

NM Delnor Hospital
Selected Antibiotic Restriction Criteria
Updated March 2017

Antibiotic	Restriction Code*	Criteria for Use
Ceftazidime/Avibactam (Avycaz)	R	<p>Do not use this drug when a highly-resistant Gram-negative organism is isolated in a hemodynamically stable patient in whom the only source is a symptomatic, non-complicated UTI.</p> <p>Use is restricted to patients with:</p> <ul style="list-style-type: none"> • Definitive extended spectrum beta-lactamase (ESBL) resistance to all available antibiotics AND failure of current first line therapies (i.e., carbapenem) AND known susceptibility to ceftazidime\avibactam • Definitive carbapenem-resistant enterobacteriaceae (CRE) infection AND failure of current first line therapies (i.e., multiple drug therapy with carbapenem +/- aminoglycoside +/- polymyxin b +/- other active agents) AND known susceptibility to ceftazidime\avibactam
Ceftaroline (Teflaro)	R	<ul style="list-style-type: none"> • MRSA endocarditis in patients with: <ul style="list-style-type: none"> • Persistently positive blood cultures while on IV vancomycin therapy (of note, mean duration is 7 days for vancomycin-treated MRSA bacteremia in endovascular [i.e., endocarditis] infection) OR • Inability to tolerate vancomycin therapy due to allergy (excluding red man's syndrome) or a current episode of moderate to severe acute kidney injury (AKI) • Polymicrobial skin and soft tissue infections • Culture-documented MRSA pneumonia with vancomycin MIC >1 or in patients who cannot tolerate vancomycin • Empiric use for suspected MRSA hospital acquired, ventilator associated, or health care associated pneumonia in a critically ill patient. Subsequent documentation of MRSA from culture is required for use beyond 72 hours • Empiric use for suspected MRSA pneumonia in hemodynamically stable (floor) patients with: <ul style="list-style-type: none"> • Cystic fibrosis OR • Inability to tolerate vancomycin due to allergy (excluding red man's syndrome) OR due to a current episode of moderate to severe AKI
Ceftolozane/Tazobactam (Zerbaxa)	R	<p>Use is restricted to non-cystic fibrosis patients with:</p> <ul style="list-style-type: none"> • Definitive multidrug resistant <i>Pseudomonas aeruginosa</i> with known resistance to all available antibiotics AND known susceptibility to ceftolozane/tazobactam • Definitive extended spectrum beta-lactamase (ESBL) infection AND known susceptibility to ceftolozane/tazobactam
Colistin	R	<p>Use is restricted to for treatment of identified MDR organisms with limited susceptibility to other, less toxic, antibiotics</p>
Daptomycin	CR	<p>Daptomycin should not be used for pneumonia as this antibiotic is inactivated by surfactant.</p> <p>Use is restricted to:</p> <ul style="list-style-type: none"> • MRSA endocarditis in patients with: <ul style="list-style-type: none"> ▪ Persistently positive blood cultures while on IV vancomycin therapy (of note, mean duration is 7 days for vancomycin-treated MRSA bacteremia in endovascular [i.e., endocarditis] infection) OR

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		<ul style="list-style-type: none"> ▪ Inability to tolerate vancomycin therapy due to allergy (excluding red man's syndrome) OR ▪ Inability to tolerate vancomycin due to a current episode of moderate to severe acute kidney injury (AKI) • Systemic MRSA infections (excluding pneumonia) in patients with: <ul style="list-style-type: none"> ▪ Inability to tolerate vancomycin therapy due to allergy (excluding red man's syndrome) OR due to a current episode of moderate to severe acute kidney injury (AKI) ▪ High vancomycin MIC precluding adequate concentrations to the site of infection • Methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA) bacteremia in patients with either of the following: <ul style="list-style-type: none"> ▪ Allergy to beta-lactams and vancomycin therapy (excluding red man's syndrome) OR ▪ Allergic to beta-lactams and inability to tolerate vancomycin due to a current episode of moderate to severe AKI • VRE infections in patients allergic or resistant to penicillins and/or in patients having hematological abnormalities precluding linezolid use. Of note, Infectious Disease Consultation is strongly recommended for severe VRE infections such as endocarditis for dosing and for combination therapy recommendations.
Ertapenem (Invanz)	R for surgery; CB for other uses	<p>Not approved for use in surgical prophylaxis in most cases. Use is restricted to patients:</p> <ul style="list-style-type: none"> • Going home on ertapenem and require a one-time dose prior to discharge to verify tolerance • With documented ESBL infection in which Pseudomonal coverage is not required; this indication requires approval by the Antimicrobial Stewardship Team or an ID physician
Fluoroquinolones	CB	See NM West Region Fluoroquinolone Restriction Criteria Document
Linezolid (Zyvox)	CB	<p>Use is restricted to:</p> <ul style="list-style-type: none"> • MRSA infections in patients with: <ul style="list-style-type: none"> • Inability to tolerate vancomycin due to allergy (excluding red man's syndrome) OR due to a current episode of moderate to severe AKI. • Culture-documented MRSA pneumonia with vancomycin MIC > 1 • Empiric use for suspected MRSA hospital acquired, ventilator associated, or health care associated pneumonia in a critically ill patient. Subsequent documentation of MRSA from culture is required for linezolid continuation beyond 72 hours. • Empiric use for suspected MRSA pneumonia in hemodynamically stable (floor) patients with: <ul style="list-style-type: none"> • Cystic fibrosis patients OR <ul style="list-style-type: none"> • Inability to tolerate vancomycin due to allergy (excluding red man's syndrome) OR due to a current episode of moderate to severe AKI.
Meropenem (Merrem)	CR	<p>Use is restricted to:</p> <ul style="list-style-type: none"> • Patients with a positive blood, deep respiratory (BAL), or other clinically significant sterile site culture with an ESBL producing organism (floor or ICU patient)

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		<ul style="list-style-type: none"> • Empiric use in critically ill ICU patients with prior documentation of ESBL organism • Critically ill ICU patients failing > 72 hours of cefepime or piperacillin/tazobactam therapy • Failure of other broad-spectrum antibiotics (such as piperacillin/tazobactam or cefepime) • Severe penicillin allergy in patients requiring broad spectrum antibiotics
Polymyxin B	R	Not for use in urinary tract infections due to inadequate urinary concentrations. Used for treatment of identified MDR organisms with limited susceptibility to other, less toxic, antibiotics
Tigecycline (Tygacil)	R	For MDR organisms that have demonstrated susceptibility to tigecycline

***Restriction Code Key:** R = restricted to ID service; CR = ID consult recommended; CB = Criteria Based

Abbreviations: ESBL = extended-spectrum beta-lactamase; MDR = multi-drug resistant