

HCHD Antimicrobial Approval Program* (Updated February 2012)

1. ID approval required prior to dispensing:

Intravenous Medications

Amphotericin B Liposome (AmBisome®)
Amphotericin B Lipid (Abelcet®)
Ceftaroline (Teflaro®)
Ceftazidime (Fortaz®)—Pediatrics only
Colistin (IV)
Daptomycin (Cubicin®)
Ertapenam (Invanz®)—colorectal surgical prophylaxis
Levofloxacin (Levaquin®)—500 mg IV
Linezolid (Zyvox®)
Meropenem (Merrem®)— preferred restricted carbapenem
Micafungin (Mycamine®)
Minocycline (Minocin®)
Piperacillin/Tazobactam (Zosyn®)
Rifampin
Pentamidine
Telavancin (Vibativ®)
Tigecycline (Tygacil®)
Voriconazole (VFend®)

Oral Agents:

Artemether/Lemfantrin (Coartem®)
Mefloquine (Lariam®)
Moxifloxacin (Avelox®) (Outpatient- **Exemption for discharge prescriptions from the floors**) (ID or FCC)
Itraconazole (Sporanox®) (ID or FCC)
Linezolid (Zyvox®)
Valcyclovir (Valtrex®) (ID or FCC)
Valganciclovir (Valcyte®) (ID or FCC)
Voriconazole (VFend®) (ID or FCC)

All antibiotics expire after 7 days. Re-approval must be obtained for continuation of restricted antibiotics longer than 7 days except when the approving ID physician has indicated a longer duration of therapy at the time of approval

2. ID approval required for high dose:

A. Cefepime

Dose >1 gm q8h or greater than 3gm/day require ID approval in all units except ICUs.

B. Ceftriaxone

Doses >1g or frequency <q24h require approval except for patients with meningitis or endocarditis. The physician must write the acceptable indication in the order; otherwise, ID approval is required.

3. ID approval required for intravenous medications to continue past day 4:

- A. Azithromycin
- B. Ciprofloxacin
- C. Moxifloxacin
- D. Vancomycin
- E. Levofloxacin (750 mg)
- F. Cefepime except ICUs

4. ID approval required only for therapeutic course longer than 3 days:

- A. Nitazoxanide (Alinia®)

5. Restrictions by indication or service:

- A. Azithromycin 600 mg—restricted for *Mycobacterium avium* complex (MAC) prophylaxis
- B. Cefotaxime—restricted to pediatrics
- C. Erythromycin 500 mg IV—restricted to pediatrics and adults for GI emptying
- D. Ertapenam 1 gm IV once—restricted to colorectal surgical prophylaxis

6. ID approval required for Antimalarial Therapy.

Artemether/Lemfantrin (Coartem®), Mefloquine

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An ID physician is available 24 hours a day. However, for antimicrobials that require approval for continuation past 4-days, ID approval should be sought during regular business hours. The prescribing physician is responsible for obtaining authorization for restricted antibiotic use, including pediatric patients (contact the Pediatric ID Physician on-call). The ID physician is responsible for calling Pharmacy (**LBJ -> 6-5134/6-5135** and **BTGH -> 3-2979/3-2980**) to approve or deny a restricted drug for which Pharmacy has a written order.

Approval Escalation Process for a New Order: In the event that the pharmacist has not received approval for a restricted antibiotic within 1 hour of first notification of the prescribing physician (pharmacist shall call the basement pharmacy to verify approval status), the pharmacist should page the prescribing physician to notify him/her that ID approval has not been obtained. The drug will not be dispensed without ID approval and if the physician still intends to use the restricted drug, he/she should contact the Infectious Disease service by paging the antibiotic approval pager or, if no response, contacting an Infectious Disease attending via the page operator. The antibiotic approval pager numbers are: **LBJ & UT Clinics -> 281-952-3509** and **BTGH & Baylor Clinics -> 281-952-4333**. Contact the Pediatric ID Physician on-call for pediatric patients.

Notification of Medication Discontinuation: The Medication Administration Record shall be used to communicate automatic stop orders 24 hours prior to the end of an antibiotic's approved course. The prescribing physician shall contact the ID Physician for continued approval of an antibiotic's therapy during regular working hours.