

## Provincial Drugs & Therapeutics Committee Memorandum

To:	All Physicians, Nurses & Pharmacists
From:	Provincial Drugs & Therapeutics Committee, Antimicrobial Stewardship Committee
Date:	September 15, 2014
Re:	<b>Linezolid and Daptomycin Formulary Restrictions</b>

### BACKGROUND/RATIONALE:

PD&T has approved The Antimicrobial Stewardship Committee's recommendation to apply formulary restrictions to linezolid and daptomycin. Both linezolid and daptomycin are listed as options in the *Health PEI: Provincial Antibiotic Advisory Team Empiric Antibiotic Treatment Guidelines for Sepsis Syndromes in Adults*. The linezolid formulary restrictions listed below are updates to the previous restrictions that had been in place for a number of years. Previously daptomycin was considered a non-formulary medication. To facilitate appropriate use and prescribing of daptomycin, this medication now has a formulary status of formulary with restrictions.

### DECISION:

Linezolid or daptomycin will only be available when one or more of the below criteria for use are met.

#### **Health PEI Hospital Drug Formulary Restriction for Linezolid**

- At the opinion of the Medical Microbiologist or another Infectious Disease consultant
- To treat an infection in a patient truly allergic to vancomycin
- To empirically treat suspected VRE (based on travel, non-response, past microbiology)
- To empirically treat suspected severe MRSA pneumonia until culture susceptibilities are known

#### **Health PEI Hospital Drug Formulary Restriction for Daptomycin**

- At the opinion of the Medical Microbiologist or another Infectious Disease consultant
- To treat moderate to severe suspected MRSA non-respiratory infection in a patient truly allergic to vancomycin

### IMPLEMENTATION:

#### **Service areas where Computerized Provider Order Entry (CPOE) is in use**

- A formulary restriction PowerForm has been built in CIS for each of these medications.
- Beginning on September 16, 2014 the PowerForm will be presented to the prescriber when the linezolid or daptomycin orderables are chosen in PowerChart.
- Screenshots of the PowerForms are included on the next page.

The following PowerForm will be displayed when the linezolid orderable is chosen:

**Linezolid Formulary Restriction - ZZ TEST, PHARM ONE**

\*Performed on: 2014-Aug-25 0856 By: Cusack, M

**Linezolid Formulary Restriction**

Linezolid is a restricted agent. Linezolid will only be supplied if the order meets one of the criteria listed below. Please select one of the below criteria.

At the opinion of the Medical Microbiologist  
 At the opinion of another Infectious Disease consultant (indicate physician)  
 To treat an infection in a patient truly allergic to vancomycin  
 To empirically treat suspected VRE (based on travel, non-response, past microbiology)  
 To empirically treat suspected severe MRSA pneumonia until culture susceptibilities are known

Infectious Disease Consultant

Recommended monitoring: CBC at baseline and weekly thereafter while receiving linezolid.

Note: the bioavailability of oral linezolid is close to 100%, therefore oral administration is preferred if the patient can tolerate it.

To sign form click the check mark at top left of screen.

The following PowerForm will be displayed when the daptomycin orderable is chosen:

**Daptomycin Formulary Restriction - ZZ TEST, PHARM TWO**

\*Performed on: 2014-Aug-28 1025 By: Cusack, Marsha

**Daptomycin Formulary Restriction**

Daptomycin is a restricted agent. Daptomycin will only be supplied if the order meets one of the criteria listed below. Please select one of the below criteria:

At the opinion of the Medical Microbiologist  
 At the opinion of another Infectious Disease consultant (indicate physician)  
 To treat moderate to severe suspected MRSA non-respiratory infection in a patient truly allergic to vancomycin

Infectious Disease Consultant

Recommended monitoring: CK at baseline and weekly thereafter while receiving daptomycin.

To sign form click the check mark at top left of screen.

After choosing the appropriate checkbox, sign the form by clicking the green checkmark ✓ at the top left of the form.

### Service areas where CPOE is not in use

- Pre-printed order forms have been created for both antibiotics for use in service areas that do not use CPOE. Paper copies of the pre-printed order forms will be available from the pharmacy department of your facility and are attached to this memo for your information.



Patient Label

**PHYSICIAN ORDER FORM**  
**Linezolid**

Patient: weight \_\_\_\_\_ kg height \_\_\_\_\_ cm

**Date:**

**Time:**

Linezolid is a restricted agent. Linezolid will only be supplied if the order meets one of the criteria listed below.

**Please select one of the below criteria:**

- At the opinion of the Medical Microbiologist
- At the opinion of another Infectious Disease consultant (indicate physician)  
Dr. \_\_\_\_\_
- To treat an infection in a patient truly allergic to vancomycin
- To empirically treat suspected VRE (based on travel, non-response, past microbiology)
- To empirically treat suspected severe MRSA pneumonia until culture susceptibilities are known

**Monitoring**

- CBC at baseline and weekly thereafter, while receiving linezolid
- Other: \_\_\_\_\_

**Linezolid Order**

- Linezolid** 600 mg PO q12h for \_\_\_\_\_ days
- Linezolid** 600 mg IV q12h for \_\_\_\_\_ days

**NOTE:** The bioavailability of oral linezolid is close to 100%, therefore oral administration is preferred if the patient can tolerate it.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place original on patient's chart and send copy to Pharmacy

Date/Time: \_\_\_\_\_



Patient Label

**PHYSICIAN ORDER FORM**  
**Daptomycin**

Patient: weight \_\_\_\_\_ kg height \_\_\_\_\_ cm

**Date:**

**Time:**

Daptomycin is a restricted agent. Daptomycin will only be supplied if the order meets one of the criteria listed below.

**Please select one of the below criteria:**

- At the opinion of the Medical Microbiologist
- At the opinion of another Infectious Disease consultant (indicate physician)  
Dr. \_\_\_\_\_
- To treat moderate to severe suspected MRSA non-respiratory infection in a patient truly allergic to vancomycin

**Monitoring**

- CK at baseline and weekly thereafter, while receiving daptomycin
- Other: \_\_\_\_\_

**Daptomycin Order**

**DAPTO**mycin \_\_\_\_\_ mg IV q24h for \_\_\_\_\_ days

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place original on patient's chart and send copy to Pharmacy Date/Time: \_\_\_\_\_