

St. Louis Children's Hospital Antimicrobial Restrictions

Restriction Category	Antimicrobials
ID or ASP Approval (e.g. Second-sign) Required at Initiation	Baloxavir Daptomycin Doxycycline (IV) Ertapenem Linezolid ¹ Peramivir Tigecycline All non-formulary antimicrobials require ID or ASP approval
ID or ASP Approval (e.g. Second-sign) Required at Initiation AND ID Consult Required	Amphotericin B deoxycholate ² Antimicrobial Lock Therapy (ALT) ³ Cefiderocol Ceftaroline Ceftazidime/Avibactam Ceftolozane/Tazobactam Chloramphenicol Colistin (IV) Eravacycline ⁴ Fidaxomicin Imipenem/Relebactam ⁴ Inhaled ribavirin Maribavir ⁴ Meropenem/Vaborbactam Omadacycline ⁴ Rezafungin ⁴ Sulbactam/Durlobactam ⁴ Tecovirimat (investigational drug for Mpox) ⁴
¹ Pulmonary approval allowed ² Only for use in neonatal intensive care unit ³ Vascular Access consult required, see Policy Tech for policies related to ALT ⁴ ⁴ Non-formulary antimicrobials	

Please call ASP (314-738-4216) or the ID fellow on-call with any questions.