

This policy limits the use of specific antimicrobials which should be reserved for special circumstances (e.g. resistant organisms). Inappropriate use of these antimicrobials will increase resistance, reducing the effectiveness of these valuable agents in the future.

**Protected Antimicrobials should only be used for the permitted indications listed below. ALL other use MUST be approved by a microbiologist or Infectious Diseases (ID) physician. It is mandatory to send a completed Protected Antimicrobial Monitoring Form to pharmacy when prescribing a Protected Antimicrobial. ♦ Failure to do so may delay your patient's treatment.**

♦ On rare occasions where having a form completed would lead to a treatment delay (e.g. medical staff not available on ward out of hours/at weekends) a limited emergency supply will be issued without a completed form. This is on the undertaking that a completed form is sent to pharmacy before requesting further supply.

**To contact a microbiologist:** during working hours use the contact details below, out of hours go through switchboard.

Beatson, Gartnavel, GRI, IRH, RAH, Stobhill, VoL: 0141 201 8551 (short code 18551)

QEUH, VI: 0141 354 9132 (shortcode 89132), option 1

**To contact an ID physician:** tel. 0141 201 1100 (QEUH Switchboard) and ask for the ID consultant/specialist registrar on call.

## Permitted Indications for Protected Antimicrobials (discuss all other use with microbiology or ID)

### \*\*\*Protected Antibacterial Agents\*\*\*

#### Azithromycin (IV only)

Only on ID physician/consultant microbiologist advice

#### Cefiderocol

Only on ID physician/consultant microbiologist advice

#### Ceftaroline

Only on ID physician/consultant microbiologist advice

#### Ceftazidime

1. Febrile neutropenia, in accordance with haematology or oncology unit's sepsis protocol
2. Empiric therapy for CAPD-associated peritonitis
3. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism

#### Ceftazidime/Avibactam (Zavicefta®)

1. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism

#### Ceftobiprole

Only on ID physician/consultant microbiologist advice

#### Ceftolozane/Tazobactam (Zerbaxa®)

1. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism

#### Ceftriaxone

1. Bacterial meningitis or brain abscess
2. Enteric fever (typhoid or paratyphoid)
3. Acute severe pelvic inflammatory disease
4. Use via OPAT (on the advice of an ID physician or under PGD)

#### Ciprofloxacin (IV only)

1. Oral route compromised and prescribed in line with the Infection Management Guidelines
2. Treatment of spontaneous bacterial peritonitis in line with the Infection Management Guidelines
3. Neutropenic patient with fever and true penicillin allergy (in line with the Infection Management Guidelines)
4. Intra-abdominal sepsis with true penicillin allergy & eGFR <20 ml/min/1.73m<sup>2</sup> (in line with the Infection Management Guidelines)

#### Colistin (IV only)

Only on ID physician/consultant microbiologist advice

#### Dalbavancin (Xydalba®)

1. Only for use via OPAT on the advice of an ID physician

#### Daptomycin (NB. not for pneumonia)

1. Use via OPAT (on the advice of an ID physician or under PGD)
- Only on ID physician/consultant microbiologist advice for in-patients

#### Ertapenem

1. Proven ESBL infections requiring IV therapy
2. Use via OPAT on the advice of an ID physician

#### Fidaxomicin

Only on ID physician/consultant microbiologist advice

#### Fosfomycin (IV only)

1. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism

#### Imipenem/Cilastatin

1. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism

#### Imipenem/Cilastatin/Relebactam (Recarbrio®)

Only on ID physician/consultant microbiologist advice

#### Linezolid (IV and oral)

Only on ID physician/consultant microbiologist advice

**NB. If a patient is to be discharged on linezolid remember that weekly symptom/tolerability AND blood monitoring is MANDATORY: refer to OPAT (via TrakCare) to facilitate this.**

#### Meropenem

1. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism
2. Febrile neutropenia (as **second line** therapy)/severe neutropenic sepsis in accordance with haematology or oncology unit's sepsis protocol/Infection Management Guidelines
3. Infections due to multi-resistant (including ertapenem) organisms where no narrower spectrum agent (e.g. temocillin) suitable

#### Meropenem/Vaborbactam (Vaborem®)

Only on ID physician/consultant microbiologist advice

#### Moxifloxacin (IV and oral)

Only on ID physician/consultant microbiologist advice

#### Piperacillin/Tazobactam (Tazocin®)

1. Febrile neutropenia/immunocompromised in line with the Infection Management Guidelines
2. Exacerbation of bronchiectasis/cystic fibrosis if evidence of colonisation with pseudomonas/resistant Gram -ve organism
3. Empiric treatment of sepsis of unknown source associated with decompensated chronic liver disease
4. Empiric treatment of intra-abdominal infection in patients with eGFR < 20ml/min/1.73m<sup>2</sup>
5. Switch from IV gentamicin after 4 days in patients requiring ongoing IV therapy for empiric treatment of suspected G-ve infection who have failed to improve AND/OR who have had co-amoxiclav resistant organisms isolated in the previous 6 months

#### Tedizolid

Only on ID physician/consultant microbiologist advice

#### Temocillin

Only on ID physician/consultant microbiologist advice

#### Tigecycline

Only on ID physician/consultant microbiologist advice

### \*\*\*Protected Antifungal Agents\*\*\*

#### Amphotericin, Anidulafungin, Caspofungin, Isavuconazole, Posaconazole & Voriconazole

1. Use in accordance with haematology or oncology unit's protocol
2. Invasive candidiasis in adult non-haemato oncology patients in line with the NHSGGC guideline for this patient group

### \*\*\*Protected Antiviral Agents\*\*\*

#### Zanamivir (IV only)

Only on ID physician/virologist/consultant microbiologist advice