infectious Diseases Service
(Xacduro®)	2. Confirmed cases of CRAB HAP/VAP
Tigecycline (Tygacil®)	<ul> <li>*Should not be used to treat bacteremia, urinary tract, or Pseudomonas infections.</li> <li>1. Infectious Diseases, Intensivists Services</li> <li>2. Treatment of documented multi-drug resistant gram-negative infections sensitive to tigecycline.</li> <li>3. Treatment as a second- or third-line agent for skin and skin structure infections when first-line agents cannot be used.</li> <li>4. Treatment of intra-abdominal infections in a patient who cannot tolerate β-lactams and fluoroquinolones.</li> </ul>
Voriconazole (VFend®)	<ol> <li>Infectious Diseases, Intensivists, Hematology/Oncology Services</li> <li>Treatment of fluconazole resistant candidiasis</li> </ol>