

Restricted Antimicrobials for VCH

Drug name	Common trade name	Route of administration	Restrictions	Approval source and date	
amphotericin B liposomal	ABELCET, AMBISOME	parenteral	Restricted to patients with intolerance or contraindications to amphotericin B Restriction to prescriber service and patient location. Restricted to Infectious Diseases, L/BMT, SOT, and ICU Service for patients with intolerance or contraindications to amphotericin B.	BCHA P&T May 26, 2011 V P&T February 28, 2013	*
caspofungin	CANCIDAS	parenteral	Restricted to pediatric patients with fungal infections that are known or suspected to be resistant to fluconazole OR in pediatric patients intolerant to fluconazole	BCHA P&T November 25, 2010	
cefepime	MAXIPIME	parenteral	Restricted to: • Febrile neutropenia OR • Cystic Fibrosis pulmonary exacerbations OR • Directed therapy for infections caused by ampC-producing organisms (where MIC is less than or equal to 1 mcg/mL)	Updated February 26, 2026 BCHA P&T September 19, 2013	
cefoxitin	MEFOXIN	parenteral	Restricted to gynecological/obstetrical infections OR neonates/pediatrics OR infections due to <i>Mycobacterium abscessus</i>	BCHA P&T May 26, 2011	
colistimethate (colistin)	COLY-MYCIN	parenteral, inhalation	Restricted to treatment of pneumonia in cystic fibrosis patients Restricted to prescriber service and patient location: Restricted to Infectious Diseases and SOT for the treatment of pneumonia in cystic fibrosis patients.	BCHA P&T May 26, 2011 V P&T February 28, 2013	
dalbavancin	XYDALBA	parenteral	Restricted to treatment of adults with methicillin-resistant Staphylococcus aureus (MRSA) skin and soft tissue infections confirmed susceptible to dalbavancin, meeting the following criteria: 1. Oral anti-MRSA formulary agents are contraindicated due to allergy, intolerance, or resistance; AND 2. Outpatient use OR inpatient use if dalbavancin allows earlier hospital discharge; AND 3. Intended treatment duration is 1 week or more; AND 4. Patient is unable to receive IV vancomycin or daptomycin due to logistical barriers.	BCHA P&T June 27, 2024	
			Restricted to Infectious Diseases for the treatment of adults with methicillin-resistant Staphylococcus aureus (MRSA) skin and soft tissue infections confirmed susceptible to dalbavancin, meeting the following criteria:	V P&T November 28, 2024	

			1. Oral anti-MRSA formulary agents are contraindicated due to allergy, intolerance, or resistance; AND 2. Outpatient use OR inpatient use if dalbavancin allows earlier hospital discharge; AND 3. Intended treatment duration is 1 week or more; AND 4. Patient is unable to receive IV vancomycin or daptomycin due to logistical barriers.		
daptomycin	CUBICIN	parenteral	Restricted to treatment of severe infections caused by resistant Gram-positive organisms, where other agents cannot be used: 1. MRSA bacteremia with vancomycin MIC greater than 2mcg/mL OR 2. Persistent MRSA bacteremia of 7 days or more. Note: Consult infectious diseases expertise if the patient's condition is worsening, despite adequate source control and regardless of the vancomycin MIC OR 3. MRSA bacteremia with confirmed allergy/severe intolerance* to vancomycin OR 4. VRE bacteremia OR 5. Gram positive infections when other formulary agents (e.g. vancomycin, linezolid) are contraindicated due to allergy, severe intolerance*, or resistance. *Vancomycin-associated acute kidney injury (AKI) is defined as serum creatinine increase of 30mcmol/L or greater than 50% from baseline.	BCHA P&T February 23, 2017 Updated BCHA P&T June 22, 2023	
			Restricted to Infectious Diseases and ICU Services for the treatment of severe infections caused by resistant Gram-positive organisms, where other agents cannot be used: 1. MRSA bacteremia with vancomycin MIC greater than 2mcg/mL OR 2. Persistent MRSA bacteremia of 7 days or more. Note: Consult infectious diseases expertise if the patient's condition is worsening, despite adequate source control and regardless of the vancomycin MIC OR 3. MRSA bacteremia with confirmed allergy/severe intolerance* to vancomycin OR 4. VRE bacteremia OR 5. Gram positive infections when other formulary agents (e.g. vancomycin, linezolid) are contraindicated due to allergy, severe intolerance*, or resistance. *Vancomycin-associated acute kidney injury (AKI) is defined as serum creatinine increase of 30mcmol/L or greater then 50% from baseline	V P&T March 8, 2017 Updated V P&T June 27, 2024	

