ALERT (Protected) Antimicrobial Authorisation Process

PERMITTED INDICATIONS

AMBISOME		
Invasive candidiasis	Cryptococcal meningitis	Empirical treatment possible invasive fungal infection
Second line treatment for invasive asperigillosis, 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 asperigillosis 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 ALERGY	
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 antimicrobial

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

Yes

No

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

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.

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.

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

Clinical microbiology advice, including on the use of ALERT antibiotics can be sought by sending an email to lanarkshire.microbiologists@lanarkshire.scot.nhs.uk This email address is monitored daily from 9am – 5pm, 7 days a week, including weekends and public holidays. We aim to respond to all queries within 2 hours.

Approved by Antimicrobial Management Committee: September 2022; Approved by ADTC: September 2022; Review date: September 2025

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