

## St. Louis Children's Hospital Antimicrobial Restrictions

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

Please page the Antimicrobial Stewardship Team or the ID fellow on-call with any questions.