



Children's of Alabama, Antimicrobial Stewardship Program

	2020)
Criteria for Use	Restriction
1. Alternative therapy for ESBL-positive E. coli	ID consult or ASP approval prior to
or Klebsiella UTI	ordering
2. Treatment of carbapenem-resistant	
(meropenem R) gram negative pneumonia	
1. Alternative therapy for ESBL-positive E. coli	ID consult or ASP approval prior to
or Klebsiella UTI or intra-abdominal infection	ordering
2. Treatment of Pseudomonas aeruginosa	
infections resistant to ceftazidime AND	
meropenem	
1. VRE bacteremia or history of VRE	ID consult or ASP approval prior to
bacteremia	ordering
2. Persistant VRE meningitis (in combination	
with Linezolid)	
3. Persistant MRSA bacteremia in patient with	
documented/true Vancomycin allergy or	
intolerance	
4. Treatment failure with other standard of	
care therapy options for persistent MRSA	
bacteremia or CNS infection (tried and	
failed 2 other agents)	
Discharge dose for COA patients on meropenem	Non-formulary carbapenem that
as inpatient for approved indications, excludes	needs Infectious Disease consults
any patient with Pseudomonas infection	or ASP approval for use
ASP/ID approval:	ID consult or ASP approval prior to
1. Culture positive Vancomycin-resistant	ordering
enterococcus (VRE) or history of VRE	
2. Persistent VRE meningitis (in	
combination with daptomycin)	
3. Persistant MRSA bacteremia in a patient	
with documented/true vancomycin	
allergy or intolerance	
4. Treatment failure with other standard of	
care therapy options for persistent MRSA	
bacteremia, CNS infection or pneumonia	
(tried and failed 2 other agents)	
Treatment of non-tuberculosis mycobacterial infections (see order set)	ID consult or ASP approval prior to ordering
Treatment of H1N1 influenza in a patient with	ID consult or ASP approval prior to
absolute contraindication to enteral oseltamivir	ordering
(i.e. bowel perforation on no other enteral	
-	
medications)	
medications) 1. History of or confirmed infection with	ID consult or ASP approval prior to
 History of or confirmed infection with mucormycosis 	ID consult or ASP approval prior to ordering
-	 Alternative therapy for ESBL-positive E. coli or Klebsiella UTI Treatment of carbapenem-resistant (meropenem R) gram negative pneumonia Alternative therapy for ESBL-positive E. coli or Klebsiella UTI or intra-abdominal infection Treatment of <u>Pseudomonas aeruginosa</u> infections resistant to ceftazidime AND meropenem VRE bacteremia or history of VRE bacteremia Persistant VRE meningitis (in combination with Linezolid) Persistant MRSA bacteremia in patient with documented/true Vancomycin allergy or intolerance Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and failed 2 other agents) Discharge dose for COA patients on meropenem as inpatient for approved indications, excludes any patient with Pseudomonas infection Culture positive Vancomycin-resistant enterococcus (VRE) or history of VRE Persistant MRSA bacteremia in a patient with documented/true vancomycin- allergy or intolerance Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and failed 2 other agents) Culture positive Vancomycin-resistant enterococcus (VRE) or history of VRE Persistant MRSA bacteremia in a patient with documented/true vancomycin allergy or intolerance Treatment failure with other standard of care therapy options for persistent MRSA bacteremia, CNS infection or pneumonia (tried and failed 2 other agents) Treatment of non-tuberculosis mycobacterial infections (see order set)

RESTRICTED ANTIMICROBIAL LIST (2020)





