

Policy/Procedure: DUH Restricted Antimicrobials

Document ID: n/a	Revision Number: 2	Status: { Status }
Origination Date: 9/2019	Effective Date: { Publication Date }	
Entity: ☐ AHS ☐ DHCH ☐ DHTS ☐ DPC ☐ DRAH ☐ DRH ☒ DUH ☐ PDC ☐ PHMO ☐ SOM ☐ SON		

Policy Statement:

The goal of the DUHS Antimicrobial Stewardship and Evaluation Team (ASET) is to optimize the utilization of antimicrobial agents and patient outcomes while minimizing unintended consequences of antimicrobial usage, including toxicity and the emergence of resistance. Formulary restriction and preauthorization prior to dispensing for specified anti-infectives remains a core strategy for antibiotic stewardship and is guideline-driven practice. ASET and the Pharmacy & Therapeutics Committee approves and maintains the list of restricted antimicrobials. This document details the criteria by which restricted antimicrobials should be used at DUH and the process by which these restrictions are enforced.

Level:

- ☒ **Interdependent** - asterisked [*] items require an order from a health care practitioner licensed to prescribe medical therapy.
- ☐ **Independent** – no provider order required.

Personnel:

- Medical Staff
- Pharmacy Staff

Procedure:
A. Prescribing Guidelines

- a. Restricted antimicrobials are classified into four categories. A complete list of restricted antimicrobials, restriction category, and DUH approved protocols are found on FormWeb and CustomID.org
 - i. Formulary, ID Phone Approval Required: requires verbal pre-authorization approval
 - ii. Formulary, ID Consult Required: requires pre-authorization from Infectious Diseases by obtaining a consult
 - iii. Formulary, Per Protocol Criteria for Use: meets the P&T approved appropriate clinical criteria for use and does not require ID approval
 - iv. Non-formulary, ID Consult and Pharmacy Second-Level Review required
- b. Infectious Diseases consultants should be contacted to obtain approval for restricted antimicrobials.
 - i. Doses may be dispensed prior to ID consult if verbal or written ID approval has been granted.
 - ii. Restricted anti-infective orders for new starts placed from 5pm to 7am do not require ID pre-authorization, with the following exceptions:
 1. Non-formulary agents

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2. Agents requiring second-level pharmacy review
3. The following highest risk agents that could cause harm with overnight dosing:
 - a. liposomal amphotericin B (Ambisome), cidofovir, colistin, foscarnet, polymyxin B
- iii. Active orders for restricted antimicrobials will be reviewed by a member of ASET each weekday morning or ID consultants on weekend and holiday mornings. Appropriate follow up for ID consult or approval will be requested and documented for continued use. Alternative therapies will be discussed when necessary.
- iv. Cases in which the primary team and ID do not agree on approval will be escalated to the ASET Program Directors, or if necessary, the Chairs of DUH P&T and Children's P&T or the Chief Pharmacy Officer, for review if appropriate ID approval is not obtained.
- v. DUH ID Pager Numbers:
 1. Infectious Disease - General (ID) 970-4376
 2. Infectious Disease - Transplant (ID) 970-7221
 3. Pediatric Infectious Disease (PED ID) 970-7420
 4. Pediatric Transplant Disease (PED Transplant ID) 206-9414

REFERENCES**Authoritative Source:**

- **DUH Pharmacy and Therapeutics Committee (P&T)**
- **DUHS Antimicrobial Stewardship and Evaluation Team (ASET)**

Associated Policies:

- [**DUHS Antimicrobial Stewardship Policy 5/2019**](#)