

Table 1. Restricted Antimicrobials at UCHC/JDH.

Antimicrobial	UCHC/JDH Formulary Status	Comments / Approved Uses / Exceptions to Restriction Process
Amikacin	Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented pathogen with resistance to gentamicin and tobramycin • Strong clinical suspicion of gentamicin- and tobramycin-resistant pathogen based on previous cultures • Pathogen where use of amikacin permits the safer optimization of pharmacodynamics (i.e., achievement of Peak:MIC ratio of ≥ 10) compared to gentamicin and/or tobramycin • Patient receiving amikacin therapy prior to admission to UCHC/JDH
Amphotericin B Liposomal (Ambisome)	Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by <i>Aspergillus</i> spp. or another amphotericin-susceptible mold in a patient who (1) cannot receive voriconazole (or other similar antifungals), and/or (2) has pre-existing renal dysfunction, and/or (3) is at high risk for acute renal dysfunction • Patient receiving Ambisome® therapy prior to admission to UCHC/JDH
Caspofungin (Cancidas)	Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by <i>Aspergillus</i> spp. or another mold in a patient who cannot receive other anti-mold agents (e.g., voriconazole, posaconazole, Amphotericin B products) • Documented or suspected Candidemia in a critically-ill patient and/or in a patient with documented history of significant azole antifungal use • Patient receiving Caspofungin therapy prior to admission to UCHC/JDH
Daptomycin (Cubicin)	Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by VRE • Documented or suspected infection caused by MRSA in a patient intolerant to or not responding clinically to vancomycin • Patient receiving Daptomycin prior to admission to UCHC/JDH
Ertapenem (Invanz)	Non-Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Use of a single dose within 24 hours of anticipated discharge in a patient who (1) requires outpatient IV carbapenem treatment, and (2) outpatient therapy cannot be administered every 6 or 8 hours in order to assess medication safety.
Fidaxomicin (Dificid)	Non-Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Patients with initial or first recurrent episode of <i>C. difficile</i> infection (CDI) where the infecting strain is confirmed as NOT being the NAP1-BI epidemic strain • Patient receiving fidaxomicin therapy prior to admission to UCHC/JDH • Patient with severe CDI and a well-documented allergy/intolerance to vancomycin
Linezolid (Zyvox)	Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by VRE • Documented or suspected infection caused by MRSA in a patient intolerant to or not responding clinically to vancomycin • Patient receiving Linezolid prior to admission to UCHC/JDH
Meropenem (Merrem)	Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by a multidrug-resistant gram-negative pathogen (e.g., ESBL(+) strain, MDR <i>P. aeruginosa</i>) • Documented or suspected infection caused by MRSA in a patient intolerant to or not responding clinically to vancomycin • Patient receiving Meropenem prior to admission to UCHC/JDH
Posaconazole (Noxafil)	Non-Formulary	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by <i>Aspergillus</i> spp. or another voriconazole-susceptible mold in a patient who (1) cannot receive voriconazole (other drugs?), • Documented or suspected infection caused by a mold where posaconazole is expected/documentated to have “best” activity • Patient receiving posaconazole therapy prior to admission to UCHC/JDH
Voriconazole (Vfend)	Formulary (IV) / Non-Formulary (PO)	Examples of Clinical case scenarios where use would be “approved”: <ul style="list-style-type: none"> • Documented or suspected infection caused by <i>Aspergillus</i> spp. or another voriconazole-susceptible mold • Prophylaxis of fungal infections in Hematology-Oncology patients based on most-recent standards for use of this agent for this indication • Patient receiving voriconazole therapy prior to admission to UCHC/JDH