**Effectiveness of Antibiotic Formulary Policies on Clostridium difficile Infection**

Please answer the following questions below related to the formulary activities that may (or may not) be occurring at your acute care facility. Acute care is defined as ICU and medical/surgical units.

For the expected impact questions, please answer the question in relation to the impact you think that particular activity would have on antimicrobial utilization ***if it were fully implemented at your facility***.

Definitions:

|  |  |
| --- | --- |
| **Type of formulary restriction\*** | **Definition (Reference: VHA Directive 1108)** |
| Prior authorization | Medication cannot be used without review of the specific patient case and indication (includes instances where first dose is allowed but subsequent doses require approval) |
| Criteria for use | Medications may be prescribed for specific indications |
| Therapeutic Interchange | Authorized exchange of a therapeutic (drug) alternative that is available on the National Formulary, in accordance with pre-established, written guidelines |
| Restricted to specific provider types (e.g, ID only) | Formulary restriction where a medication can only be prescribed by providers with a specific specialty |
| Restricted to patients in specific care areas (e.g, CLC only) | Formulary restriction where a medication can only be prescribed to patients in specific care areas. This is common in ICU, oncology, transplant and CLC settings. |
| Clinical pathways / locally initiated guidelines | Decision support tools to aid in prescribing certain medications, e.g., order sets, order menus, embedded links to clinical practice guidelines, etc. |
| Prospective Audit & feedback | One-on-one interaction between an antimicrobial steward and a prescriber regarding antibiotic use in a specific case that is conducted within one business day after a restricted antibiotic is prescribed |
| \*Restriction refers to criteria established to guide the use of select drugs, or drug related supplies, that require close monitoring to ensure appropriate use. Restrictions are evidence-based and allow for prescribing by authorized providers (with recognized expertise) when clinical conditions warrant their use. ***Note:*** *Criteria-for-use and prior authorization are restrictions.* | |

Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position

1, Antimicrobial Stewardship Physician

2, Antimicrobial Stewardship Pharmacist

3, Antimicrobial Stewardship Non-Physician Provider (nurse practitioner, physician assistant)

4, Antimicrobial Stewardship Leader

5, Drug Use Policy pharmacist

**Structure and Personnel Resources (Acute Care)**

What is the ASP pharmacy champion's time commitment to ASP?

1, 0% time

2, 1-25% time

3, 26-50% time

4, 51-75% time

5, 76-100% time

**Policies and Interventions (Facility-wide)**

In answering this question, consider both the usefulness and practicality of these restrictions.

Compared to your current formulary restriction policy, how effective do you believe...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not effective | May be effective | Would be effective | Already do this |
| ... a prior approval policy would be on the appropriate inpatient use of ciprofloxacin & levofloxacin? |  |  |  |  |
| ... an antimicrobial order form embedded in CPRS would be on the appropriate inpatient use of ciprofloxacin & levofloxacin? |  |  |  |  |
| ... clinical pathways or antimicrobial therapy guidelines embedded in CPRS would be on the appropriate inpatient use of ciprofloxacin & levofloxacin? |  |  |  |  |

In answering these questions, consider both the usefulness and practicality of these restrictions.

Compared to your current formulary restriction policy, how effective do you believe requiring an automatic infectious diseases consult for inpatients would be...

... on the appropriate inpatient use of ciprofloxacin & levofloxacin?

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

How possible would this be?

1, Not possible

2, Difficult

3, Possible

4, Already require this

In answering these questions, consider both the usefulness and practicality of these restrictions.

How effective do you believe...

... prior authorization to be on improving antibiotic prescribing?

(Prior authorization: Review of the specific patient case and indication and approval for the use of the medication)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... criteria for use to be on improving antibiotic prescribing?

(Criteria for use - Medications may be prescribed for specific indications)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... therapeutic interchange to be on improving antibiotic prescribing?

(Therapeutic Interchange - Authorized exchange of a therapeutic (drug) alternative that is available on the National Formulary, in accordance with pre-established, written guidelines)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... formulary restrictions to specific provider types (e.g, ID only) to be on improving antibiotic prescribing?

(Restricted to specific provider types - Formulary restriction where a medication can only be prescribed by providers with a specific specialty)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... formulary restrictions to patients in specific care areas (e.g, ICU only) to be on improving antibiotic prescribing?

(Restricted to patients in specific care areas - Formulary restriction where a medication can only be prescribed to patients in specific care areas. This is common in ICU, oncology, transplant and CLC settings.)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... clinical pathways / locally initiated guidelines to be on improving antibiotic prescribing?

(Clinical pathways / locally initiated guidelines - Decision support tools to aid in prescribing certain medications)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... prospective audit and feedback to be on improving antibiotic prescribing?

(Prospective Audit & feedback - One-on-one interaction between an antimicrobial steward and a prescriber regarding antibiotic use in a specific case that is conducted within one day after a restricted antibiotic is prescribed)

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

... an antibiotic timeout, i.e., requiring a justification for continued use after 3-4 days, would be in improving the use of 3rd or 4th generation cephalosporins and inpatient fluoroquinolones?

1, Not effective

2, May be effective

3, Would be effective

4, Already do this

What is the extent to which prescribers at your facility accept your current 3rd generation cephalosporin, 4th generation cephalosporin, and inpatient fluoroquinolone formulary restrictions?

1, Not at all

2, Moderately

3, Completely

4, These agents are not restricted

Do you agree or disagree that the initial selection of antimicrobial therapy is generally appropriately prescribed at your facility?

1, Strongly disagree

2, Disagree

3, Neutral

4, Agree

5, Strongly agree

Do you agree or disagree that the initial selection of inpatient ciprofloxacin & levofloxacin therapy is appropriately prescribed at your facility?

1, Strongly disagree

2, Disagree

3, Neutral

4, Agree

5, Strongly agree