**Restricted Antibiotics**

Use of any of these agents must be discussed with an attending.  If called at night, approve a single dose (if appropriate) but then discuss with the attending in the morning.  If called during the day, discuss with the attending in real-time.

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Restriction** | **Indication** | **Considerations** |
| Ambisome | ID | * Invasive fungal infections |  |
| Bedaquiline | ID | * MDR TB * MDR NTM species |  |
| Ceftaroline | ID | * Serious infections with MRSA | * Does not cover VRE |
| Ceftazidime-avibactam (Avycaz®) | ID | * MDR gram negative infections | * Tends to be better for MDR enterobacteriacae |
| Ceftolozane-tazobactam (Zerbaxa®) | ID | * MDR gram negative infections | * Tends to be better for MDR *Pseudomonas* * Non-formulary |
| Chloramphenicol | ID |  |  |
| Colistin | ID |  |  |
| Daptomycin | ID | * Serious infections with MRSA * MRSA or VRE bacteremia | * Not good for pneumonia |
| Ertapenem | ID | * For patients requiring carbapenem therapy via OPAT | * Does not cover pseudomonas * No CNS coverage * Swap from meropenem just prior to discharge |
| Imipenem-cilastin | ID | * *Mycobacterium abscessus* | * Non-formulary * Higher risk of seizure |
| Isavuconazole | ID | * Invasive fungal infections | * Non-formulary * Less risk of QT prolongation |
| Linezolid | ID | * Oral or IV therapy for MRSA/VRE | * Drug interactions with hydromorphone, morphine, and fentanyl drips. Hydromorphone is preferred due to least chance of serotonin syndrome. * Drug interactions with SSRI’s and ADHD meds * Can cause cytopenias with long-term therapy |
| Meropenem | ID and ICU x 48 hrs | * Clinical worsening despite broad-spectrum antibiotic therapy * H/O ESBL or current ESBL infection * H/O MDR Pseudomonas or other GNR or current MDR GN infection |  |
| Moxifloxacin | ID |  | * Non-formulary |
| IV Posaconazole | ID | * Prophylaxis and treatment of high risk fungal infections |  |
| Rifaximin | ID and GI | * C. difficile |  |
| Tigecycline | ID | * MDR infections failing other therapies | * Not good for bloodstream infections |