Policy: Antimicrobial Therapy Restrictions

ORGANIZATIONAL: Affects two or more departments.

Folder	Organizational Choices:		Sub-Folder	Medication Management			
	Medication			(If Applicable)			
Original	1/2/2014	Scope	What departments does this policy apply to? State "All" as is may apply to the				
Effective			entire organization				
Date			All				
Approval	Pharmacy and Therapeutics Committee 3/9/2020 MDPRC 4/16/2020 MEC 4/28/2020						
Pending							
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(Approver/Date)							
•	5/6/2020	OSHA	Not	Standard	MM.09.01.01	Number	3
(Approver/Date)	5/6/2020	OSHA Category	Not Applicable	Standard (If Applicable)	MM.09.01.01	Number of pages	3
(Approver/Date)	5/6/2020				MM.09.01.01		3

PURPOSE:

This policy identifies the antimicrobial agents that are restricted for use at Southeast Hospital, as well as the procedure for obtaining approval for usage.

GUIDELINES:

TABLE 1A

Antimicrobial agents specified in the chart below will be considered restricted for use. Approval for use of the specified agents must be obtained from the Antimicrobial Stewardship Pharmacist, unless ordered by an Infectious Disease Provider.

TABLE 2A

Carbapenems specified in the chart below will be restricted for use by Infectious Disease Providers and providers performing abdominal surgeries or treating abdominal infection. Patients admitted to the emergency department or directly admitted to the floor are allowed to be initiated on a carbapenem for a duration of 24 hours. An ID consult or consultation with the Antimicrobial Stewardship Pharmacist will be required to continue carbapenem treatment beyond 24 hours.

PROCEDURE:

To prevent a delay in therapy, orders may be processed by pharmacists and approved by the Antimicrobial Stewardship Pharmacist the following day for appropriateness (for example, on evenings and weekends).

Name of Policy: Antimicrobial Therapy Restrictions

Drug/Indication	Admin Route	Usual Dose	Dose adjustment based on
			CrCl (ml/min)
 Daptomycin (Cubicin) Not indicated for PNA Dose based on adjusted body weight if >30% IBW Higher mg/kg doses may be indicated depending of infection 	IV	6 mg/kg q24	≥30: q24h <30: q48h Labs: Check baseline CPK and weekly thereafter
Linezolid (Zyvox)Treatment of MDR gram positive infections	IV/PO	600mg q12h	No renal adjustment necessary
Tigecycline (Tygacil)Treatment of MDR gramnegative infections	IV	Loading dose: 100mg x1 Maintenance: 50mg q12h	No renal adjustment necessary
 Ceftaroline (Teflaro) Higher doses up to 600mg q8h may be indicated in serious infections 	IV	600mg q12h	31-50: 400mg q12h 15-30: 200mg q12h <15 or HD: 200mg q12h
Ceftolozane/tazobactam (Zerbaxa) • Treatment of MDR infections	IV	1.5g q8	30-50: 750mg q8 15-29: 375mg q8 <15: not studied HD: 750mg x 1, then 150mg q8
Ceftazidime/avibactam (Avycaz) • Treatment of MDR infections	IV	2.5g q8	31-50: 1.25g q8 16-30: 0.94g q12 6-15: 0.94g q24 <5: 0.94g q48 HD: dose based on patient's estimated renal function as above
 Fidaxomicin (Dificid) Clostridium difficile infections GI physicians do not require approval for use 	PO	200mg q12	No renal adjustment necessary

Table 2A: Restricted Carbapenem Agents							
Drug/Indication	Admin Route	Usual Dose	Dose adjustment based				
			on CrCl (ml/min)				
Ertapenem	IV	1 g IV daily	<u><</u> 30: 500 mg IV daily				
Meropenem	IV	1-2g IV every 8	> 50: No adjustment				
		hours	26-50: q12h				
			10-25: 10-25 half the				
			recommended dose				
			q12h				
			<10: half the				
			recommended dose				
			q24h				

REFERENCES:

- Ertapenem. Lexi-Drugs. Lexicomp. Wolters Kluwer Clinical Drug Information, Inc. Riverwoods, IL. Available at <u>http://online.lexi.com/lco/action/home</u>. Accessed on March 4, 2020.
- Meropenem. Lexi-Drugs. Lexicomp. Wolters Kluwer Clinical Drug Information, Inc. Riverwoods, IL. Available at <u>http://online.lexi.com/lco/action/home</u>. Accessed on March 4, 2020.
- 3. Pakyz AL, Oinonen M, Polk RE. Relationship of carbapenem restriction in 22 university teaching hospitals to carbapenem use and carbapenem-resistant Pseudomonas aeruginosa. Antimicrob Agents Chemother. 2009;53(5):1983-6.
- 4. Vardakas KZ, Trigkidis KK, Boukouvala E, Falagas ME. Clostridium difficile infection following systemic antibiotic administration in randomized controlled trials: a systematic review and meta-analysis. Int J Antimicrob Agents. 2016;48(1):1-10.