

Prescribing Protocol SESLHDPR/654
Ceftaroline fosamil

Title	Ceftaroline fosamil Prescribing Protocol
Areas where Protocol/ Guideline applicable	District Inpatient ward areas including intensive care
Areas where Protocol/ Guideline not applicable	Outpatient Paediatrics
Authorised Prescribers	Infectious Diseases physician or Microbiologist
Indication for use	<i>Staphylococcus aureus</i> bacteraemia (SAB) or <i>Staphylococcus aureus</i> (SA) endocarditis failing or intolerant to conventional therapy Other complicated MRSA and MSSA infections failing conventional therapy as approved Infectious Disease
Clinical condition	All infections with positive microbiology (blood cultures/s and/or sterile tissue cultures); MRSA and occasionally MSSA, where first line therapy is not appropriate. Complicated MRSA/MSSA bacteraemia, critically ill (ICU patient) or patients failing therapy with flucloxacillin, cefazolin, vancomycin, daptomycin; OR patient intolerant of the conventional agents listed above. Also this drug may be considered in MRSA bacteraemia unresponsive to vancomycin or with high vancomycin MIC (>1.5)
Contra-indications	Hypersensitivity to ceftaroline fosamil or L-arginine (excipient)
Precautions	Patients with history of hypersensitivity reactions to cephalosporins, penicillins or other B-lactam antibiotics. Renal impairment
Place in Therapy	Second or third line depending on indication, clinical presentation or MIC of pathogen. Complicated MSSA/MRSA bacteraemia; critical ill (ICU patient) or patients failing conventional therapy with flucloxacillin, cefazolin, vancomycin, daptomycin; OR patient intolerant to the agents listed agents. GuidanceMS® “Red” category antibiotic requiring prior ID/Micro approval for initiation Only to be stocked in Pharmacy.
Dosage (Include dosage adjustment for specific patient groups)	Ceftaroline 600mg IV 8 hourly infused over 1 hour. Dose reduction required for patients with creatinine clearance <50mL/min. Currently there is no evidence for extended infusions for ceftaroline but maybe used in critically ill patients on basis of pharmacokinetic data.
Duration of therapy	Course duration depends on its indication of use. For uncomplicated MRSA and MSSA blood stream infection 14 days and complicated MRSA and MSSA infection is for four to six weeks depending on individual case and clinical response.
Important Drug Interactions	Nil

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Administration instructions	Infusion time over one hour
Monitoring requirements	<ul style="list-style-type: none"> • Full blood count at baseline, and then twice a week • Liver function tests and renal function • Resolution of clinical signs and symptoms; improvement in laboratory parameters; clearance of blood cultures.
Management of complications	Consideration of discontinuation of therapy and management of the specific complication, if severe.
Basis of Protocol/Guideline (including sources of evidence, references)	<p>Product Information TGA available online for ceftaroline fosamil (Zinforo®)</p> <p>Product Information (MIMS online) for ceftaroline fosamil</p> <p>Cosimi et al; Ceftaroline for Severe Methicillin-Resistant Staphylococcus aureus Infections: A Systematic Review; Open Forum Infect Dis 2017</p> <p>Geriak et al; Clinical Data on Daptomycin plus Ceftaroline versus Standard of Care Monotherapy in the Treatment of Methicillin-Resistant Staphylococcus aureus Bacteremia; Antimicrobial Agents and Chemotherapy 2019</p>
Groups consulted in development of this protocol	DIDISH, AMS CAAG (SESLHD/ISLHD)

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GOVERNANCE	
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Chairperson, QUM Committee	Prof George Rubin
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