

IREDELL HEALTH SYSTEM

Restricted Antibiotics	
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Antimicrobial Stewardship Committee P&T Committee	Date: 11/2023 Date: 12/2023

Policy:

In order to reduce the possibility of development of resistant organisms and promote cost-effective therapy, the use of certain antimicrobials may be restricted by the Medical Executive Committee and on recommendation of the Antimicrobial Stewardship Committee and Pharmacy and Therapeutics Committee. Evaluation of additions or deletions to the list of restricted antimicrobials and corresponding indications will be carried out as needed by the Pharmacy and Therapeutics Committee. Antibiotics categorized as restricted to infectious disease (ID) will require either an ID consult or pending ID consult.

Restricted Antibiotics

1. Colistimethate (Colistin)
2. Daptomycin (Cubicin)
3. Tigecycline (Tygacil)
4. Ceftaroline (Teflaro)
5. Fidaxomicin (Dificid)
6. Tedizolid (Sivextro)
7. Ceftolozane/Tazobactam (Zerbaxa)
8. Ceftazidime and Avibactam (Avycaz)

Procedure:

When pharmacy receives an order for a restricted agent, the pharmacist will review to determine if ID is consulting on the patient.

If the patient already has an ID consult completed that is recommending use of the restricted agent, this will be noted and therapy will continue as directed by ID.

If the patient does not already have an ID consult in place, the pharmacist will review to determine the indication for the agent ordered. The ordering provider will be contacted by pharmacy and informed that the agent is a restricted agent at IMH and requires ID consult/approval. If the ordering provider desires to continue the restricted antibiotic and has not already consulted ID, the pharmacist will place an order for the ID consult. Therapy will continue for 24 hours or until ID consult/telephone approval is obtained (Note: this may be extended if Infectious Disease consult cannot be obtained in this period of time).

The clinical pharmacists will review restricted drug use on a routine basis to ensure ongoing compliance with guidelines and contact the covering provider as necessary.

INITIAL EFFECTIVE DATE: 02/2008

DATES REVISIONS EFFECTIVE: 01/2010, 08/2015, 08/2016, 12/2020, 12/2023

DATES REVIEWED (no changes):