

CAROLINA ANTIMICROBIAL STEWARDSHIP PROGRAM
GUIDELINE

Restricted Anti-Infective Drugs (Adult and Pediatric)

The purpose of this document is to provide details about restricted anti-infective drugs at UNC Medical Center and the processes required for approval and use of these drugs.

Restricted Anti-infective Drug Approval Process

Restricted anti-infective drugs may be approved by the ID consult services or by the Carolina Antimicrobial Stewardship Program (CASP). Restricted anti-infectives initiated by the ID medicine service (MDK) do not require approval.

ID Consult Approval: available 24/7

- Adult ID Consult Pager or Pediatric ID Consult Pager

CASP Approval: weekdays and weekends 8 AM to 5 PM

- Adult CASP pager: 216-2398 (weekdays and weekends 8 AM to 5 PM) or Epic Group Chat-UNC Infectious Diseases–Carolina Antimicrobial Stewardship Program
- Pediatric CASP pager: 123-4031 (weekdays 8 AM to 5 PM)

A member of the CASP team may approve restricted antibiotics for select cases. CASP will work with the ID consult services to determine if the case requires a full ID consult or if CASP approval is appropriate.

Approvals will be documented in the medical record in an ID consult note or CASP note. During day and evening shifts (7:00 am to 9:00 pm), pharmacists will confirm approval before verifying orders for restricted anti-infective drugs. If there will be a delay between the recommendation and documentation in the medical record, the ID consultant or CASP team member should contact the service pharmacist to communicate the approval.

With the exception of dalbavancin, restricted anti-infective drugs may be initiated after-hours (9:00 pm to 7:00 am) without approval. A member of the treatment team should notify the CASP or ID Consult Service the next day for evaluation for approval.

TABLE 1: ANTI-INFECTIVES REQUIRING CASP OR ID APPROVAL

Anti-Infective	Restriction Detail
Artemether/lumefantrine	CASP/ID approval required
Artesunate	Restricted to the treatment of laboratory-confirmed cases which exhibit ≥ 1 of the following features of severe malaria: <ul style="list-style-type: none"> • High parasite density ($\geq 5\%$), or • Impaired consciousness, or • Seizures, or • Circulatory collapse/shock, or • Pulmonary edema or acute respiratory distress syndrome (ARDS), or • Acidosis, or • Acute Kidney Injury, or • Abnormal bleeding or disseminated intravascular coagulation (DIC), or • Jaundice (must be accompanied by at least one other sign), or

	<ul style="list-style-type: none"> Severe anemia (Hgb <7 g/dL)
Cabotegravir-rilpivirine	Outpatient clinic use only
Cefiderocol	CASP/ID approval required
Ceftaroline	May be used without ID/CASP approval in patients with cystic fibrosis All other indications require CASP/ID approval
Ceftazidime/avibactam	CASP/ID approval required
Ceftolozane/tazobactam	CASP/ID approval required
Cidofovir	May be used without ID/CASP approval in patients receiving stem cell transplant (BMT) All other indications require CASP/ID approval
Colistin (IV)	<p>CASP/ID approval required</p> <p><u>Additional guidance for clinicians:</u></p> <ul style="list-style-type: none"> Polymyxin B is preferred over colistin for treatment of non-urinary infections Colistin is preferred for urinary infections and for inhaled use
COVID Therapeutics Remdesivir, Molnupiravir, Nirmatrevir/ritonavir	Criteria for use are regularly updated by the System Anti-Infective P&T Subcommittee. Refer to UNC Health System Formulary Restrictions
Dalbavancin	<p>Dalbavancin is restricted to outpatient encounters/clinic use with Infectious Disease approval or inpatient/ED use if the following criteria are met:</p> <p><u>Inpatient Criteria</u></p> <ul style="list-style-type: none"> Patient requires a course of IV antibiotics for complicated bacteremia, endocarditis, or osteomyelitis known or suspected to be caused by Gram-positive bacteria (IV Gram-negative coverage is not needed), and dalbavancin will facilitate earlier discharge ID consulted AND CASP has approved use Patient not eligible for PO antibiotics <ul style="list-style-type: none"> Significant concerns for nonadherence (unstable housing, substance use, mental illness, frequent readmissions) OR Unable to take oral medications (absorption issues, dysfunctional GI tract) OR No oral options due to known resistance, previous failure, and/or contraindications to suitable oral agents Patient to be discharged home (not to SNF) Not candidate for IV antibiotics at home via OPAT Outpatient dalbavancin at an infusion center is not feasible If the patient requires 2 doses, arrangements for second dose have been made* Outpatient follow-up with ID has been scheduled Patient is stable for discharge

