

Anti-Infective Formulary Guidelines at Nebraska Medicine

Approval process for use of anti-infective with formulary use criteria:

1. All orders for non-formulary and [protected anti-infectives](#) must be reviewed and approved by an infectious diseases (ID) service (or other service as outlined below) unless use criteria are met. The ordering physician is responsible for contacting an approving service.
2. If an order is received by pharmacy and it is not clear that use criteria are met or approval has been gained, the pharmacist will enter the order to remain active for 24 hours (exception, CMV-IG – see table below) and contact the ordering team to request they obtain approval. Because the order will be stopped in 24 hours, the review and approval must be initiated within 24 hours of the original order.
3. If use is approved, ID will relay this information to the ordering physician as well as to the pharmacy through a progress note. If the restricted anti-infective is thought to be inappropriate, ID will provide alternative recommendations and communicate these recommendations to the physician originating the order.
4. ID may decide that a formal consultation is necessary for approval. In this instance, a formal ID consultation will be required for continued use of the restricted agent.

Drug	Approving services	Indications not requiring approval	Notes
Artesunate	ID	None	
Bezlotoxumab (Zinplava)	No approval required	<i>Clostridium difficile</i> infection	Restricted to use in the outpatient infusion center only
Ceftazidime/avibactam (Avycaz)	ID	None	
Ceftolozane/tazobactam (Zerbaxa)	ID	None	
Colistin (colistimethate)	ID, pulmonary	None	Requires formal consultation by ID or pulmonary service
Cytomegalovirus immune globulin (CMV-IG, Cytogam)	Transplant ID	If ordered via P&T-approved order set (visceral transplant)	Will not be dispensed unless approved
Dalbavancin (Dalvance)	ID	None	Restricted to use in the outpatient infusion center only
Daptomycin (Cubicin)	ID	FDA-approved indications (skin/skin structure)	

		infections, <i>S. aureus</i> bacteremia, including those with right-sided infective endocarditis)	
Fecal Microbiota (Rebyota)	No approval required	<i>Clostridium difficile</i> infection prophylaxis	Restricted to use in the outpatient infusion center and outpatient clinics only
Fosfomycin (Monurol)	No approval required	Single-dose fosfomycin for simple cystitis can be used without restriction	Documented susceptibility required if requesting more than one dose
Isavuconazole (Cresemba)	ID	Prophylaxis in patients with hematologic malignancy unable to take alternative agents	
Miltefosine (Impavido)	ID	None	
Omadacycline (Nuzyra)	ID	None	
Oral Ribavirin for respiratory viruses (e.g. RSV)	ID, heme/onc	Continuation of home therapy for Hepatitis C	
Peramivir (Rabivab)	ID	None	
Polymyxin B	ID, pulmonary	Irrigation and topical applications	
Posaconazole (Noxafil)	ID	Prophylaxis in patients with hematologic malignancy	
Tigecycline (Tygacil)	ID	None	

ID: infectious diseases service, CMG-IG: cytomegalovirus immune globulin, heme/onc: hematology/oncology service, P&T: Pharmacy and Therapeutics Committee, *S. aureus*: *Staphylococcus aureus*, RSV = respiratory syncytial virus

Non-formulary anti-infectives will be reviewed by the Antimicrobial Stewardship Program. If a patient is admitted for a reason other than infection and is on a non-formulary anti-infective at home, refer to Non-Formulary Policy, MS77, for additional information.

For further details and updated formulary guidelines refer to the Antimicrobial Stewardship Program website at: www.nebraskamed.com/ASP