

ALERT (Protected) Antimicrobial Authorisation Process

PERMITTED INDICATIONS

AMBISOME			
Invasive candidiasis	Cryptococcal meningitis	Empirical treatment possible invasive fungal infection	
Second line treatment for invasive aspergillosis, if voriconazole not appropriate			
In line with NHSL antifungal policies			
AMIKACIN			
Only on the advice of a microbiologist or infectious disease physician. See NHSL Amikacin policy.			
CASPOFUNGIN			
Invasive candidiasis in neutropenic patients	Second line treatment for invasive aspergillosis if voriconazole not appropriate		
Empirical treatment for possible invasive fungal infection where fluconazole inappropriate - consult NHSL antifungal policy for indication caveats			
CEFTAZIDIME			
Empiric therapy for CAPD associated peritonitis		Exacerbation of bronchiectasis if evidence of colonization with pseudomonas/resistant GNBs.	
Exacerbation of cystic fibrosis			
CEFTAZIDIME-AVIBACTAM			
Only on the advice of a microbiologist or ID physician - confirmed sensitivity test required prior to use.			
See local ceftazidime-avibactam policy. IPTR paperwork (retrospective) required.			
COLISTIN IV			
Only on the advice of a microbiologist or ID physician. Significant renal and neurological toxicity risk, monitoring required.			
DAPTOMYCIN	ERTAPENEM	FOSFOMYCIN (IV ONLY)	IMIPENEM
Only on the advice of a microbiologist or ID physician.			
LEVOFLOXACIN (IV ONLY)			
In line with the NHSL empirical policy. Severe pneumonia in patients with penicillin allergy. MHRA restriction: Levofloxacin may only be considered when other medications cannot be prescribed or have been ineffective.			
LINEZOLID (IV OR ORAL)			
Ventilator associated pneumonia caused by MRSA. Courses longer than 7 days require monitoring, see NHSL Linezolid policy.			
MEROPENEM			
Ventilator associated pneumonia		Exacerbation of cystic fibrosis	
POSACONAZOLE			
In line with the NHSL haematology antifungal policy		Second line treatment of invasive mucormycosis	
PIPERACILLIN + TAZOBACTAM (TAZOCIN) CONTRAINDICATED IN PENICILLIN ALLERGY			
Neutropenic Sepsis or Immunocompromised PLUS sepsis		Ventilator associated pneumonia	
Exacerbation of cystic fibrosis		Malignant otitis externa (in line with NHSL ENT policy)	
Decompensated chronic liver disease with sepsis of unknown source			
TEMOCILLIN		TIGECYCLINE	
Only on the advice of a microbiologist or ID physician.			
VORICONAZOLE			
Probable/proven aspergillosis			

Please follow the pathway below when prescribing an ALERT (protected) antimicrobial

ALERT (protected) required for a permitted indication or based on positive culture and sensitivities from microbiology.



Prescribe antimicrobial on HEPMA and document indication/relevant management plan using the “add order note” function.

Seek further advice from an infectious disease specialist/microbiologist within hours (Monday to Sunday 09:00 – 17:00) to ensure appropriate use of alert antimicrobial.

Transparency of indication on HEPMA allows for any clinician involved in the patients care to make informed next decisions.

It will also provide reassurance to the wider team that the agent remains appropriate

Ensure drug indent sent to pharmacy for prompt supply and administration of ALERT antimicrobials. Contact hospital cover to gain a supply out-of-hours via the emergency drug cupboard.

Prescribe antimicrobial on HEPMA and document indication/relevant management plan from specialist using the “add order note” function.