	<ul style="list-style-type: none"> If all criteria are met, dalbavancin may be approved for one dose, to be given on day of discharge <p><i>*For patients requiring 2 doses: If the patient meets criteria and an outpatient second dose is not feasible, 2 doses of dalbavancin (day 1 and day 8) may be approved at the discretion of CASP</i></p> <p>ED Criteria</p> <ul style="list-style-type: none"> Patient has an SSTI known or suspected to be caused by Gram-positive bacteria (IV Gram-negative coverage is not needed). Other indications require CASP approval It is expected that the patient would require hospital admission for > 24 hours of IV antibiotics if dalbavancin is not administered. (i.e, giving dalbavancin will prevent hospital admission) Patient does not require hospitalization for other reasons beyond the need for IV antibiotic Patient not eligible for PO antibiotics <ul style="list-style-type: none"> Significant concerns for nonadherence (unstable housing, substance use, mental illness, frequent readmissions) OR Unable to take oral medications (absorption issues, dysfunctional GI tract) OR No oral options due to known resistance, previous failure, and/or contraindications to suitable oral agents Patient to be discharged home (not to SNF) <p><i>Recommended that arrangements for follow up are made within 72 hours</i></p>
Fidaxomicin	<p>Criteria for use (must meet one):</p> <ul style="list-style-type: none"> Recurrent disease (defined as new CDI within 6 months of completing previous CDI therapy) <p>OR – any TWO of the following risk factors:</p> <ul style="list-style-type: none"> Age ≥65 years old Severe CDI (defined as WBC >15,000 cells/mL or SCr > 1.5mg/dL) Immunocompromised state (active malignancy, receiving immunosuppressive medications, or history of SOT/HSCT) Concomitantly receiving systemic antibiotics for indication other than CDI <ul style="list-style-type: none"> The following low risk antibiotics when used as monotherapy do not qualify: Amoxicillin, ampicillin, 1st gen cephalosporins, fosfomycin, macrolides, nitrofurantoin, penicillin, tetracyclines, and trimethoprim/sulfamethoxazole <ul style="list-style-type: none"> Continued use from home Approved use by ID or GI consult service or CASP <p>Approved courses are limited to 10 equivalent days of therapy (ie, maximum 20 doses per CDI episode). Use for long-term suppression or prophylaxis is not permitted (PO vancomycin may be considered).</p> <p>Additional guidance for clinicians: <i>Fidaxomicin is not recommended for treatment of fulminant CDI</i></p>
Hepatitis C Antivirals	<p>Continuation of home therapy allowed without CASP/ID approval</p> <ul style="list-style-type: none"> Patients must bring their own supply, to be administered according to the UNC Health Medication Management: Patient Supplied Medications Policy

Ibalizumab	Outpatient clinic use only A benefits investigation must be completed prior to use
Imipenem/cilastatin/relebactam	CASP/ID approval required
Isavuconazole	May be used without ID/CASP approval for the following indications: <ul style="list-style-type: none"> • Acute leukemia when being used for prophylaxis or are on the Bone Marrow Transplant Service • High-risk febrile neutropenia (e.g. AML, BMT) as empiric antifungal therapy • Antifungal prophylaxis in solid organ transplant • Cystic fibrosis • Continuation of home therapy All other indications require CASP/ID approval
Letermovir	May be used without ID /CASP approval for the following indications <ul style="list-style-type: none"> • Patients requiring CMV prophylaxis for allogeneic HSCT patients at high-risk for CMV <ul style="list-style-type: none"> ○ Patients should either be on the adult BMT service or be followed by BMT Consult service • Abdominal transplant recipients at high risk for CMV • Abdominal transplant recipients at moderate risk for CMV with neutropenia (ANC $\leq 1.0 \times 10^9/L$) • Continuation of home therapy All other indications require CASP/ID approval For any use, benefits analysis/third party payer approval should be started BEFORE initiating therapy as inpatient
Meropenem/vaborbactam	CASP/ID approval required
Miltefosine	CASP/ID approval required
Nirsevimab	Refer to UNC Health System Criteria
Omadacycline IV	CASP/ID approval required Omadacycline tablets are non-formulary
Palivizumab	Any use specifically designated by NC State Medicaid Other indications if approved by Pulmonary, Neonatology, or Infectious Diseases AND nirsevimab is not available
Peramivir	May be used without ID/CASP approval in patients with suspected or documented influenza and unable to take oral or enteral medications All other indications require CASP/ID approval
Polymyxin B (IV)	CASP/ID approval required <u>Additional guidance for clinicians:</u> <ul style="list-style-type: none"> • Polymyxin B is preferred over colistin for treatment of non-urinary infections • Colistin is preferred for urinary infections and for inhaled use

Posaconazole	<p>May be used without ID/CASP approval for the following indications:</p> <ul style="list-style-type: none"> • Acute leukemia when being used for prophylaxis or are on the Bone Marrow Transplant Service • High-risk febrile neutropenia (e.g. AML, BMT) as empiric antifungal therapy • Antifungal prophylaxis in solid organ transplant • Cystic fibrosis • Continuation of home therapy <p>All other indications require CASP/ID approval</p>
Voriconazole	<p>May be used without ID/CASP approval for the following indications:</p> <ul style="list-style-type: none"> • Documented or suspected <i>Aspergillus</i> infection • Acute leukemia when being used for prophylaxis or are on the Bone Marrow Transplant Service • High-risk febrile neutropenia (e.g. AML, BMT) as empiric antifungal therapy • Antifungal prophylaxis in solid organ transplant • Cystic fibrosis • Continuation of home therapy <p>All other indications require CASP/ID approval</p>
Any non-formulary anti-infective agent	<p>Moxifloxacin, telavancin, IV minocycline, tedizolid, delafloxacin, tigecycline, eravacycline sulbactam/durlobactam, etc</p> <p>Not available for any indication: ribavirin (aerosolized)</p>