

Summary of ID-restricted and Non-formulary Agents for Multidrug-Resistant Gram-negative Pathogens

Table 1. Pharmacy Information

Drug name (Brand name)	Status	Formulary niche description	Cost/day
Ceftolozane/Tazobactam (Zerbaxa)	Formulary ID-restricted	MDR P. aeruginosa (preferred empiric agent)	\$983.88
Ceftazidime/Avibactam (Avycaz)	Formulary ID-restricted	CRE (preferred empiric agent) MDR P. aeruginosa second line	\$1113.36
Meropenem/Vaborbactam (Vabomere)	Formulary ID-restricted	CRE, confirmed KPC-producer	\$1195.02
Polymyxin B	Formulary ID-restricted	MDR P. aeruginosa in combination MDR Acinetobacter in combination CRE in combination	~\$1
Colistin -- Intravenous	Formulary ID-restricted	MDR P. aeruginosa in combination MDR Acinetobacter in combination CRE in combination	~\$1
Tigecycline	Formulary ID-restricted	MDR Acinetobacter in combination CRE in combination	\$150
Minocycline	Formulary	MDR Acinetobacter	\$334
Imipenem/Relebactam	Non-formulary	CRE MDR P. aeruginosa	\$1189
Cefiderocol	Formulary ID-restricted	Not established	\$1314
Plazomicin (Zemdri)	Non-formulary	Urinary CRE pathogens when aminoglycoside is considered safe	\$756
Eravacycline (Xerava)	Non-formulary	MDR Acinetobacter CRE in combination	\$140
Aztreonam/Avibactam	Formulary ID-restricted	MDR Stenotrophomonas maltophilia Class-B (NDM-1) producing pathogens	\$1230.16
Fosfomycin -- Intravenous	Non-formulary	Not established	Not established
Sulbactam/Durlobactam	Non-formulary	MDR Acinetobacter	\$1985.24

ID-restricted = ID Consult Required

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Table 2. Pathogen Activity

Color codes indicate expected activity based on in vitro activity. Susceptibility estimates based on DUH CY2022-2023 review of carbapenem non-susceptible (carb-NS) Gram-negative pathogens are presented as Number susceptible/Number tested (% susceptible) in the cells below when available. Always confirm expected activity with susceptibility testing.

Red=inactive; yellow= may be active; green=active; white = unknown

Drug name (Brand name)	<i>Carb-NS Enterobacterales*</i>				<i>Acinetobacter spp.</i>	<i>P. aeruginosa</i>	<i>S. maltophilia</i>
	Non-CP CRE	Carba-R			MDR including OXA-23/24/58	Carb-NS	
		KPC (17)	IMP/VIM /NDM (2)	OXA-48 (0)			
Ceftolozane/Tazobactam (Zerbaxa)						45/59 (76)	
Ceftazidime/Avibactam (Avycaz)						44/59 (75)	Same as ceftaz
Meropenem/Vaborbactam (Vabomere)	Same as mero						
Tigecycline							
Minocycline							
Polymyxin B							
Colistin -- Intravenous							
Cefiderocol						43/48 (90)	
Plazomicin (Zemdri)							
Eravacycline (Xerava)							
Imipenem/Relebactam							
Aztreonam/Avibactam							
Fosfomycin -- Intravenous							
Sulbactam/Durlobactam							

*CRE as defined here includes Klebsiella, E. coli, Enterobacter, and Citrobacter species. Number in parenthesis are the number of tests positive for this gene in 2022-2023.

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Table 3. Antibiotic Susceptibility Testing (AST)

Drug name (Brand name)	Pathogen-AST Method	Auto- vs. request	In-House vs. Send Out	Logistical considerations in obtaining test including TAT
Ceftolozane/Tazobactam (Zerbaxa)	Enteric GNR and <i>P. aeruginosa</i> - MIC and disk diffusion	Auto if carb-I/R	In-House	TAT: 24 hours after initial testing.
Ceftazidime/Avibactam (Avycaz)	Enteric GNR and <i>P. aeruginosa</i> - MIC and disk diffusion	Auto if carb-I/R	In-House	TAT: 24 hours after initial testing.
Meropenem/Vaborbactam (Vabomere)	Enteric GNR- MIC	Request	Send Out	TAT: 2-5 days.
Polymyxin B	<i>P. aeruginosa</i> -MIC <i>A. baumannii</i> -MIC	Request	Send Out	TAT: 2-5 days. Colistin MICs predict polymyxin B MICs.
Colistin	<i>P. aeruginosa</i> -MIC <i>A. baumannii</i> -MIC	Request	Send Out	TAT: 3-5 days. Colistin MICs predict polymyxin B MICs.
Tigecycline	Enteric GNR- MIC	Request	In-House	Enteric GNR MIC TAT: within 24 hours of request.
Minocycline	<i>A. baumannii</i> , <i>P. aeruginosa</i> , <i>Burkholderia</i> sp., <i>S. maltophilia</i> -MIC and disk diffusion	Auto if steno	In-House	TAT: 2-3 days
Cefiderocol	Enteric GNR, <i>P. aeruginosa</i> , <i>A. baumannii</i> , <i>S. maltophilia</i> - Disk diffusion	Request	In-House	TAT: 2-5 days.
Plazomicin (Zemdri)	<i>P. aeruginosa</i> , <i>S. maltophilia</i> , <i>A. baumannii</i> , Enteric GNR-MIC	Request	Send Out	TAT: 3-7 days.
Eravacycline (Xerava)	Enteric GNR - MIC	Request	Send Out	TAT: 2-5 days.
Omadacycline	Enteric GNR- MIC	Request	Send Out	TAT: 2-5 days.
Imipenem/Relebactam	KPC-producing Enteric GNR and <i>P. aeruginosa</i> - MIC	Request	Send Out	TAT: 2-5 days.
Aztreonam/Avibactam	CR Enteric GNR by class B enzyme-Disk diffusion	Request	Send Out*	TAT: 2-5 days. Send out to regional lab/CDC.
Fosfomycin	<i>E. coli</i> -Disk diffusion	Request	In-House	TAT: within 2-24 hours of request. CLSI Interpretation ONLY for <i>E. coli</i> . Results for other species are unreliable.
Sulbactam/Durlobactam	<i>Acinetobacter</i> species	Request	Send Out	TAT: 2-5 days.

GNR=Gram negative rod; CR= carbapenem resistant; *http://spice.unc.edu/wp-content/uploads/2019/05/ExpandedAST_FactSheet_final02212019.pdf

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