## **BALLARAT HEALTH SERVICE CLASSIFICATION OF ANTIMICROBIAL AGENTS**

Category 1	Category 2	Category 3
Aciclovir (oral/topical)	Aciclovir (IV)	Amikacin
Amoxycillin <u>+</u> clavulanate	Amikacin (Paediatric febrile neutropenia only)	Amphotericin B ( <b>IV</b> )
Amphotericin B (Lozenge)	Azithromycin	Ampicillin
Benzylpenicillin	Cefotaxime (Use in neonates only)	Antiretrovirals (excluding post-exposure prophylaxis)
Cefaclor	Ceftazidime	Antivirals for viral hepatitis
Cefuroxime	Ceftriaxone	Caspofungin
Cephalexin	Ciprofloxacin	Clindamycin (IV) (restricted to use in neonates, or adults where lincomycin is inappropriate)
Cephazolin	Clindamycin ( <b>Oral</b> )	Dapsone
Chloramphenicol (ophthalmic/aural)	Erythromycin	Ertapenem
Clarithromycin	Famciclovir	Ethambutol
Clotrimazole (Topical)	Fluconazole	Fusidic acid (sodium fusidate)
Dicloxacillin	Gentamicin Empiric treatment with gentamicin for up to 72 hours	Ganciclovir
Doxycycline	Lincomycin ( <b>IV</b> )	Gentamicin Duration of treatment longer than 72 hours. Monitoring of drug levels required
Flucloxacillin	Moxifloxacin Pneumonia in patients with immediate penicillin hypersensitivity	Isoniazid
Hexamine Hippurate	Mupirocin	Linezolid
Metronidazole	Neomycin (oral)	Meropenem
Miconazole (Topical)	Norfloxacin	Moxifloxacin Indications other than pneumonia
Minocycline	Nystatin (oral)	Pentamidine
Nitrofurantoin	Oseltamivir	Posaconazole
Nystatin (topical, including mucosal candidiasis)	Piperacillin/tazobactam (Tazocin®)	Pyrazinamide (SAS)
Phenoxymethylpenicillin	Terbinafine (oral)	Rifampicin
Procaine benzylpenicillin	Tobramcyin (Inhaled or IV treatment of CF exacerbation)	Rifaximin (indications other than second line treatment of hepatic encephalopathy)
Roxithromycin	Trimethoprim & sulfamethoxazole (IV)	Teicoplanin
Terbinafine (Topical)	Valaciclovir	Ticarcillin/clavulanate (Timentin <sup>®</sup> ) Use in adult patients only when treatment with Piperacillin/Tazobactam is inappropriate
Tinidazole	Vancomycin     Empiric treatment for up to 72 hours, or directed	<b>Tobramcyin (IV)</b> (Indications other than exacerbation of CF)
Tobramcyin (Opthalmic)	therapy for greater than 72 hours with monitoring of trough levels	Valganciclovir
Trimethoprim <u>+</u> sulfamethoxazole (Oral)	<ul> <li>Oral vancomycin for the treatment of severe C. difficile or treatment of the second recurrence of mild to moderate disease</li> </ul>	Voriconazole

The current version of Therapeutic Guidelines: Antibiotic is the guideline adopted to govern antimicrobial use at BHS.

The availability of antimicrobials at BHS is stratified into 4 categories

<u>Category 1</u>: Unrestricted antimicrobials

<u>Category 2</u>: Restricted antimicrobials. Use must be in accordance with Therapeutic Guidelines: Antibiotic. If use is not concordant with guidelines, the drug is category 3. Use must be endorsed by a registrar or consultant, with the name of the endorsing registrar or consultant included on the prescription or order

<u>Category 3:</u> Reserved for treating severe or specific infections when other agents are inappropriate. Prior approval from an infectious diseases physician or medical microbiologist is required before prescribing or dispensing

**Category 4:** Excluded drugs include drugs not approved by the Drugs and Therapeutics Committee, or drugs required infrequently for specific indications. If urgent access to these medications is required, ID physician or medical microbiologist approval is required. See Antibiotic Policy POL0083 for additional information

The Antimicrobial Stewardship pharmacist can be contacted on Pager #5780 for further information

Antimicrobials may be included in more than one category depending on indication and duration of use. This is not a complete list of available antimicrobials. See Classification of Antimicrobial Agents (Appendix 1 of POL0083) for further details.