Children's of Alabama, Antimicrobial Stewardship Program

aspergillosis infection in patients who failed voriconazole therapy Image: Severe adverse drug reaction with voriconazole therapy where mold coverage is still required Quinopristin/Dalfopristin (Synercid®) ASP/ID approval: ID consult or ASP approval prior to ordering Quinopristin/Dalfopristin (Synercid®) ASP/ID approval: ID consult or ASP approval prior to ordering Quinopristin/Dalfopristin (Synercid®) ASP/ID approval: ID consult or ASP approval prior to ordering Quinopristin/Dalfopristin (Synercid®) Persistent VRE (faecium ONLY) meningitis (in combination with linezolid) ID consult or ASP approval prior to ordering Quinopristin/Dalfopristin Persistent VRE (faecium ONLY) meningitis (in combination with linezolid) ID consult or ASP approval prior to ordering Quinopristin/Dalfopristin Persistent WRSA bacteremia in a patient with documented/true vancomycin allergy or intolerance ID consult or ASP approval prior to ordering Ribavirin 1. Patient sw tho are positive for RSV documented by <u>PCR AND BMT patient with GVHD gradel I on higher receiving chronic steroids or immunomodulators for GVHD control ID consult or ASP approval prior to ordering Tigecycline 1. Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Non-formulary antimicrobial that needs infectious Disease consult or ASP approval for use Tigecycline 1. Patients with history or current cultures with mycobacteria infection (no ID/A</u>		executive infantion in actions of a failed	
3. Severe adverse drug reaction with voriconazole therapy where mold coverage is still required Quinopristin/Dalfopristin (Synercid*) ASP/ID approval: 1. VRE (Enterococcus faecium ONLY) bacteremia or history of VRE (faecium) D consult or ASP approval prior to ordering 2. Persistent VRE (faecium ONLY) meningitis (in combination with linezolid) Persistent VRE (faecium ONLY) meningitis (in combination with linezolid) D consult or ASP approval prior to ordering 3. Bevere adverse drug or intolerance Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and failed 2 other agents) D consult or ASP approval prior to ordering Ribavirin 1. Patients who are positive for RSV documented by PCR testing AND be either a BMT patient less than 180 days post-transplant during RSV season (October-March) D consult or ASP approval prior to ordering Tigecycline 1. Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Non-formulary antimicrobial that needs Infections Disease consult or ASP approval for use therapy for stenotrophomonas therapy Tigecycline 1. Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Non-formulary antimicrobial that needs Infections Disease consult or ASP approval needed) – Please order through the <u>NTM order set</u> Tigecycline 1. Patients with history or stenotrophomonas therapy for stenotrophomonas Non-formulary antimicrobials require ID/ASP approval. <			
voriconazole therapy where mold coverage is still required Quinopristin/Dalfopristin (Synercid [®]) ASP/ID approval: 1. VRE (Enterococcus faecium ONLY) bacteremia or history of VRE (faecium) 2. Persistent VRE (faecium ONLY) montering D consult or ASP approval prior to ordering 2. Persistent VRE (faecium ONLY) bacteremia or history of VRE (faecium) 2. Persistent VRE (faecium ONLY) montering D consult or ASP approval prior to ordering 3. Persistent VRE (faecium ONLY) bacteremia or CNS infection (in combination with linezolid) D consult or ASP approval prior to ordering 4. Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and failed 2 other agents) D consult or ASP approval prior to ordering Ribavirin 1. Patients who are positive for RSV documented by <u>PCR</u> testing AND be either a BMT patient less than 180 days post- transplant during RSV season (October- March) D consult or ASP approval prior to ordering Tigecycline 1. Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Non-formulary antimicrobial that needs infections Disease consult or ASP approval for use Tigecycline 1. Patients with history or stenotrophomonas therapy 1. CF patients with documented mycobacterial infection (no ID/ASP consult needed) – Please order through the <u>NTM order set</u> All non-formulary antimicrobials require ID/ASP approval. Please page on call ID fellow. All non-formulary antimicrobials require ID/			
Quinopristin/Dalfopristin (Synercid*) ASP/ID approval:		-	