ertapenem	INVANZ	parenteral	Restricted to outpatient use only: 1. Empiric therapy: Severe gram-negative or polymicrobial infections with risk factors for resistance, or when other antibiotics are contraindicated due to allergy, intolerance or unavoidable logistical circumstances; or 2. Directed therapy: Gram-negative or polymicrobial infection resistant to other antibiotics (e.g. ceftriaxone, fluoroquinolones, cotrimoxazole), or when other antibiotics are contraindicated due to allergy, intolerance or unavoidable logistical circumstances. Note: Ertapenem has no activity against <i>Enterococcus</i> spp., <i>Pseudomonas aeruginosa</i> or <i>Acinetobacter</i> spp. Exceptions: May be prescribed for inpatients: a) on the day of discharge to the home IV therapy or outpatient antimicrobial programs; b) intramuscularly, until IV access is established.	BCHA P&T February 22, 2018 Updated BCHA P&T September 26, 2024	
imipenem+cilastatin	PRIMAXIN	parenteral	Restricted to: 1. Empiric therapy: Severe Gram-negative or polymicrobial infections in patients with risk factors for resistance, or when other antibiotics are contraindicated due to allergy or intolerance; 2. Empiric or directed therapy of <i>Nocardia</i> or nontuberculous mycobacterial infections where indicated; 3. Directed therapy: Gram-negative or polymicrobial infections resistant to other antibiotics (e.g. ceftriaxone, fluoroquinolones, cotrimoxazole), or when other antibiotics are contraindicated due to allergy or intolerance. Note: Imipenem-cilastatin is the preferred carbapenem for polymicrobial infections where <i>Enterococcus faecalis</i> is prominent in culture.	BCHA P&T February 22, 2018	
linezolid	ZYVOXAM, ZYVOX	parenteral, oral	Restricted to treatment of infections caused by Gram-positive organisms 1. Resistant to vancomycin, including: a) vancomycin-resistant enterococci; OR b) methicillin-resistant <i>S. aureus</i> (MRSA) with a vancomycin MIC greater than 2 mcg/mL, where other antibiotics, such as trimethoprim-sulfamethoxazole, clindamycin or doxycycline cannot be used; OR 2. In patients intolerant to vancomycin* where other antibiotics, such as trimethoprim-sulfamethoxazole, clindamycin or doxycycline cannot be used. Note: Oral linezolid offers 100% bioavailability and is the preferred route of administration. Linezolid IV should only be used in patients who are unable to tolerate or absorb the oral dosage form. *Vancomycin-associated acute kidney injury (AKI) is defined as serum creatinine increase of 30 mcmol/L or greater than 50% from baseline.	BCHA P&T May 26, 2011. Updated at BCHA P&T: November 28, 2019 June 22, 2023	*

