

Sharp HealthCare: Antimicrobial Formulary (excludes topicals)

Purpose: This document serves to establish an antimicrobial formulary to promote judicious use of antimicrobials. Select agents are protected as part of best practice. Please refer to the “Protected Systemic Antimicrobials” document of the Antimicrobial Stewardship Policy for additional details. Formulary status and restrictions are reviewed at a minimum of every 3 years and are supported by system and local Antimicrobial Stewardship (ASP) Subcommittees, P&T Committees and Sharp HealthCare. If there is a drug whose formulary status you’d wish to be re-evaluated (e.g. removal, addition, restrictions, etc), please contact your local ASP representative.

Some antimicrobials may be given parenterally in addition to the IV route (e.g. IM, IT, etc). Please contact pharmacy with any questions.

BETA-LACTAMS			
PENICILLINS	CEPHALOSPORINS IV	CEPHALOSPORINS PO	CARBAPENEMS (IV)
<i>IV</i>	Cefazolin (1 st)	Cephalexin (1 st)	Meropenem [^]
Penicillin G	Cefuroxime (2 nd)	Cefuroxime acetil (2 nd)	Ertapenem [^]
Ampicillin	Cefoxitin (2 nd)	Cefdinir (3 rd)	Imipenem-cilastatin*
Ampicillin-sulbactam	Ceftriaxone (3 rd)		Meropenem-vaborbactam*
Piperacillin-tazobactam	Ceftazidime (3 rd)		Imipenem-cilastatin-relebactam*
Nafcillin	Cefepime (4 th)		
	Ceftaroline* (“5 th ”)		MONOBACTAMS (IV)
<i>PO</i>	Ceftazidime-avibactam*		Aztreonam
Penicillin VK	Ceftolozane-tazobactam*		
Amoxicillin	Cefiderocol*		BETA-LACTAMASE INHIBITORS (IV)
Amoxicillin-clavulanate			Sulbactam-durlobactam*
Dicloxacillin			
<i>Other</i>			
Penicillin G benzathine (Bicillin LA [®] , IM)			

FLUOROQUINOLONES	MACROLIDES	AMINOGLYCOSIDES (IV)	TETRACYCLINES
Levofloxacin (IV, PO)	Azithromycin (IV, PO)	Gentamicin	Doxycycline (IV, PO)
Ciprofloxacin (IV, PO)	Clarithromycin (PO)	Tobramycin (also Inh)	Minocycline (IV*, PO)
Moxifloxacin* (IV,PO)	Erythromycin (IV, PO)	Amikacin [^]	Eravacycline* (IV)
	6tr54e2`	Streptomycin*	Demeclocycline (PO)
		Neomycin (PO)	

MISCELLANEOUS			
Vancomycin (IV, PO)	Trimethoprim/Sulfamethoxazole (IV, PO)	Fosfomycin [^] (PO)	Trimethoprim (PO)
Daptomycin* (IV)	Nitrofurantoin (PO, <i>MacroBID</i> [®] & <i>Furandantin</i> [®] only)	Colistin* (IV, Inh)	Dapsone (PO)
Linezolid [^] (IV, PO)		Polymyxin B* (IV)	Pentamidine (IV, inh)
Tedizolid [^] (IV, PO)	Clindamycin (IV, PO)	Nitazoxanide (PO)	Primaquine (PO)
	Metronidazole (IV, PO)	Fidaxomicin [^] (PO)	Atovaquone (PO)
Dalbavancin# (IV, AIC only)	Tinidazole (PO)	Ribavirin* (PO, inh)	Methenamine (PO)
Bezlotoxumab (IV)#			

ANTIFUNGALS	ANTIVIRALS	ANTHELMINTIC/ANTIMALARIAL	TB / MISCELLANEOUS
Fluconazole (IV, PO)	Acyclovir (IV, PO)	Ivermectin (PO)	Isoniazid (IV, PO)
Voriconazole [^] (IV, PO)	Valacyclovir (PO)	Albendazole (PO)	Rifampin (IV, PO)
Posaconazole [^] (PO)	Famciclovir (PO)	Praziquantel (PO)	Pyrazinamide (PO)
Itraconazole [^] (PO)	Ganciclovir [^] (IV)	Pyrimethamine (PO)	Ethambutol (PO)
Isavuconazole*(IV,PO)	Valganciclovir (PO)	Artesunate (IV)*	Rifabutin (PO)
Micafungin [^] (IV)	Foscarnet [^] (IV)	Artemether-lumefantrine (PO)*	Rifaximin (PO)
Amphotericin B deoxycholate* (IV)	Cidofovir [^] (IV)	Atovaquone –proguanil (PO)*	Cycloserine (PO)
Amphotericin B liposomal* (IV)	Osetamivir (PO)		
Flucytosine (PO)	Peramivir* (IV)		Combination Agents - various
	Amantadine (PO)		
	Maribavir*(PO)		
	Remdesivir (IV)		
	Nirmatrelvir/ritonavir (PO)		

*ID Restricted. Pre-authorization REQUIRED. Please see the “Protected Systemic Antimicrobials” document available on SharpNet

[^]ID Review: Pre-authorization NOT required if use meets criteria. Use will be reviewed by ASP team. Please see the “Protected Systemic Antimicrobials” document available on SharpNet

#: Formulary for outpatient only with ID restriction. Non-formulary for inpatient use