Prior Authorization Approval Criteria

Cubicin (daptomycin)

**Generic name:** Daptomycin  
**Brand name:** Cubicin  
**Medication class:** Cyclic lipopeptide antibiotic  
**FDA-approved uses:**  
- Treatment of complicated skin and skin structure infections caused by susceptible isolates of Gram-positive microorganisms  
- Treatment of Staphylococcus aureus bloodstream infections (bacteremia), including those with right-sided infective endocarditis, caused by methicillin-susceptible and methicillin-resistant isolates

**Criteria for approval (bullet points below are all inclusive unless otherwise noted):**

- The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient’s medical records  
- Must be at least 18 years of age  
- Must be clinically diagnosed with complicated skin and skin structure infection caused by a susceptible organism of the following Gram-positive bacteria: Staphylococcus aureus (including methicillin-resistant isolates), Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae subsp. Equisimilis, and enterococcus faecalis (vancomycin –susceptible isolates only).  

**OR**

- Must be clinically diagnosed with Staphylococcus aureus bloodstream infections, including those with right-sided infective endocarditis, caused by methicillin-susceptible and methicillin-resistant isolates.  
- Must have an infectious disease consult

**Criteria for continuation of therapy longer than the initial approval duration:**

- Patient’s therapy has been re-evaluated with an infectious disease consult, in which the specialist determines that a longer duration of therapy is required.  
- The duration approved is based on specialist request  
- Patient is tolerating treatment and there continues to be a medical need for the medication  
- Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient’s condition)
Caution:
- Myopathy and rhabdomyolysis: Monitor CPK levels and follow muscle pain or weakness; if elevated CPK or myopathy occurs
- Peripheral neuropathy: Monitor for neuropathy and consider discontinuation
- May cause clostridium difficile–associated diarrhea
- Persisting or relapsing S. aureus infections may occur
- Decreased efficacy was observed in patients with moderate baseline renal impairment

Approval Duration:
- Complicated skin structure infections: 14 days
- S. aureus bacteremia: 6 weeks

Benefit Type:
- Medical

Adopted: 10/8/08
Revised: 2/20/09
Reviewed: 3/8/17-added renewal criteria

The criteria listed above applies to Fallon Health Plan and its subsidiaries.