Guideline: Ertapenem (Invanz®) – Inpatient Use

Purpose:

A. To provide guidance for the appropriate selection and clinical use of ertapenem and to provide guidelines for Antimicrobial Stewardship pharmacist approval of ertapenem. Use outside these guidelines requires the approval of the Antimicrobial Stewardship Team or formal Infectious Disease consult. Use of ertapenem under the direct and written recommendations of the Infectious Disease consultative services will be allowed. The use of ertapenem may be approved by the Antimicrobial Stewardship pharmacist if a patient meets one of the criteria below.

Description:

A. Approved indications for ertapenem:
   1. Infections caused by ESBL-producing organisms or MDRO organisms from the blood, urine, intraabdominal source, or wound source.
      a. In order to facilitate discharge, ertapenem may be started prior to discharge if patient is to discharge on ertapenem for management of UTI, bacteremia, intraabdominal infection, or wound.
   2. Empiric use in a patient with a history of ESBL-producing organisms or multi-drug resistant organisms (MDRO) for management of severe sepsis associated with perforation/abscess of appendix, diverticulitis, or gallbladder or for management of complicated UTI.
      a. Risk factors for MDRO or ESBL: Prior intravenous antibiotic use within the past 90 days, septic shock at the time of diagnosis, 5 or more days of hospitalization at the time of antibiotic initiation, admission from long-term care facility.
      a. Severe beta-lactam allergy is defined as anaphylaxis-type reactions affecting the airway, associated with hypotension, or other severe-life threatening reactions. Allergies will be clarified and documented prior to approval of a carbapenem.
         i. Use of ertapenem in patients without a severe beta-lactam allergy or MDRO/ESBL, MDRO/ESBL history, or MDRO/ESBL risk factors requires Antimicrobial Stewardship approval.

B. Non-approved indications for ertapenem:
   1. Infections with Pseudomonas spp., Enterococcus spp., Staphylococcal spp., or Acinetobacter spp.
   2. Empiric therapy for aspiration pneumonia.
   3. Empiric treatment of perioperative abdominal infection, uncomplicated appendicitis, or mild-moderate intraabdominal infections in the absence of MDRO risk factors or severe penicillin allergy/intolerance.

Date: September 15th, 2016
Author: Antimicrobial Stewardship Team


