

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

	<b>RESTRICTED DRUG</b>	<b>CRITERIA FOR USE</b>	<b>REQUIREMENT</b>
1	<b>AMIKACIN</b> (AMIKIN®)	Culture documented infection due to MDR-GNR.	<b>ID APPROVAL</b>
2	<b>AMPHOTERICIN B</b> (FUNGIZONE®)	Empiric or culture documented treatment of a fungal infection when amphotericin B is the only drug therapy indicated.	<b>ID CONSULT</b>
3	<b>AMPHOTERICIN B LIPOSOMAL</b> (AMBISOME®)	Empiric or culture documented treatment of a fungal infection when amphotericin B is the only drug therapy indicated.	<b>ID CONSULT</b>
4	<b>AZTREONAM</b> (AZACTAM®)	Empiric or culture documented gram-negative infection in a patient with a true beta-lactam allergy without other therapeutic options.	<b>ID APPROVAL</b>
5	<b>CEFOTAXIME</b> (CLAFORAN®)	Restricted to neonatal population (age <1 month).	<b>None</b>
6	<b>CEFTAROLINE</b> (TEFLARO®)	Culture documented infection due to Penicillin resistant <i>S. pneumonia</i> or MRSA without other therapeutic options.	<b>ID CONSULT</b>
7	<b>CEFTAZIDIME-AVIBACTAM</b> (AVYCAZ®)	Culture documented infection due to Klebsiella <i>Pneumonia</i> Carbapenemase (KPC) producing GNR or other MDR-GNR.	<b>ID CONSULT</b>
8	<b>COLISTIMETHATE IV</b> (COLISTIN®)	Culture documented infection due to MDR -GNR.	<b>ID CONSULT</b>
9	<b>COLISTIMETHATE INH</b> (COLISTIN®)	1) Culture documented pulmonary infection due to MDR-GNR. 2) Cystic fibrosis patient.	<b>ID CONSULT</b>
10	<b>DAPTOMYCIN</b> (CUBICIN®)	1) Culture documented VRE bacteremia 2) Culture documented MRSA bacteremia and vancomycin intolerance. 3) Culture documented MRSA bacteremia refractory to vancomycin.	<b>ID APPROVAL</b>
11	<b>ERTAPENEM</b> (INVANZ®)	Culture documented infection due to ESBL producing GNR resistant to fluoroquinolones and trimethoprim/sulfamethoxazole.	<b>ID APPROVAL</b>

12	<b>FOSFOMYCIN</b> (MONUROL®)	Culture documented UTI due to VRE or MDR -GNR.	<b>ID APPROVAL</b>
13	<b>IMIPENEM-CILASTATIN</b> (PRIMAXIN®)	Culture documented infections due to GNR sensitive to imipenem-cilastatin and resistant to meropenem or other beta-lactam agent.	<b>ID CONSULT</b>
14	<b>LINEZOLID IV / PO</b> (ZYVOX®)	1) Culture documented infection due to VRE. 2) Empiric or culture documented treatment of infection due to MRSA and vancomycin intolerance.	<b>ID APPROVAL</b>
15	<b>MEROPENEM</b> (MERREM®)	1) Empiric treatment of septic shock in patient with a beta-lactam allergy (1 <sup>st</sup> dose available without approval). 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 (1 <sup>st</sup> dose available without approval). 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.	<b>ID APPROVAL</b>
16	<b>MICAFUNGIN</b> (MYCAMINE®)	1) Empiric treatment of suspected fungemia. 2) Empiric or culture documented treatment of azole-resistant Candida infections.	<b>ID CONSULT</b>
17	<b>QUINUPRISTIN/DALFOPRISTIN</b> (SYNERCID®)	Culture documented infection due to VRE when no other therapeutic option available.	<b>ID CONSULT</b>
18	<b>TIGECYCLINE</b> (TYGACIL®)	Culture documented infection due to VRE or MDR-GNR (excluding bacteremia and UTI) when no other therapeutic option available.	<b>ID CONSULT</b>
19	<b>VORICONAZOLE</b> (VFEND®)	1) Empiric or culture documented invasive Aspergillus infection. 2) Continuation of outpatient prophylaxis (only ID approval required).	<b>ID CONSULT</b>

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Abbreviations:

MDR-GNR: Multiple Drug Resistant Gram Negative rods.

Approvals: Antimicrobial Stewardship Committee 10/2016, Pharmacy & Therapeutics Committee 11/2016