West Valley Hospital Anti-Infective Formulary Management Guideline

This guideline is adopted from the Salem Hospital Anti-Infective Formulary Management Guideline in which the agents are selected for review or use criteria by current microbiologic susceptibility reports, drug costs, literature reviews & national guidelines and consensus statements. Additions / deletions to this list are approved through the P&T Committee.

Agents listed on this guideline will be reviewed by the WVH Antimicrobial Stewardship Team for appropriate usage. For assistance with antibiotic selection, please refer to the Inpatient Antibiotic Usage Guideline –Treatment recommendations for Adult patients and / or the Antimicrobial Susceptibility Report.

For indications or agents requiring an ID consult, transfer to higher level of care is recommended.

Anti-infective (IV form unless listed otherwise)	**Restrictions or Selection Criteria**	**Inpatient cost/day**
Amphotericin B Liposome	• Any infection listed the Salem Health 2023-2024 Adult Inpatient Antifungal Usage Guideline as a preferred therapy option	$$$$$
Aztreonam	• Severe penicillin AND cephalosporin allergies **AND** no other treatment options • Septicemia (caused by gram-negative bacilli) • Complicated intra-abdominal infections (in combination with metronidazole) • Inhaled usage in Cystic Fibrosis (CF) patients • Gram-negative coverage in patients with an active or a history of *Clostridioides difficile* infection	$$$$$
Ceftazidime	• Dialysis patients requiring 3rd generation cephalosporin coverage with or without risk of pseudomonal infection • Neonatal patients (Corrected GA of ≤ 44 weeks) requiring 3rd generation cephalosporin coverage with or without risk of pseudomonal infection	$
Ciprofloxacin (IV or oral product)	• Severe penicillin AND cephalosporin allergies **AND** no other treatment options • Confirmed or suspected pseudomonal infection • Empiric therapy for diabetic foot infections (in combination with metronidazole) • Oral step down therapy for bacteremia • Pyelonephritis, Bacterial Prostatitis, Complicated UTI without other treatment options • Bone and joint infections • Surgical prophylaxis - Urologic • Infectious diarrhea (3-5 day course) • Prophylaxis of infection during chemotherapy-induced neutropenia in high-risk adults • Mild – Moderate intra-abdominal infection, in combination with metronidazole • SBP prophylaxis continued from or transition to outpatient use • Colon resection, bowel prophylaxis (oral dosing only, in place of neomycin) • Severe skin infection with susceptible gram negative organisms and no other treatment options (i.e. surgical site infections, necrotizing fasciitis • Salmonella bloodstream infections • Endocarditis due to susceptible gram-negative organisms	$
Daptomycin	• Linezolid allergy or contraindication • Confirmed or recent history (within 90 days) of VRE/VISA/VRSA infection • MRSA bacteremia and contraindication to Vancomycin therapy • Right-sided endocarditis and contraindication to Vancomycin therapy • Continuation of therapy from outside hospital or infusion clinic (List originating facility in comments box) Transition to outpatient use (patient must be within 48 hrs of discharge)	$$$$$

Last P&T Review: March 2024	**Next P&T Review:** March 2026
Changes Made: New guideline for WVH	

Eravacycline	• Complicated intra-abdominal infections (IAIs) due to CRE or other applicable MDRO • Complicated skin and skin structure infections (SSTIs) including diabetic foot infections due to CRE or other applicable MDRO • Patients with serious IAIs or SSTIs due to ESBL producing organisms with no treatment alternatives **USE WVH answer in Infectious Disease question box**	$$$$
Ertapenem	• Severe penicillin AND cephalosporin allergies **AND** no other treatment options • Complicated intra-abdominal infections • Complicated skin and skin structure infections, including diabetic foot infections without osteomyelitis • Complicated urinary tract infections due to MDRO • Infection with ESBL producing organisms (excluding nosocomial pneumonia and meningitis) • Continuation of therapy from outside hospital or outpatient use **USE WVH answer in Infectious Disease question box**	$$$$
Fidaxomicin (oral product)	• Proven *Clostridioides difficile* infection (CDI) w/ one or more recurrent episodes. Duration should be limited to a 10-day course of therapy. Not to be used in Fulminant CDI • Continuation of therapy from outside hospital or outpatient use for proven *C.diff* disease • Proven *Clostridioides difficile* infection (CDI) and contraindication to po vancomycin therapy	$$$$$
Fosfomycin (oral product)	• Urinary tract infection in patients with multiple antibiotic allergies • Urinary tract infections due to VRE, ESBL, & CRE **USE WVH answer in Infectious Disease question box**	$$$$
Linezolid (IV or oral product)	• Vancomycin allergy or contraindication • Confirmed or recent history (within 90 days) of VRE/VISA/VRSA infection • Confirmed MRSA pneumonia (including CF patients colonized with MRSA) and contraindication to Vancomycin therapy • Complicated MRSA SSTI and contraindication to Vancomycin therapy • Continuation of therapy from outside hospital or infusion clinic (List originating facility in comments box) • Transition to outpatient use (patient must be within 48 hrs of discharge)	$$-$$$
Meropenem	• Severe penicillin AND cephalosporin allergies **AND** no other treatment options • Empiric therapy for the treatment of VAP • Empiric monotherapy for the treatment of HAP in patients with a history of MDROs (in the last 12 months) • Necrotizing pancreatitis, with necrosis confirmed via CT • Complicated polymicrobial intra-abdominal infections • Infection with ESBL producing organisms, including nosocomial pneumonia and meningitis. • Febrile Neutropenia • Empiric treatment for moderate to severe infections in patients with a history of ESBL (in the last 12 months) • Severe polymicrobial skin and soft tissue infections, diabetic foot infections, and osteomyelitis in in patients with a history of resistant gram-negative bacteria • CNS infections due to MDROs or *Listeria monocytogenes* in patient with no other treatment options	$$
Oritavancin	• Acute bacterial skin or skin structure infections caused by gram positive bacteria in patients who require >/= 3 days of IV antibiotics and are able to discharge home	$$$$$$