meropenem	MERREM	parenteral	Restricted to: 1. Empiric therapy: Severe Gram-negative or polymicrobial infections in patients with risk factors for resistance, or when other antibiotics are contraindicated due to allergy or intolerance. 2. Directed therapy: Gram-negative or polymicrobial infections resistant to other antibiotics (e.g. ceftriaxone, fluoroquinolones, cotrimoxazole), or when other antibiotics are contraindicated due to allergy or intolerance. Note: Meropenem is the preferred carbapenem for healthcare-associated ventriculitis and meningitis (brain abscess, cerebral spinal fluid shunt and drain, or post neurosurgery), or head trauma-related central nervous system (CNS) infections.	BCHA P&T February 22, 2018	*
micafungin	MYCAMINE	parenteral	Restricted for: Empiric therapy of known or suspected invasive candidiasis, excluding urinary tract and CNS infections; Directed therapy for confirmed invasive candidiasis in patients: - With ongoing septic shock; - With known or suspected resistance to fluconazole; Intolerant or contraindicated to receiving fluconazole.	BCHA P&T November 25, 2010 Updated BCHA P&T June 26, 2025	*
posaconazole	POSANOL oral suspension and delayed release tablets	oral	Restricted to prophylaxis or treatment of invasive fungal infections (IFIs) for the following indications: 1) Prophylaxis of IFIs in: a) Neutropenic patients, where neutropenia is present for 7 days or longer, plus one of the following: I. Colonization with <i>Aspergillus</i> species and intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin) II. Acute Leukemia receiving salvage chemotherapy regimens III. Acute Leukemia/Myelodysplastic Syndrome receiving induction chemotherapy at an institution where incidence of invasive mold infection is greater than 8% b) Allogeneic stem cell transplant patients with steroid refractory acute graft-versus-host-disease c) Allogeneic stem cell transplant patients with chronic graft-versus-host-disease treated with corticosteroids greater than 0.5 mg/kg/day. d) Lung transplant patients intolerant or resistant to other appropriate antifungals with any of the following: I. <i>Aspergillus</i> colonization in year prior to transplant II. Receiving ATG induction therapy III. Receiving ATG or other anti-rejection therapy, with <i>Aspergillus</i> colonization or prior fungal infection	BCHA P&T January 26, 2012 BCHA P&T February 23, 2017 BCHA P&T June 25, 2020	*

			2) Treatment of IFIs, including Mucorales (formerly zygomycetes), in patients who are: a) Intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin), or b) Where oral step down therapy is appropriate Note: Posaconazole oral liquid immediate release should only be used in patients who can tolerate a full fat meal. Restricted to Infectious Disease and Leukemia/BMT Services for: prophylaxis or treatment of invasive fungal infections (IFIs) for the following indications: 1) Prophylaxis of IFIs in: a) Neutropenic patients, where neutropenia is present for 7 days or longer, plus one of the following: I. Colonization with Aspergillus species and intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin) II. Acute Leukemia receiving salvage chemotherapy regimens III. Acute Leukemia/Myelodysplastic Syndrome receiving induction chemotherapy at an institution where incidence of invasive mold infection is greater than 8% b) Allogeneic stem cell transplant patients with steroid refractory acute graft-versus-host-disease c) Allogeneic stem cell transplant patients with chronic graft-versus-host-disease treated with corticosteroids greater than 0.5 mg/kg/day. d) Lung transplant patients intolerant or resistant to other appropriate antifungals with any of the following: I. Aspergillus colonization in year prior to transplant II. Receiving ATG induction therapy III. Receiving ATG or other anti-rejection therapy, with Aspergillus colonization or prior fungal infection 2) Treatment of IFIs, including Mucorales (formerly zygomycetes), in patients who are: a) Intolerant or resistant to other appropriate antifungals (e.g. amphotericin B, voriconazole, itraconazole, micafungin), or b) Where oral step down therapy is appropriate Note: Posaconazole oral liquid immediate release should only be used in patients who can tolerate a full fat meal.	V P&T Oct. 22,2020	
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tigecycline	TYGACIL	parenteral	Restricted for use as a last line for patients with multi-drug resistant organism infections or intolerance to other antibiotics Restricted to prescriber service: Restricted to Infectious Diseases and ICU Service as a last line for patients with multi-drug resistant organism infections or intolerance to other antibiotics	BCHA P&T May 26, 2011 V P&T February 28, 2013 and May 23, 2013	
valGANCiclovir	VALCYTE	oral	Restricted to use in HIV/AIDS, transplant, hematology, oncology, or ophthalmology patients, or for congenital cytomegalovirus (CMV) infection.	BCHA P&T May 26, 2011 Updated: June 22, 2023	
voriconazole	VFEND	parenteral, oral	Restricted to prophylaxis or treatment of aspergillus OR scedosporium OR fusarium OR in patients intolerant to or isolate resistant to amphotericin B deoxycholate or fluconazole.	BCHA P&T May 26, 2011	

* for dispensary use only