Children's of Alabama

IDSA Antimicrobial Stewardship Center of Excellence

Children's of Alabama,
Antimicrobial Stewardship Program

RESTRICTED ANTIMICROBIAL LIST (2026)

Drug	Criteria for Use	Restriction
Amikacin	1. Nontuberculous mycobacterial (NTM) infection 2. Tuberculosis meningitis or drug-resistant tuberculosis 3. Multi-drug resistant gram-negative sepsis (history of ESBL or CRE)	Patients with CF (cystic fibrosis) do not require approval for use **ALL other indications: **ID consult or ASP approval prior to ordering**
Amphotericin deoxycholate (conventional)	1. Renal or urinary tract infections due to Candida glabrata or C. kruseii 2. Neonatal candidiasis, disseminated (any site) 3. Renal or urinary tract infections due any candida species in a patient with intolerance or contraindication to fluconazole therapy 4. Adjunct therapy for candida bladder infections or fungal balls (BLADDER IRRIGATION ADMINISTRATION).	**Due to shortage issues – all orders require ID approval**
Baloxavir (Xofluza®)	Use is restricted to patients admitted to Psych for institutional outbreaks/prevention of institutional outbreaks	**ID consult or ASP approval prior to ordering**
Cefidericol (Fetroja®) *RESTRICTED*	Highly restricted for use with XDR or MDR gram negative infections in which are resistant to all other antibiotics agents available.	**ID consult or ASP approval prior to ordering** **This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**
Ceftazidime/Avibactam (Avycaz®)	1. Alternative therapy for ESBL-positive E. coli or Klebsiella UTI 2. Treatment of carbapenem-resistant (meropenem R) gram negative pneumonia	**ID consult or ASP approval prior to ordering**
Ceftolozane/Tazobactam (Zerbaxa®)	1. Alternative therapy for ESBL-positive E. coli or Klebsiella UTI or intra-abdominal infection 2. Treatment of Pseudomonas aeruginosa infections resistant to ceftazidime AND meropenem	**ID consult or ASP approval prior to ordering**
Cidofovir	Empiric therapy/initiation not restricted. ID consult generated at time of order entry for close follow-up	**ID consult generated at time of order entry**
Cytomegalovirus Immune Globulin (Cytogam®)	Patient with confirmed resistant CMV or BMT patient with unresolving CMV logs	**ID Transplant consult or ASP approval prior to ordering**
Dalbavancin (Dalvance®)	Use restricted to patients > 3mo of age with gram	**ID consult or ASP approval**

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	positive infections resistant to standard therapy or in whom requiring prolonged therapy with PICC at home is not feasible.	**prior to ordering This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**
Daptomycin	1. VRE bacteremia or history of VRE bacteremia 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)	**ID consult or ASP approval prior to ordering**
Ertapenem	Discharge dose for COA patients on meropenem as inpatient for approved indications, excludes any patient with Pseudomonas infection	**Non-formulary carbapenem that needs Infectious Disease consults or ASP approval for use**
Fosfomycin	1. Treatment of urinary tract infection caused by ESBL (+) *E. coli* or drug resistant *Enterococcus faecalis* 2. Treatment of urinary traction infection caused by non-ESBL *E. coli* resistant or intolerant to all other oral agents (including Bactrim, ciprofloxacin and nitrofurantoin)	**RESTRICTED to indications in EMR only, ESBL+ UTI, ID approval for inpatient use**
Imipenem/Cilastatin	1. Nontuberculous mycobacterial disease (NTM) 2. Treatment of nocardiosis in an immunocompromised patient	**ID consult or ASP approval prior to ordering**
Isavuconazole (Cresemba®) *RESTRICTED*	Use for patients with possible or probable invasive fungal infections as well as for fungal infection prophylaxis in those at high risk who would otherwise require -azole mold prophylaxis and have elevated QTc >450s or >10% from baseline.	**ID consult or ASP approval prior to ordering This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**
Letermovir	CMV intolerant to ganciclovir or forcarnet therapy in transplant	**ID consult or ASP approval prior to ordering**
Linezolid	ASP/ID approval: 1. Culture positive Vancomycin-resistant 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	**ID consult or ASP approval prior to ordering**

	agents)	
Maribavir (Livtencity®) *RESTRICTED*	Restricted to patients > 12 yo or > 35 kg with post-transplant refractory or resistant CMV who have failed standard therapy.	**ID Transplant consult or ASP approval prior to ordering** **This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**
Meropenem	1. Culture/sensitivity documented ESBL+ organisms (includes only *E.coli* and *Klebsiella* species) 2. History of or current infection with organism that has confirmed resistance to cefepime AND/OR pipercillin-tazobactam (or resistance with documented drug allergy) 3. Gram negative infection involving the CNS (Pseudomonas, Enterobacter, Klebsiella) 4. Gram negative infection in patient with documented penicillin AND cephalosporin allergy 5. Febrile neutropenic patient meeting criteria: Fever >72 hours + hemodynamic instability despite adequate GNR coverage requiring escalation of care AND abdominal symptoms and pip/tazo allergy or intolance 6. Sepsis with no source meeting the following criteria: History of ESBL organism OR abdominal sepsis with prolonged exposure (>7 days) to cefepime or piperacillin-tazobactam	**ID consult or ASP approval prior to ordering**
Minocycline IV (only IV)	Use restricted to patients with confirmed MDR infection	**ID consult or ASP approval prior to ordering**
Omadacycline *RESTRICTED*	1. Community acquired pneumonia caused by non-tuberculosis mycobacteria 2. Skin and soft tissue OR osteoarticular infection caused by non-tuberculosis mycobacteria which is documented resistant to standard therapy	**ID consult or ASP approval prior to ordering** **This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**
Peramivir *NON-FORMULARY* *RESTRICTED*	Treatment of H1N1 influenza in a patient with absolute contraindication to enteral oseltamivir (i.e. bowel perforation on no other enteral medications)	**ID consult or ASP approval prior to ordering** **This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**
Tigecycline	1. Patients with history or current cultures with	**ID consult or ASP approval**

RESTRICTED	mycobacteria chelonae/abscesses (NTM) 2. Adjunct therapy for stenotrophomonas therapy	**prior to ordering** **This medication is NOT stocked in the pharmacy and requires 48-72 hours to be approved and procured.**

- ✓ **All non-formulary antimicrobials require ID/ASP approval. If it is not listed here and not browsable in EMR, it requires approval**
- ✓ **Please page on call ID fellow or ASP pharmacist. Between the hours of 0600-1700, you may find the ASP pharmacist in EPIC CHAT to request approval.**
- ✓ **Any antimicrobial prescribed for a ROUTE, that is not routinely given at COA, or orderable in the EMR, requires approval.**