Quinopristin/Dalfopristin (Synercid*) ASP/ID approval: 1. VRE (Enterococcus faecium ONLY) bacteremia or history of VRE (faecium) ID consult or ASP approval prior to ordering 1. VRE (Enterococcus faecium ONLY) bacteremia or history of VRE (faecium ONLY) meningitis (in combination with linezolid) ID consult or ASP approval prior to ordering 2. Persistent VRE (faecium ONLY) meningitis (in combination with linezolid) ID consult or ASP approval prior to ordering 3. Persistant MRSA bacteremia in a patient with documented/true vancomycin allergy or intolerance ID consult or ASP approval prior to ordering 4. Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and failed 2 other agents) ID consult or ASP approval prior to ordering Ribavirin 1. Patients who are positive for RSV documented by <u>PCR testing AND be either a</u> BMT patient less than 180 days post- transplant during RSV season (October- March) ID consult or ASP approval prior to ordering 1. Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Non-formulary antimicrobial that needs infectious Disease consult or ASP approval for use 1. CF patients with history or stenotrophomonas therapy CF patients with documented mycobacterial infection (no ID/ASP consult needed) - Please order through the <u>NTM order set</u> ID consult or ASP approval needed for non-CF patients All non-formulary antimicrobials require ID/ASP approval. Please page on call ID fellow. Any antimicrob			
(Synercid*) 1. VRE (Enterococcus faecium ONLY) bacteremia or history of VRE (faecium) ordering 2. Persistent VRE (faecium ONLY) bacteremia or history of VRE (faecium) ordering 3. Persistant MRSA bacteremia in a patient with documented/true vancomycin allergy or intolerance ordering 4. Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and failed 2 other agents) D consult or ASP approval prior to ordering Ribavirin 1. Patients who are positive for RSV documented by <u>PCR</u> testing AND be either a BMT patient less than 180 days post- transplant during RSV season (October- March) D consult or ASP approval prior to ordering 1. Patients with history or current cultures with GVHD grade II or higher receiving chronic steroids or immunomodulators for GVHD control Non-formulary antimicrobial that needs Infectious Disease consult or ASP approval for use 1. Patients with history or stenotrophomonas therapy 1. Patients with history or stenotrophomonas therapy Non-formulary antimicrobial that needs Infectious Disease consult or ASP approval for use 3. C F patients with documented mycobacteria infection (no ID/ASP consult needed) – Please order through the <u>NTM order set</u> ID consult or ASP approval needed for non-CF patients All non-formulary antimicrobials require ID/ASP approval. Please page on call ID fellow. Any antimicrobial prescribed for a <u>ROUTE</u> , that is not routinely given at COA, or			
Ribavirin 1. Patients who are positive for RSV documented by <u>PCR</u> testing AND be either a BMT patient less than 180 days post- transplant during RSV season (October- March) ID consult or ASP approval prior to ordering 2. RSV positive by <u>PCR</u> AND BMT patient with GVHD grade II or higher receiving chronic steroids or immunomodulators for GVHD control Non-formulary antimicrobial that needs Infectious Disease consult or ASP approval for use 1. Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Non-formulary antimicrobial that needs Infectious Disease consult or ASP approval for use 2. Adjunct therapy for stenotrophomonas therapy 1. CF patients with documented mycobacterial infection (no ID/ASP consult needed) – Please order through the <u>NTM order set</u> All non-formulary antimicrobials require ID/ASP approval. Please page on call ID fellow. Any antimicrobial prescribed for a <u>ROUTE</u> , that is not routinely given at COA, or		 VRE (Enterococcus faecium ONLY) bacteremia or history of VRE (faecium) Persistent VRE (faecium ONLY) meningitis (in combination with linezolid) Persistant MRSA bacteremia in a patient with documented/true vancomycin allergy or intolerance Treatment failure with other standard of care therapy options for persistent MRSA bacteremia or CNS infection (tried and 	
Tigecycline1.Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) 2.Non-formulary antimicrobial that needs Infectious Disease consult or ASP approval for use 1.CF patients with documented mycobacterial infection (no ID/ASP consult needed) – Please order through the NTM order set 2.All non-formulary antimicrobials require ID/ASP approval.Please page on call ID fellow.Any antimicrobial prescribed for a ROUTE, that is not routinely given at COA, or	Ribavirin	 Patients who are positive for RSV documented by <u>PCR</u> testing AND be either a BMT patient less than 180 days post- transplant during RSV season (October- March) RSV positive by <u>PCR</u> AND BMT patient with GVHD grade II or higher receiving chronic steroids or immunomodulators for GVHD 	
Any antimicrobial prescribed for a <u>ROUTE</u> , that is not routinely given at COA, or	Tigecycline	 Patients with history or current cultures with mycobacteria chelonae/abscesses (NTM) Adjunct therapy for stenotrophomonas 	 needs Infectious Disease consult or ASP approval for use 1. CF patients with documented mycobacterial infection (no ID/ASP consult needed) – Please order through the <u>NTM order</u> <u>set</u> 2. ID consult or ASP approval
orderable in the Livik, requires approval.	•	• • •	
	Any antimicrobial p	rescribed for a <u>ROUTE</u> , that is not routine	



Children's of Alabama, Antimicrobial Stewardship Program

