



## CLINICAL POLICY

### Restricted and Concurrently - Monitored Antimicrobials

**A. EFFECTIVE DATE:**

May 25, 2022

**B. PURPOSE:**

The purpose of this policy is to optimize antimicrobial treatment while minimizing unintended consequences with the use of selected antimicrobials (toxicity and resistant organisms). Unregulated use of antimicrobials is directly correlated with antimicrobial resistance which can include MRSA, VRE, CRE. Additionally, this policy aims to control antimicrobial related expenditures.

Selected antimicrobials have one or more of the following characteristics:

- Represent a significant proportion of overall yearly antimicrobial expenditures
- Should be used primarily for patients with antimicrobial-resistant infections (either documented or strongly-suspected based on prior infection history)
- Should be used primarily in patients with a complex allergy history that excludes use of narrower-spectrum, less-expensive options
- Have very broad-spectrum antimicrobial activity (and may increase the risks for subsequent infections such as *C. difficile* infection)
- Have limited FDA-Approved Indications
- Have a narrow “therapeutic/toxic” window

**C. POLICY:**

The UCH-Antimicrobial Stewardship Committee has developed a list of antimicrobials that will be considered as either “**Restricted**” or as “**Concurrently Monitored Antimicrobials**” (“**CMAs**”). Providers shall obtain approval for use of Restricted antimicrobials and pharmacists shall evaluate the appropriateness of Restricted or CMAs as outlined in the procedure.

**D. SCOPE:**

All inpatient hospital units and the Emergency Department

**E. DEFINITIONS:**

None

**F. MATERIAL(S) NEEDED:**

None

**G. PROCEDURE:**

**1. Restricted Antimicrobials**

- All Restricted antimicrobials (listed in Appendix 1) can be ordered by any licensed prescriber for the treatment of a patient. However, all new orders for these Restricted antimicrobials will be reviewed by the next business day by one of the following Antimicrobial Stewardship/Infectious Diseases clinicians:
  - The Attending Physician of the UCH/JDH Inpatient Infectious Diseases (ID) Consult Service (IDCS)
  - The Medical Fellow of the UCH/JDH Inpatient IDCS
- The specifics of the patient case and the rationale for the use of the restricted antimicrobial will be discussed with the prescribing clinician's Attending Physician. If continued use of the restricted antimicrobial is not warranted, the Antimicrobial Stewardship/Infectious Diseases clinician will offer alternative antimicrobial treatment options for the patient.
- All Restricted antimicrobials will have this designation clearly noted in the order entry system and will require ID provider notification with use.
- Restricted formulary agents are routinely stocked in pharmacy; non-formulary restricted agents should be procured with IDCS approval (see Appendix 1).

## **2. Concurrently-Monitored Antimicrobials**

- Any authorized licensed provider at JDH/UCH can initiate therapy for a patient using a CMA listed in Appendix 2.
- Overview of Process for the reviews of CMAs:
  - A pharmacist or appropriately-supervised trainee will review the CMAs within 72 business day hours.
- If an ID consult does not exist, the order indication and appropriateness will be evaluated.
  - If data collection/analysis indicates that CMA treatment is both warranted and appropriate, then this will be documented as a pharmacy intervention.
  - If data collection/analysis indicates that non-CMA treatment options appear to be possible for the patient (or if patient case complexities are uncovered), the pharmacist, and/or appropriately-supervised trainee, will initiate discussion with the patient's covering team. If additional guidance is needed, the pharmacist or covering team will initiate a discussion with one of the following Infectious Diseases Clinicians (prioritized in this order):
    - The Medical Infectious Diseases Fellow on the Inpatient ID Consult Service
    - The UCH/JDH ASP Physician Co-Chair
    - The Attending Physician for the Inpatient ID Consult Service
- The discussions with the abovementioned clinicians will help to stratify the next course of action as follows:
  - A change from the CMA appears appropriate, but no formal ASP and/or IDCS intervention is needed
    - In this situation, the pharmacist (or trainee) will initiate discussion with the prescribing practitioner to modify the CMA as appropriate.
  - A change from the CMA may/may not be warranted, but formal Inpatient IDCS assistance could be beneficial to patient care
    - In this situation, the ASP Pharmacist Co-Chair and/or Infectious Diseases Clinician will then initiate a discussion with the prescribing practitioner to suggest a formal ID Consult for the patient.
- Data for the CMA use process will be collected and summarized in report format to the Antimicrobial Stewardship Committee. This data may be used to develop ongoing antimicrobial use educational programs for UCH providers.
- The status of CMAs will be continuously reviewed and recommendations for additions/deletions to the list will be made to the P&T Committee based on analysis of CMA use metrics.
- Automated Antibiotic Time Out alerts may be utilized for select CMAs to assist in appropriate utilization.

**H. ATTACHMENTS:**

[Appendix 1 and Appendix 2](#)

**I. REFERENCES:**

Dellit TH, Owens RC, McGowan JE, et al. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship, *Clinical Infectious Diseases*, Volume 44, Issue 2, 15 January 2007, Pages 159–177.

**J. SEARCH WORDS:**

Antimicrobial stewardship, restricted, CMA, concurrently monitored, antimicrobial, antibiotics, antivirals

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS:**

On File

**M. COMMITTEE APPROVALS:**

Antimicrobial Stewardship Committee

**N. FINAL APPROVALS:**

- |                                                                                                                                                      |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u><br>Bruce T. Liang, MD<br>UConn Health Interim Chief Executive Officer                                          | <u>06/16/2022</u><br>Date |
| 2. <u>Anne Horbatuck (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br>Clinical Policy Committee Co-Chair                                           | <u>05/27/2022</u><br>Date |
| 3. <u>Scott Allen, MD (Signed)</u><br>Scott Allen, MD<br>Clinical Policy Committee Co-Chair                                                          | <u>06/15/2022</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br>Chief Operating Officer, JDH<br>VP Quality and Patient Service and Chief Nursing Officer | <u>06/15/2022</u><br>Date |

**O. REVISION HISTORY:**

Date Issued: 1/1/14

Date Revised: 11/7/2017, 11/5/2019, 4/21/2021, 10/19/2021, 2/23/2022, 5/25/2022

Date Reviewed: 1/1/14, 11/14/15, 3/11/2017, 11/7/2017, 11/5/2019, 4/21/2021, 10/19/2021