

Formulary Restriction with Pre-authorization

It is very important that the antimicrobial stewardship program reach a balance between allowing practitioners to order new and/or expensive antibiotics when appropriate and restricting their usage to prevent abuse, toxicity and/or the development of resistance. Not allowing an antibiotic to be ordered works best when agents in a single class are similar e.g. some carbapenems. When antibiotics are members of different classes and the readily available agents are not deemed to be effective or appropriate, it is important from a patient care perspective to have additional agents available. Having restricted antibiotics on formulary and requiring infectious disease approval for use is a useful approach to limiting the inappropriate use of selected agents. Examples of commonly restricted antibiotics include daptomycin, linezolid, tigecycline, ceftaroline, and fidaxomicin.

Although easier to institute the pre-authorization policy during business hours, it can pose a problem at other times, such as in the middle of the night, week-ends and holidays. Permitting the ordering of restricted agents by any practitioner during non-business hours with the requirement of a consult in less than 24 hours of ordering can circumvent many of the problems. For some facilities this produces an additional challenge because of the lack of infectious diseases consultative support. The ability of practitioners to order restricted antibiotics appropriately is still important for patient care. Options for addressing pre-authorizations include facilities contracting with an outside infectious diseases consultant or an eID service to fulfill those needs via working with the facility pharmacist and/or one on one discussion with the physicians. A stewardship trained clinical pharmacist can work more independently utilizing national /expert treatment guidelines. Physicians' desire to order restricted medications can be tempered when rationale, evidence based alternatives are available. Pre-printed order sets not including restricted medications and providing the annual antibiogram are also effective in controlling requests for restricted medications.

Lastly, to make this process effective, education of providers utilizing national /expert treatment guidelines e.g. ASHP, The Medical Letter, IDSA, and the CDC can significantly reduce physicians' desire to order restricted medications when rational alternatives are available.