### SHC Formulary Restricted Antimicrobials

**Restriction Category**
- A. Infectious Disease consultation only
- B. Restricted to specific clinical services
- C. Restricted to specific indications/patient criteria

<table>
<thead>
<tr>
<th>Anti-infective</th>
<th>Category</th>
<th>SHC Restriction Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemether/ Lumefantrine</td>
<td>C</td>
<td>1. Treatment of uncomplicated, malaria due to P. falciparum (ID consult advised)</td>
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<tr>
<td>Cefotolozane/ tazobactam</td>
<td>A</td>
<td>1. Infectious Disease consult required</td>
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| Colistin                       | B/C      | 1. Cystic fibrosis service/Lung Transplant  
2. Serious infection with susceptible multidrug resistant pathogen (ID consult advised) |
| Dalbavancin                    | A/B      | Must meet one of the following requirements:  
1. ID consult  
2. Approval from Infectious Disease non-teaching service for OPAT management (Outpatient parenteral antimicrobial therapy) – Pager 27190  
3. Use in the Emergency Department for the indication of ABSSSI (acute bacterial skin and skin structure infections) that would otherwise resulted in CDU admission or inpatient admission. |
| Daptomycin                     | C        | 1. Approved indications (ID consult not required, but strongly recommended):  
   a. Complicated skin and skin structure infections or bacteremia due vancomycin resistant gram-positive organisms  
   b. Treatment of MRSA endocarditis or MRSA bacteremia with suspected endocarditis; treatment of persistent MRSA bacteremia despite vancomycin therapy  
2. ID consult required for all other indications |
| Fidaxomicin                    | C        | 1. Approved indication & patient criteria:  
   a. Proven *C. difficile* disease **AND**  
   b. Relapsed disease **AND**  
   c. >3 of the following:  
      i. Age >65 years  
      ii. Significant immuno compromised  
      iii. >2 SIRS criteria (T >38°C, HR >90 bpm, RR >20/min, WBC <4x10^9 or >12x10^9)  
      iv. Severe disease (WBC >15K and Scr 1.5 x normal or baseline)  
      v. Continued broad-spectrum antibacterial therapy  
2. Fidaxomicin is limited to standard 10-day course  
3. ID consult if above criteria not met |
| Fosfomycin                     | C        | 1. For single dose for uncomplicated UTI in female without restrictions  
2. ID consult required for all other indications  
   a. Use for other multidrug resistant infection requires susceptibility results |
| Linezolid                      | C        | 1. Treatment of VRE infection  
2. Treatment of MRSA pneumonia as an alternative to vancomycin  
3. An orally administered alternative to IV therapy for some serious gram-positive infections  
4. Linezolid may be considered for use in patients failing or intolerant to therapy with vancomycin |
5. If initiated as empiric therapy and no microbiological target is identified, ID consultation is required by 72 hours if linezolid is to be continued.

6. ID consultation is required for all other indications.

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| Meropenem             | C        | 1. Treatment of nosocomial infection and the patient is at high risk of being infected with a β-lactamase type I-producing gram-negative bacteria (i.e. received 3rd generation cephalosporin for at least 5-7 days)  
2. Treatment of documented infections resistant to third generation cephalosporins  
3. Empiric treatment of hospitalized patients with sepsis |
| Tedizolid IV/PO       | A        | 1. Infectious Disease consult required |
| Tigecycline           | A        | 1. Infectious Disease consult required (use of tigecycline has been associated with increased mortality in comparison with other agents and its use is restricted to ID approval)  
   a. Serious infection with susceptible multidrug resistant pathogen |
| Inhaled Ribavirin     | B        | 1. Lung Transplant & Bone Marrow Transplant service  
2. ID consult required for all other indications |
| Vancomycin capsules   | C        | 1. Intolerant to vancomycin oral solution |
| Quinupristin/dalfopristin | A | 1. Infectious Disease consult required  
   a. Serious VRE or MRSA infection for which no alternative is available. |
| Caspofungin           | C        | 1. Suspected or proven invasive fungal infection  
2. Candida infection without known or likely susceptibility to fluconazole |
| Itraconazole         | C        | 1. Suspected or proven invasive fungal infection due to susceptible organism  
2. Prophylaxis of fungal infections in select immunocompromised patients at significant risk |
| Peramivir            | A/B/C    | Must meet both criteria:  
   1. Patients who cannot tolerate oral medications  
   2. Patient is located in the ICU or has an ID consult  
   2nd dose requires ID consultation |
| Posaconazole         | C        | 1. Suspected or proven invasive fungal infection due to susceptible organism  
2. Prophylaxis of fungal infections in select immunocompromised patients at significant risk |
| Posaconazole injection| A        | 1. Infectious Disease consult required |
| Voriconazole         | C        | 1. Suspected or proven invasive fungal infection due to susceptible organism  
2. Prophylaxis of fungal infections in select immunocompromised patients at significant risk |

### SHC Non-Formulary Restricted Antimicrobials

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<tr>
<td>Ceftaroline</td>
<td>A</td>
<td>1. Infectious Disease consult required</td>
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