

## Antibiotics Requiring Pediatric Infectious Diseases Service Approval

The Pediatric Infectious Diseases physicians must be called on all restricted antibiotics (on all three shifts). These restrictions apply to a) all patients on Pediatric Units and b) all patients < 12 years old on other units. When used in pediatric patients the following antibiotics require approval by a member of the Pediatric Infectious Diseases Service.

1. Amikacin – Approval not required for cystic fibrosis patients
2. Amphotericin B – Due to critical shortage, conventional amphotericin B will temporarily require approval for ALL patients, including ICN patients. See details on following page.
3. Amphotericin B Liposomal– Approval not required for pediatric febrile/neutropenic oncology patients
4. Ampicillin/Sulbactam
  - a. Approval not required for animal/human bite wounds
  - b. Approval not required for deep neck infections (e.g. retropharyngeal abscess)
5. Aztreonam
  - a. Approval not required for cystic fibrosis patients
  - b. Approval not required for burn patients
6. Cefepime
  - a. Approval not required for cystic fibrosis patients
  - b. May be dispensed for 72hr empiric therapy for ICN patients without ID approval. If there are no positive cultures at 72hr requiring cefepime, ID approval is required to continue therapy.
  - c. Approval not required for burn patients
  - d. Approval not required for Complex UTI Study
7. Cefotaxime— Approval not required for febrile infants  $\leq 28$  postnatal days of life or  $\leq 41$  weeks postmenstrual age
8. Ceftaroline
9. Ceftazidime
  - a. Approval not required for pediatric febrile/neutropenic oncology patients or cystic fibrosis patients
  - b. Approval not required for spinal rod surgery patients for peri-operative prophylaxis (one dose given in OR and three q8hr doses post-operatively)
  - c. Approval not required for VP shunt infections
  - d. Approval not required for burn patients
  - e. Approval not required for ICN patients
10. Ceftazidime/Avibactam
11. Ceftolozane/Tazobactam
12. Chloramphenicol
13. Daptomycin
14. Doripenem
15. Ertapenem
16. Imipenem/Cilastatin
17. Itraconazole
18. Levofloxacin
19. Linezolid - Approval not required for cystic fibrosis patients
20. Meropenem
  - a. Approval not required for cystic fibrosis patients
  - b. Approval not required in patients admitted with lawn mower/farm injuries
  - c. Approval not required for ICN patients
  - d. Approval not required for PICU patients
21. Micafungin
22. Moxifloxacin
23. Palivizumab –Restricted in patients outside of ICN/IMN)
24. Peramivir
25. Piperacillin/Tazobactam
  - a. Approval not required for cystic fibrosis patients
  - b. Approval not required for burn patients
  - c. Approval not required for Pediatric Surgery patients
26. Posaconazole
27. Quinupristin/Dalfopristin
28. Remdesivir
29. Ribavirin
30. Telavancin
31. Tigecycline
32. Vancomycin IV
  - a. Vancomycin does not require initial ID approval
  - b. **\*\*However, for 8<sup>th</sup> floor, 9PA and burn patients ID approval is required at 72 hours if there are no positive cultures requiring vancomycin**
  - c. Approval not required in patients admitted with lawn mower/farm injuries
33. Voriconazole
34. Zanamivir INH

**Temporary Conventional Amphotericin B Restriction Criteria:**

-Between the hours of 0800 to 2000, Peds ID must be contacted for approval prior to ordering conventional amphotericin B.

-Orders placed after 2000 and before 0800 are approved for one (1) dose in neonates/infants in the NICU/ICN/PICU with 1) suspected invasive candida infection, especially renal candidiasis, 2) suspected Candida meningitis, or 3) Candidemia with abnormal CSF studies. Please contact Peds ID between the hours of 0800 to 2000 for approval of further doses.

Conventional amphotericin B is recommended for initial treatment in neonates/infants with systemic candidiasis. IV Fluconazole may be used for candida spp. isolates susceptible to fluconazole. Lipid formulations of Amphotericin B should be used with caution in infants with invasive candida infection, particularly with renal tract involvement and CNS infection.

For older children and adolescents (including neutropenic/non-neutropenic hosts) with candidiasis, an echinocandin (e.g. IV Micafungin) is preferred. Alternative agents include lipid formulations of Amphotericin B and fluconazole (as step down therapy if the patient is stable and candida spp. isolate is susceptible to fluconazole)

12.3.21