



Stony Brook University Hospital

Restricted Antibiotic Standard Operating Procedure

Last Update: 8/2/2023

Definition of Restricted Antibiotics:

Antibiotics that are restricted to services including SBUH Adult Infectious Diseases Consult, SBUH Pediatric Infectious Diseases Consult, Eastern Infectious Diseases Associates, or Antimicrobial Stewardship

FORMULARY Restricted Antibiotics

- Artesunate
- Cefiderocol (FETROJA)
- Ceftaroline (TEFLARO)
- CefTAZidime/avibactam (AVYCAZ)
- Ceftolozane/tazobactam (ZERBAXA)
- Fidaxomicin (DIFICID) - **may also obtain approval from Gastroenterology**
- Fosfomycin (MONUROL)
- Maribavir (LIVTENCITY)
- Nirmatrelvir/ritonavir (PAXLOVID)
- Omadacycline (NUZYRA)
- Peramivir (RAPIVAB) - **may also obtain approval from Critical Care**
- Remdesivir (VEKLURY) - **unrestricted for outpatient use by Emergency Department only**

NON-FORMULARY Restricted Antibiotics

- All non-formulary antibiotics require Infectious Diseases approval

Procedures for Processing Restricted Antibiotics:

Primary teams can order restricted antibiotics for **up to 24 hours without Infectious Diseases consult**. However, pharmacists may only dispense doses beyond the initial 24 hours following approval by any eligible Infectious Diseases service. Approval can be found in the Infectious Diseases team's note in the documentation section of PowerChart.

- **Exception: Fosfomycin can be given as a one-time dose so any doses of fosfomycin require approval**

Eligible Infectious Diseases services include Adult Infectious Diseases, Pediatric Infectious Diseases, Eastern Infectious Diseases Associates, and Antimicrobial Stewardship.

Order Verification Workflow of Restricted Antibiotics:

Scenario 1: If PowerChart documentation by Infectious Diseases matches restricted antibiotic order in PharmNet

1. Assess if order is approved by Infectious Diseases by accessing "Documentation" section of PowerChart
2. Document approval by Infectious Diseases in "Patient Notes" section of PharmNet
3. Process order(s) for restricted antibiotic

Scenario 2: If PowerChart documentation by Infectious Diseases does NOT match restricted antibiotic order in PharmNet

1. Contact infectious diseases physician to clarify dosing
 - If contacting Adult Infectious Diseases, please contact fellow on call listed in SPOK first (i.e. if "**Infectious Diseases Team A**" wrote the patient note, please contact the fellow physician on call listed in SPOK for "**Infectious Diseases Team A**")
2. Resolve dosing discrepancy with infectious diseases physician and primary team physician
3. Document dosing clarification with physicians in "Patient Notes" section of PharmNet
4. Process order(s) according to Infectious Diseases approval status

Scenario 3: If restricted antibiotic is ordered and there is no PowerChart documentation of approval by Infectious Diseases

1. Process order for initial 24-hour supply (regardless of time of day, including weekends)
2. Reject order for subsequent maintenance doses
3. Notify primary team that pharmacy has rejected order for subsequent maintenance doses pending Infectious Diseases consult for approval
4. Notify primary team to call pharmacy back when Infectious Diseases approval is obtained
5. Document that primary team was contacted requiring obtaining Infectious Diseases consult in "Patient Notes" section of PharmNet
6. Initial order will fall off in 24 hours, so ensure proper follow up of rejected order so that patient does not miss subsequent maintenance doses