

## GREAT PLAINS HEALTH

**DEPARTMENT:** Pharmacy

**POLICY NUMBER:** 7070-0146

**SUBJECT:** GPH ASP Antimicrobial Restriction

**EFFECTIVE DATE:** 09/23/2016

**OWNER:** Director of Pharmacy

**PAGE:** 1 of 2

**DATE REVIEWED:**

09/04/17

09/08/17

09/25/17

11/03/17

**APPROVED BY:**

Director of Pharmacy

P&T Committee

Medical Executive Committee

Senior Director of Ancillary Services

**POLICY STATEMENT:**

Great Plains Health Antimicrobial Stewardship team has developed a policy to restrict the use of certain antimicrobials to promote the appropriate use of the listed antimicrobials. The Pharmacy and Therapeutics Committee (P and T) of Great Plains Health has authorized the restriction of the antimicrobials listed in this policy.

**PURPOSE:**

The intent of restricting the use of these antimicrobials is to improve patient outcomes, reduce microbial resistance, and decrease the spread of infections caused by multidrug-resistant organisms. Antimicrobial stewardship may also reduce excessive costs attributable to suboptimal antimicrobial use.

**DEFINITIONS:**

Antimicrobial stewardship: refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents by promoting the selection of the optimal antimicrobial drug regimen including dosing, duration of therapy, and route of administration.

antimicrobial/an·ti·mi·cro·bi·al 1. Killing microorganisms or suppressing their multiplication or growth. 2. an agent with such effects.

restricted/ re·strict·ed 1. Kept within certain limits; limited. 2. Excluding or unavailable to certain groups.

**PROCEDURE:**

To utilize a restricted antibiotic:

Release of a restricted antimicrobial by the pharmacy can be achieved by:

- 1) Documentation of one of the unrestricted indications for the antimicrobial on order entry; or
- 2) Consultation with a member of the Antimicrobial Stewardship Program (ASP) or an active ID consult.

### **Restricted Antimicrobials**

<b>Antimicrobial</b>	<b>Unrestricted Indications</b>
Amikacin IV (Amikin)	None; all use requires authorization from the Antimicrobial Stewardship Program or consulting ID physician.
Amphotericin B liposomal (AmBisome)	None; all indications require approval from the Antimicrobial Stewardship Program or consulting ID physician.
Ceftaroline (Teflaro)	None; all use requires authorization from the Antimicrobial Stewardship Program or consulting ID physician.
Daptomycin (Cubicin)	Documented indication of skin and/or soft tissue infections. All other indications require authorization from the Antimicrobial Stewardship Program or consulting ID physician.
Linezolid (Zyvox)	Documented indication of skin and/or soft tissue infections or pneumonia. All other indications require approval from the Antimicrobial Stewardship Program or consulting ID physician.
Oritavancin (Orbactive)	All use requires authorization from the Antimicrobial Stewardship Program or consulting ID physician. Required: Documented outpatient status, IV therapy indicated for acute bacterial skin and/or tissue infections only.
Voriconazole (Vfend)	Prophylaxis against fungal infections in patients on the hematology/oncology service. All other indications require approval from the Antimicrobial Stewardship Program or consulting ID physician.
Tigecycline (Tygacil)	None; all use requires authorization from the Antimicrobial Stewardship Program or consulting ID physician.