Clinical Policy Title:	chloramphenicol sodium succinate
Policy Number:	RxA.066
Drug(s) Applied:	chloramphenicol sodium succinate
Original Policy Date:	02/07/2021
Last Review Date:	01/17/2022
Line of Business Policy Applies to:	All lines of business

Background

Chloramphenicol sodium succinate is an antibiotic that binds to 50S ribosomal subunits. It should be reserved for, serious infections caused by organisms susceptible to its antimicrobial effects when less potentially hazardous therapeutic agents are ineffective or contraindicated. However, chloramphenicol may be chosen to initiate antibiotic therapy on the clinical impression that one of the conditions below is believed to be present; in vitro sensitivity tests should be performed concurrently so that the drug may be discontinued as soon as possible if less potentially dangerous agents are indicated by such tests. The decision to continue use of chloramphenicol rather than another antibiotic when both are suggested by in vitro studies to be effective against a specific pathogen should be based upon severity of the infection, susceptibility of the pathogen to the various antimicrobial drugs, efficacy of the various drugs in the infection, and the important additional concepts contained under Appendix C/Boxed Warning.

Chloramphenicol sodium succinate is indicated for the treatment of:

- Acute infections caused by Salmonella typhi*

*In treatment of typhoid fever some authorities recommend that chloramphenicol be administered at therapeutic levels for 8 to 10 days after the patient has become afebrile to lessen the possibility of relapse.

- Serious infections caused by susceptible strains:
  - Salmonella species
  - H. influenza, specially meningeal infections
  - Rickettsia
  - Lymphogranuloma-psittacosis group
  - Various gram-negative bacteria causing bacteremia, meningitis or other serious gram- negative infections
  - Other susceptible organisms which have been demonstrated to be resistant to all other appropriate antimicrobial agents
- Cystic fibrosis regimens

Limitations of use: Chloramphenicol sodium succinate is not recommended for the routine treatment of the typhoid carrier state.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
chloramphenicol sodium succinate	Infection	Adult/Pediatric: 50 mg/kg/day intravenously in divided doses at 6-hour intervals.	Adult/Pediatric*: 4000 mg/day

		Neonates: 25 mg/kg/day in 4 equal doses at 6-hour intervals. After first two weeks of life, full-term neonates may receive up to a total of 50 mg/kg/day equally divided into 4 doses at 6-hour intervals. Pediatric patients with immature metabolic processes: 25 mg/kg/day intravenously in 4 equal doses at 6-hour intervals	Neonate: 50 mg/kg/day

* up to 6 g/day may be necessary for pneumococcal meningitis

Dosage Forms

- Vial for reconstitution: 1 g/10 mL

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. All FDA-Approved Indications

1. Prescribed by or in consultation with an infectious disease specialist;
2. Member was discharged from an acute care hospital;
3. Intravenous therapy with chloramphenicol was started prior to discharge;
4. Dose does not exceed one of the following (a or b):
   a. Adults and pediatrics: 100 mg/kg/day;
   b. Neonates: 50 mg/kg/day.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. All FDA-Approved Indications

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed:
   a. Adults and pediatrics: 100 mg/kg/day;
   b. Neonates: 50 mg/kg/day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

B. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

APPENDIX B: Therapeutic Alternatives
Therapeutic alternatives include formulary antibiotics that are indicated for the member's diagnosis and/or have sufficient activity against the offending pathogen at the site of the infection.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - History of previous hypersensitivity and/or toxic reaction to chloramphenicol.
  - For the treatment of trivial infections or where it is not indicated (colds, influenza, infections of the throat), or as a prophylactic agent to prevent bacterial infections.

- Boxed Warning(s):
  - Serious and fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia and granulocytopenia) are known to occur after the administration of chloramphenicol. In addition, there have been reports of aplastic anemia attributed to chloramphenicol which later terminated in leukemia. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug.

APPENDIX D: General Information
Not applicable.

References

1. Chloramphenicol sodium succinate Prescribing Information. Lake Zurich, IL: Fresenius Kabi USA, LLC.; October 2016. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=aed29594-211d-49ef-813f-131975a8d0e3&type=display. Accessed December 01, 2021.
2. Tunkel AR, Glaser CA, Bloch KC, et al. The management of encephalitis: clinical practice guidelines by the Infectious Diseases Society of America. June 2008. Clinical Infectious Diseases; 47:303-27. Available at: https://pubmed.ncbi.nlm.nih.gov/18582201/. Accessed December 01, 2021.
3. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft-tissue infections. October 2005. Clinical Infectious Diseases;41:1373-406. Available at: https://pubmed.ncbi.nlm.nih.gov/24973422/ . Accessed December 01, 2021.
4. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Available at: http://www.clinicalkey.com. Accessed December 01, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Reviewed criteria and updated appendices	04/2020	05/21/2020
1. Policy title table was updated: Line of business policy applies was updated to All lines of business 2. Approval duration of initial and continued therapy were updated 3. Appendix B standard	02/08/2021	03/09/2021

verbiage has been changed and updated. 4. References were reviewed and updated.		
Policy was reviewed: 1. Initial Approval Criteria, I.A.4: Updated to include new trial and failure criteria Member has serious infections caused by organisms that are resistant to other therapeutic agents or contraindicated. 2. Continued Therapy Approval II.A Updated for Indication All FDA-Approved Indications. 3. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 4. References were reviewed and updated.	12/01/2021	01/17/2022