Daptomycin (Cubicin®)

IV Only **Use requires formal ID Consult**

Activity: Coverage against most gram-positive bacteria (including MRSA and VRE)

NOT ACTIVE against gram-negative bacteria

Criteria for Use:

- MRSA bacteremia and/or right-sided endocarditis and unable to use vancomycin (due to intolerance, MIC ≥ 2 mg/L, or infection unresponsive to vancomycin despite therapeutic concentrations)
- MRSA skin and skin structure infections in patients with true, serious allergic reaction to vancomycin or linezolid
- Patients receiving vancomycin for > 72 h for resistant staphylococcal skin and skin structure infection without clinical improvement
- VRE confirmed bacteremia (see dosing below, use high doses)

Formal ID consult for use in osteomyelitis or complicated skin and soft tissue infection and all indications that are not listed above

Unacceptable Uses:

- Empiric therapy
- Pneumonia (lung surfactant inactivates daptomycin) or any lower respiratory tract infection

Dosing in Adults:

- Standard dose: 6-10 mg/kg IV Q24H of actual body weight (ABW)
  May be dosed 8-10 mg/kg for *Enterococcus* (safety data for healthy volunteers up to 12 mg/kg/day)
- Renal dose adjustment:
  CrCl < 30 mL/min: 8 mg/kg IV Q48H
  Hemodialysis: 8 mg/kg IV Q48H
- No hepatic dose adjustment

Monitoring:

- Obtain CPK at baseline and weekly. Monitor for muscle pain or weakness, and for signs/symptoms of eosinophilic pneumonia

Considerations for Use:

- Consider discontinuation of concurrent statin therapy while on daptomycin due to additive muscle toxicity

ABW= Actual Body Weight; CPK= Creatine phosphokinase; CrCl= Creatinine clearance; H= hour(s); ID= Infectious Disease; IV= Intravenous; MIC= Minimum inhibitory concentration; MRSA= Methicillin-resistant Staphylococcus aureus; Q= every; VRE= Vancomycin-resistant enterococci