

NHS D&G PROTECTED **ANTIMICROBIAL** POLICY- **TRAFFIC LIGHT** SYSTEM

Antimicrobial usage is under national audit and all prescribers are expected to comply with D&G protocols even if they are familiar using different agents elsewhere. This guidance, in conjunction with the antimicrobial guidelines aims to (i) ensure patient receives optimum therapy while minimising risk of side effects, (ii) slow down the emergence of resistance and (iii) allows prescriber to obtain advice and support if it is believed an alternative approach could be better for an individual patient.

The traffic light system has three groups of antimicrobials:

- GREEN

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Available for all prescribers in line with current antimicrobial prescribing guidelines. Indication must be documented in medical notes.
- AMBER

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Prescription restricted to approval by consultant/ specialist. Indication and consultant/specialist approval must be documented in the medical notes.
- RED

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Available only after discussion with consultant microbiologists or infectious diseases consultant. Indication and ID or micro consultant approval must be documented in the medical notes.

Where prompted on HEPMA, select either ‘Held for specialist use’ or ‘Microbiology recommendation’ whichever appropriate

**GREEN**

Available to ALL prescribers in line with current antimicrobial prescribing guidelines

ANTIMICROBIAL AGENTS	Prescribable under these permitted indications
Amoxicillin IV/PO	
Azithromycin PO	
Benzyl penicillin IV	
Cefalexin PO	
Cefotaxime IV	As per paediatric antimicrobial formulary
Cefuroxime IV	As per surgical and procedural prophylaxis formulary As per obstetrics and gynaecology antimicrobial formulary
Ceftriaxone IV	<ul style="list-style-type: none"><li>Bacterial Meningitis, Retropharyngeal Abscess</li><li>Preseptal or Orbital Cellulitis, Epiglottitis/ Supraglottitis</li><li>As per obstetric &amp; gynaecology formulary, severe PID</li><li>As per paediatric formulary (<b>but see caution/contraindications</b>)</li></ul>
Ciprofloxacin PO/*IV  (Nb : quinolone safety warnings)	<ul style="list-style-type: none"><li>Pyelonephritis/ CAUTI where eGFR &lt;20mls/min</li><li>2<sup>nd</sup> line agent for spontaneous bacterial peritonitis (SBP) where co-trimoxazole or co-amoxiclav are inappropriate</li><li>Acute prostatitis, where trimethoprim inappropriate</li><li>Prophylaxis stat dose for urological surgery/procedures where Gentamicin IV inappropriate</li></ul> *IV route only if oral route compromised or GI absorption issues
Clarithromycin PO/IV - <b>check interactions, P450 inhibitor, QTc</b>	
Clindamycin PO/IV	
Co-amoxiclav PO/IV  (Inappropriate prescribing of co-amoxiclav is associated with increased C.Diff & MRSA infections)	<ul style="list-style-type: none"><li>Clinical severe pneumonia, CAP CURB ≥3</li><li>Animal/ human bites, moderate diabetic foot ulcer</li><li>Burns, contaminated wound and compound fractures</li><li>Severe acute otitis media (systemically unwell), acute sinusitis</li><li>Acute mastoiditis, suppurative parotitis</li><li>SBP (if patient is already on co-trimoxazole prophylaxis)</li><li>As per paediatric, obstetric and gynaecology and surgical and procedural prophylaxis antimicrobial formulary</li></ul>
Co-trimoxazole PO/IV	
Doxycycline PO	
Fidaxomicin PO	For recurrence of C.Diff within 12 weeks (relapsed)
Flucloxacillin IV/PO	
Fosfomycin PO	
Gentamicin IV	
Levofloxacin PO/*IV  (Nb : quinolone safety warnings)	<ul style="list-style-type: none"><li>CAP CURB &gt;3 or severe late onset HAP</li><li>Mod- severe diabetic foot ulcer where penicillin-based antibiotic is inappropriate</li><li>For suspected/ confirmed Legionella infection</li></ul> *IV route only if oral route compromised or GI absorption issues
Methenamine hippurate PO	
Metronidazole IV/PO	
Nitrofurantoin PO tabs and caps	
Ofloxacin PO	For treatment of epididymo-orchitis ( <b>Nb: quinolone safety warnings</b> )
Oxytetracycline PO	
Phenoxymethylpenicillin (Penicillin V) PO	
Piperacillin/ Tazobactam IV	<ul style="list-style-type: none"><li>Neutropenic sepsis, Necrotizing fasciitis</li><li>Decompensated chronic liver disease with sepsis unknown source</li></ul>
Pivmecillinam PO	
Teicoplanin IV	For surgical and procedural prophylaxis only- refer to formulary For Pre-pacemaker insertions
Trimethoprim PO	
Vancomycin IV	
Vancomycin PO	1 <sup>st</sup> line C.Difficile treatment irrespective of severity
ANTIFUNGAL AGENTS	
Fluconazole PO/IV – <b>check interactions, P450 inhibitor, QTc</b>	
Nystatin suspension	
Terbinafine PO	
ANTIVIRAL AGENTS	
Aciclovir PO/IV	
Oseltamivir PO	For treatment of Influenza A or B
Valaciclovir PO	

N.B. Agents listed in the amber/red restricted list may not be stocked in pharmacy but if requested by Specialist /Microbiology/ Infectious Diseases consultant, they would be available within 24 hours. A request for an antimicrobial not listed here will follow non-formulary processes



**AMBER**

Only available if approved by consultant/ specialist.  
Indication and consultant/specialist approval must be documented in the medical notes.

