

Drug	Criteria
<p><b>Amphotericin B Lipid Complex (Abelcet®)</b></p> <p><b>**Requires Order Form**</b></p>	<p>Invasive fungal infection in patient refractory to conventional amphotericin B (has received at least 7 days therapy with conv ampho B)</p> <p>Invasive fungal infection (aspergillosis or mucor) in patient intolerant of amphotericin B due to renal dysfunction meeting the following criteria:</p> <ul style="list-style-type: none"> <li>    Patient has SCr &gt; 2.5mg/dl or calculated CrCl&lt;30ml/min</li> <li>    Patient has SCr &gt; 2mg/dl or calculated CrCl&lt;50ml/min and is currently receiving one of the following nephrotoxic medications: Cyclosporine, Tacrolimus, Aminoglycoside, Foscarnet</li> <li>    Patient's current serum creatinine is double pre-amphotericin baseline serum creatinine.</li> </ul>
<p><b>Caspofungin (Cancidas®)</b></p> <p><b>**Requires Order Form**</b></p>	<p>Invasive aspergillosis infection that has failed other therapy</p> <p>Non-albicans yeast that has failed other therapy</p>
<p><b>Ciprofloxacin (Cipro®)</b></p>	<p>Adjunct therapy for documented pseudomonas particularly for patients unable to tolerate aminoglycosides.</p> <p>Bone and joint infection</p>
<p><b>Itraconazole IV (Sporanox®)</b></p> <p>IV form not recommended in patients with CrCl&lt;30ml/min</p>	<p>Invasive fungal infection in patients refractory/intolerant to ampho B</p>
<p><b>Ertapenem (Invanz®)</b></p> <p>Not for suspected or documented pseudomonas</p>	<p>Documented ESBL producing microorganism</p> <p>Serious intra-abdominal infection</p> <p>Diabetic foot infection</p> <p><input type="checkbox"/> Inpatient administration prior to home therapy for serious infection – usually a limited number of doses prior to discharge</p>
<p><b>Imipenem-Cilastatin (Primaxin®)</b></p>	<p>Pathogen resistant to other antimicrobial agents</p> <p>Documented ESBL producing microorganism</p> <p>Empiric treatment for serious intra-abdominal infection</p> <p>Empiric treatment of nosocomial infection</p>
<p><b>Meropenem (Merrem®)</b></p>	<p>Pathogen resistant to other antimicrobial agents</p> <p>Documented ESBL producing microorganism</p> <p>Empiric treatment for serious intra-abdominal infection</p> <p>Empiric treatment of nosocomial infection</p> <p>Pediatric Use – particularly for suspected meningitis</p>
<p><b>Quinupristin-Dalfopristin (Synercid®)</b></p> <p>Patients should have central/PICC line or dilute in ≥ 250ml D5W</p>	<p>Documented E. faecium (not E. faecalis) from site(s) other than urine resistant to other antimicrobials including vancomycin</p> <p><i>Treatment choices for VRE in urine include Nitrofurantoin or Doxycycline) Consider for MRSA in urine: TMP/SMX, Doxycycline, Minocycline</i></p> <p>Allergy to beta lactams/vancomycin <u>and</u> resistant to other antimicrobials.</p>
<p><b>Linezolid (Zyvox®)</b></p> <p>Use caution in patients with thrombocytopenia.</p>	<p>Documented pathogen from site(s) other than urine resistant to other antimicrobials including vancomycin</p> <p><i>Treatment choices for VRE in urine include Nitrofurantoin or Doxycycline) Consider for MRSA in urine: TMP/SMX, Doxycycline, Minocycline</i></p> <p>Allergy to beta lactams/vancomycin and resistant to other antimicrobials.</p>
<p><b>Voriconazole (V-Fend®)</b></p> <p><b>**Requires Order Form**</b></p> <p>IV form not to be used in patients with reduced renal function. Pregnancy Class X</p>	<p>Invasive aspergillosis in patients refractory/intolerant to ampho B</p> <p>Documented Scedosporium apiospermum in patient refractory/intolerant to other therapy</p> <p>Documented Fusarium spp in patient refractory/intolerant to other therapy</p>

**Clinical Pharmacist Review  
Prior to Dispensing Criteria-Based Anti-Infectives**

<b>Drug</b>	<b>Criteria</b>
<b>Amphotericin B Lipid Complex (Abelcet®)</b>	Physician must complete order form prior to processing order
<b>Caspofungin (Cancidas®)</b>	Physician must complete order form prior to processing order
<b>Ciprofloxacin (Cipro®)</b>	Requires criteria to be met prior to processing order Suggest other therapy if patient does not meet criteria
<b>Itraconazole IV (Sporanox®)</b>	Requires criteria to be met prior to processing order Suggest other therapy if patient does not meet criteria
<b>Ertapenem (Invanz®)</b>	Requires criteria to be met prior to processing order Suggest other therapy if patient does not meet criteria
<b>Imipenem-Cilastatin (Primaxin®)</b>	Requires criteria to be met prior to processing order Suggest other therapy if patient does not meet criteria
<b>Meropenem (Merrem®)</b>	Requires criteria to be met prior to processing order Suggest other therapy if patient does not meet criteria
<b>Quinupristin-Dalfopristin (Synercid®)</b>	Requires criteria to be met prior to processing order Patients should have central/PICC line or dilute in $\geq 250$ ml D5W
<b>Linezolid (Zyvox®)</b>	Requires criteria to be met prior to processing order Use caution in patients with baseline thrombocytopenia (Defined as $< 75\%$ of normal)
<b>Voriconazole (V-Fend®)</b>	Physician must complete order form prior to processing order Pharmacist must complete profile review and document on order form. Verify patient does not have reduced renal function prior to using IV Verify patient is not pregnant