VHA Infectious Diseases Program Office,
Pulmonary & Critical Care Field Advisory Group, and
Pharmacy Benefits Management - Medical Advisory Panel

Criteria Checklist for Drotrecogin Alfa (activated)

CONTRAINDICATIONS	
1. Any of the following: ❑ Active internal bleeding ❑ Recent (within 3 months) hemorrhagic stroke ❑ Recent (within 2 months) intracranial or intraspinal surgery, or severe head trauma requiring hospitalization ❑ Trauma with an increased risk of life-threatening bleeding ❑ Presence of an epidural catheter ❑ Intracranial neoplasm or mass lesion or evidence of cerebral herniation ❑ Known hypersensitivity to drotrecogin alfa (activated) or any component of the product ❑ Life expectancy < 1 month or decision not to pursue aggressive medical care (not in the package insert, however patients in this category were excluded from the pivotal study)	(1 or more ?) ❑ yes ❑ no ***If yes, patient is* NOT *eligible to receive drotrecogin alfa***
SUSPECTED OR PROVEN INFECTION	
2. Patient has known or suspected infection defined as: ❑ Positive culture ❑ White cells in a normally sterile body fluid ❑ Perforated viscus ❑ Radiological and clinical evidence of pneumonia ❑ Other syndrome with high probability of infection (e.g., ascending cholangitis)	(1 or more ?) ❑ yes ❑ no ***If no, patient is* NOT *eligible to receive drotrecogin alfa***
MONITORING	
3. Patient is receiving continuous monitoring in the intensive care unit	❑ yes ❑ no ***If no, patient is* NOT *eligible to receive drotrecogin alfa***
SIRS (MUST HAVE 3 OF THE 4 FOLLOWING CRITERIA)	
4. Pt has three or more signs of SIRS as defined as: ❑ Core temp of ≥ 100.4 F (38°C) or ≤ 96.8 F (36°C) ❑ HR of ≥90 beats/minute ❑ RR ≥ 20 breaths/min or $PaCO_2$ ≤ 32 mmHg or mechanical ventilation for acute (not chronic) respiratory process ❑ WBC ≥ 12,000/mm^3 or ≤ 4,000/mm^3 or ≥ 10% immature neutrophils	(3 or more ?) ❑ yes ❑ no ***If no, patient is* NOT *eligible to receive drotrecogin alfa***
ORGAN SYSTEM DYSFUNCTION	
5. Dysfunction of one organ or system defined as: ❑ CARDIOVASCULAR: Arterial systolic BP ≤ 90mmHg **OR** a mean arterial pressure (MAP) ≤70mmHg for at least 1 hour despite adequate fluid resuscitation or adequate intravascular volume status, **OR** the need for vasopressors to maintain systolic blood pressure (SBP) ≥ 90 mm HG or MAP ≥ 70 mm Hg ❑ RENAL: Urine output < 0.5 ml/kg/hr for > 1 hour, despite adequate fluid resuscitation ❑ RESPIRATORY: PaO_2/FiO_2 ≤ 200 ❑ HEMATOLOGIC: Platelet count < 80,000/mm^3 or decreased by 50% from highest value in the previous 72 hours ❑ METABOLIC: PH ≤ 7.30 or base deficit ≥ 5 mEq/L with plasma lactate > 1.5 times the upper limit of normal	(1 or more ?) ❑ yes ❑ no ***If no, patient is* NOT *eligible to receive drotrecogin alfa***

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APACHE II	
6. APACHE II ≥ 25 and < 53 as calculated on basis of physiologic and laboratory data obtained within the immediately preceding 24 hour period (http://www.sfar.org/scores2/scores2.html). Treatment need not be delayed while gathering data to calculate the APACHE II score as long as the patient meets the other criteria, however, the APACHE II score must be completed as soon as possible.	❑ yes ❑ no
ACUITY	
7. Less than 48 hours after the onset of the first sepsis induced organ dysfunction	❑ yes ❑ no
WARNINGS: According to the package insert, the increased risk of bleeding should be carefully considered when deciding whether to use drotrecogin therapy for patients with one or more of the following conditions.	
The following conditions led to exclusion from the phase III trial: • Concurrent therapeutic heparin (greater than or equal to 15 units/kg/hr) • Platelet count <30,000, even if the platelet count is increased after transfusions • Prothrombin time-INR >3.0 • Recent (within 6 weeks) gastrointestinal bleeding (unless corrective surgery had been performed) • Recent administration (within 3 days) of thrombolytic therapy (except for treatment of thrombosed catheters) • Recent administration (within 7 days) of aspirin or glycoprotein IIb/IIIa inhibitors • Recent (within 3 months) ischemic stroke (**see contraindications)** • Intracranial arterio-venous malformation or aneurysm • Known bleeding diathesis • Chronic severe hepatic disease (portal hypertension, cirrhosis, chronic jaundice or ascites) ***The following did not lead to exclusion from the phase III trial:*** • Recent administration (within 7 days) of oral anticoagulants or platelet inhibitors other than aspirin • Any other condition in which bleeding is a significant hazard or would be particularly difficult to manage	
OTHER CAUTIONS: The effectiveness of drotrecogin has not been established in patients with the following conditions, all of which led to exclusion from the phase 3 trial.	
• Age < 18 years or weight > 135 kg (298 pounds) • Recent administration (within 12 hours) of greater than 10,000 U of antithrombin III • Patients who are pregnant or breastfeeding • Surgery requiring general or spinal anesthesia within the preceding 12 hours, active post-operative bleeding, intra-cranial surgery within 3 months, or anticipated surgery requiring general or spinal anesthesia during the infusion • Trauma considered to increase the risk of bleeding • Hypercoagulable condition • Highly suspected deep venous thrombosis or pulmonary embolism • Acute pancreatitis with no established source of infection • HIV+ with ≤ 50 $CD4^+$ cells or status-post bone marrow, lung, liver, pancreas or small bowel transplant • Chronic renal failure requiring hemodialysis or peritoneal dialysis (acute renal failure was not an exclusion) • Recent (within 3 months) documented or highly suspected DVT or pulmonary embolism	
Patient meets ***all*** inclusion criteria and does not have any contraindications	❑ yes ❑ no