ANTIMICROBIAL AGENTS	Prescribable under these permitted indications
Amphotericin (liposomal) IV	Patient under the care of Haematology Consultant
Benzathane/ Procaine Penicillin IM	Patient under the care of GUM Consultant/ BVV team (Procaine Penicillin Unlicensed in UK; named patient supply only)
Cefazolin IV	Once off dose for Endophthalmitis under ophthalmologist
Ceftriaxone IV/IM	IV- For use via OPAT cellulitis pathway IM- For pelvic inflammatory disease (PID)/ Gonorrhea/ Gonococcal conjunctivitis/ under care of GUM/BVV team
Colistin IV	On the advice of respiratory consultant to be used as nebuliser
Dapsone PO	2 <sup>nd</sup> line option for Pneumocystis pneumonia (PCP)
Erythromycin PO/IV	May be used as prokinetic agent without restriction but is unlicensed. - <i>check interactions, P450 inhibitor, QTc</i>
Ethambutol PO	For treatment of tuberculosis
Isoniazide PO	For treatment of tuberculosis
Itraconazole PO	Patient under the care of Haematology Consultant
Lymecycline PO	Patient under the care of Dermatology Consultant for treatment of acne
Ofloxacin PO	2 <sup>nd</sup> line option for pelvic inflammatory disease
Paxlovid PO	Treatment for Covid- refer to local guidance - <i>check interactions, criteria</i>
Remdesivir IV	Treatment for Covid- refer to local guidance - <i>check interactions, criteria</i>
Rifampicin PO/IV	For treatment of tuberculosis - <i>check interactions, P450 inducer, do not use as a single agent as development of resistance is high</i>
Rifater ® PO	For treatment of tuberculosis
Rifinah ® PO	For treatment of tuberculosis
Rifaximin PO	Patient under the care of a GI Consultant and only for the prevention of hepatic encephalopathy (2 <sup>nd</sup> line agent)
Piperacillin/Tazobactam IV	Patient requiring ongoing IV treatment & have failed to improve on 1 <sup>st</sup> line agents for severe sepsis under consultant decision
Posaconazole PO	Patient under the care of Haematology Consultant
Voricanazole PO/IV	Patient under the care of Haematology or Respiratory Consultant

**RED**

These will **NOT** be supplied by Pharmacy unless approved by Consultant Microbiologist/ ID physician. Pharmacists will challenge unauthorised requests and not all red antimicrobial will be immediately available. Indication and ID or micro consultant approval must be documented in the medical notes.

ANTIMICROBIAL AGENTS	Comments
Amikacin IV	
Artesunate IV	Treatment of severe/complicated Falciparum Malaria
Aztreonam IV	
Benzathine penicillin IM	For indications other than ones already listed
Cefazolin IV	For indications other than ones already listed
Cefixime PO	
Cefotaxime IV	For indications other than ones already listed
Ceftazidime/Avibactam IV	
Ceftazidime IV	
Ceftriaxone IV	For indications other than ones already listed
Cefuroxime IV	For indications other than ones already listed
Chloramphenicol IV	
Ciprofloxacin PO/IV	For indications other than ones already listed
Colistin IV	
Dalbavancin IV	
Dapsone PO	For indications other than ones already listed
Daptomycin IV	
Ertapenem IV	
Fidaxomicin PO	2 <sup>nd</sup> line treatment for C.Diff treatment, where patient failed to improve after 7 days or worsen with oral vancomycin- <b>discuss with ID/Micro first</b>
Levofloxacin PO/IV	For indications other than ones already listed
Linezolid IV/PO	
Meropenem IV	
Nitrofurantoin oral liquid	Unlicensed and very expensive
Procaine Penicillin IM	Unlicensed in UK; named patient supply only
Pristinamycin PO	Unlicensed in UK; named patient supply only
Riamet PO	Treatment of Malaria- see guidance
Teicoplanin IV	For indications other than ones already listed
Temocillin IV	
Tigecycline IV	
ANTIFUNGAL AGENTS	
Anidulafungin IV	
Caspofungin IV	
Itraconazole IV	For indications other than already listed – <i>check interactions, P450 inhibitor, QTc</i>
Liposomal amphotericin IV	For indications other than already listed
Posaconazole PO	For indications other than already listed – <i>check interactions, P450 inhibitor, QTc</i>
Voriconazole IV/PO	For indications other than already listed – <i>check interactions, P450 inhibitor, QTc</i>
ANTIVIRAL AGENTS	
Ganciclovir IV	
Valganciclovir PO	
Zanamivir inhaler /IV	