

Antimicrobial Formulary and Restriction Status

Restricted Formulary Antimicrobials

The following antimicrobials are restricted by the Antibiotic Subcommittee of the Pharmacy and Therapeutics Committee for reasons of drug safety, efficacy, and/or expense:

- Amphotericin B deoxycholate
- AmBisome
- Caspofungin
- Cidofovir (ID consult required for use)
- Isavuconazonium/Isavuconazole Sulfate (ID consult required for use)
- Daptomycin
- Tigecycline (ID consult required for use)
- Ceftaroline (ID consult required for use)
- Colistin (ID consult required for use)
- Ceftazidime/avibactam (ID consult required for use)
- Ceftolozane/avibactam (ID consult required for use)
- Polymyxin B (ID consult required for use)
- Quinupristin/dalfopristin (ID consult required for use)
- Ribavirin (inhaled) (ID consult required for use)

All restricted antimicrobials require approval before they may be dispensed by the pharmacy.

The following applies to ALL adult wards. Approval should be obtained from the Antimicrobial Stewardship Program at (310) 267-7567. If the patient is being seen by an Infectious Diseases consult service, the ID consult service fellow or ID attending is responsible for approval of restricted agents.

The Antimicrobial Stewardship Program will assume responsibility for approving the use of restricted agents from the hours of 8am to 5pm, Monday through Friday. Requests for use of these agents outside these hours should be directed to the respective ID fellow or attending on-call until 10pm nightly.

1. Upon receipt of an antibiotic order form for any of the above antimicrobials, without prior approval for use, the ordering physician will be directed to contact the ASP representative or appropriate ID service for approval.
2. After discussion with the ordering physician, the ASP representative or appropriate ID service will, in turn, contact the servicing Pharmacy Satellite and indicate the patient name and whether the antimicrobial was approved.
3. The receiving pharmacist will document the name of the ASP representative/ID service approving/denying the anti-infective as an order/patient intervention.

For requests after 10pm, the ordering physician will be informed by the satellite pharmacist that doses of the requested anti-infective will be dispensed ONLY through 10am the following morning. The ordering physician is responsible for contacting the ASP or appropriate ID consult service for approval the following morning. Text pages alone are not sufficient and MUST include a call-back phone number and pager number.

Restricted Non-Formulary Antimicrobials

- Imipenem, except for febrile neutropenia

Restricted non-formulary drugs consist of those agents that have been reviewed by the Pharmacy and Therapeutics Committee and rejected for addition to the formulary due to lack of demonstrated therapeutic efficacy or safety, unnecessary therapeutic duplication, and/or pharmacoeconomic impact. In addition, one or more therapeutic alternatives exist and are currently on the formulary.

“Restricted Non-Formulary Drugs” are **not** available via the *Non-Formulary Request* process

Reminder: the use of non-formulary antimicrobials is strongly discouraged. ASP/ID approval MUST be obtained for ALL non-formulary antimicrobials.