Approved by Physician: _____ Date/time: _____
(Must be a critical care fellow or an
infectious diseases / critical care / pulmonary attending)

Patient name (& last 4 digits of SSN): _____ Reviewer: _____

□ APPROVED □ NOT APPROVED

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CLINICAL STUDIES

The efficacy of Drotrecogin was studied in an international, multi-center, randomized, double-blind, placebo-controlled trial of 1690 patients with severe sepsis. Entry criteria included a systemic inflammatory response presumed due to infection and at least one associated acute organ dysfunction. Acute organ dysfunction was defined as one of the following: cardiovascular dysfunction (shock, hypotension, or the need for vasopressor support despite adequate fluid resuscitation); respiratory dysfunction (relative hypoxemia (PaO_2/FiO_2 ratio <250)); renal dysfunction (oliguria despite adequate fluid resuscitation); thrombocytopenia (platelet count < 80,000/mm3 or 50% decrease from the highest value the previous 3 days); or metabolic acidosis with elevated lactic acid concentrations. Patients received a 96 hour infusion of Drotrecogin at 24 µg/kg/hr or placebo starting within 48 hours after the onset of the first sepsis induced organ dysfunction. Exclusion criteria encompassed patients at high risk for bleeding (*see* **CONTRAINDICATIONS** and **WARNINGS**), patients who were not expected to survive for 28 days due to a pre-existing, non-sepsis related medical condition. The primary efficacy endpoint was all-cause mortality assessed 28 days after the start of study drug administration. Prospectively defined subsets for mortality analyses included groups defined by APACHE II Score. The APACHE II score was calculated from physiologic and laboratory data obtained within the 24-hour period immediately preceding the start of study drug administration irrespective of the preceding length of stay in the Intensive Care Unit. Baseline APACHE II score was correlated with risk of death; among patients receiving placebo, those with the lowest APACHE II scores had a 12% mortality rate, while those in the 2nd, 3rd, and 4th APACHE quartiles had mortality rates of 26%, 36% and 49%, respectively. The observed mortality difference between Drotrecogin and placebo was limited to the half of patients with higher risk of death, i.e., APACHE II score =25, the 3rd and 4th quartile APACHE II scores (Table 1). The efficacy of Drotrecogin has not been established in patients with lower risk of death, e.g., APACHE II score < 25.

Table : 28-Day All-Cause Mortality for All Patients and for Subgroups Defined by APACHE II Score

	Drotrecogin **N (mortality%)**	**Placebo** **N (mortality%)**	**Absolute mortality difference (%)**	**Relative Risk (RR)**	**95% CI for RR**
Overall	850 (25%)	840 (31%)	-6	0.81	0.70 – 0.93
APACHE II quartile (score)					
$1^{st} + 2^{nd}$ (3 – 24)	436 (19%)	437 (19%)	0	0.99	0.75 – 1.30
3^{rd} and 4^{th} (25 – 53)	414 (31%)	403 (44%)	-13	0.71	0.59 – 0.85

CONTRAINDICATIONS and **WARNINGS** (see front page for contra-indications and additional warnings)

Bleeding is the most common serious adverse effect associated with Drotrecogin therapy. Each patient being considered for therapy with Drotrecogin should be carefully evaluated and anticipated benefits weighed against potential risks associated with therapy.

Should clinically important bleeding occur, immediately stop the infusion of Drotrecogin. Continued use of other agents affecting the coagulation system should be carefully assessed. Once adequate hemostasis has been achieved, continued use of Drotrecogin may be reconsidered. 160Drotrecogin should be discontinued 2 hours prior to undergoing an invasive surgical procedure or procedures with an inherent risk of bleeding. Once adequate hemostasis has been achieved, initiation of Drotrecogin may be reconsidered 12 hours after major invasive procedures or surgery or restarted immediately after uncomplicated less invasive procedures.

PRECAUTIONS

Laboratory Tests

Most patients with severe sepsis have a coagulopathy that is commonly associated with prolongation of the activated partial thromboplastin time (APTT) and the prothrombin time (PT). Drotrecogin may variably prolong the APTT. Therefore, the APTT cannot be reliably used to assess the status of the coagulopathy during Drotrecogin infusion. Drotrecogin has minimal effect on the PT and the PT can be used to monitor the status of the coagulopathy in these patients.

FURTHER DETAILS

More details regarding drotrecogin are available in the presentation to the FDA Advisory Board (see http://www.fda.gov/ohrms/dockets/ac/01/slides/3797s1_01_Lilly-CORE/ and http://www.fda.gov/ohrms/dockets/ac/01/slides/3797s1_02_Forsyth/) and the formula for calculating APACHE II scores (http://www.sfar.org/scores2/scores2.html).

This criteria checklist is based on earlier checklists and clinical guidance documents developed by VA clinical staff from VISN 18, VISN 22, the Greater Los Angeles VA Medical Center and the Phoenix VA Medical Center. The VHA Infectious Diseases Program Office, Pulmonary & Critical Care Field Advisory Group, and Pharmacy Benefits Management - Medical Advisory Panel clinical staff assisted in its review.