

RX.PA.045.MPC Cubicin (daptomycin)

The purpose of this policy is to define the prior authorization process for Cubicin® (daptomycin)

Cubicin® (daptomycin) is indicated for the treatment of complicated skin and skin structure infections (cSSSI) in adult patients and pediatric patients (1 to 17 years of age). Cubicin® (daptomycin) is also indicated for the treatment of *Staphylococcus aureus* bloodstream infections (bacteremia) including those with right-sided infective endocarditis in adult patients.

PROCEDURE

A. Initial Authorization Criteria:

1. Complicated Skin and Skin Structure Infection (cSSSI):

- Adult and pediatric members (≥1 years old)
AND
- Must have documentation of a diagnosis of a complicated skin and skin structure infection caused by susceptible isolates of the following Gram-positive bacteria:
 - *Staphylococcus aureus* (includes methicillin-resistant isolates)
 - *Streptococcus pyogenes*
 - *Streptococcus agalactiae*
 - *Streptococcus dysgalactiae* subsp. *Equisimilis*
 - *Enterococcus faecalis* (vancomycin-susceptible isolates only)
- AND
- Must have recent culture and sensitivity report to confirm susceptibility to Cubicin
AND
- Trial and failure with IV Vancomycin and oral Linezolid or documented intolerance/contraindication to Vancomycin and Linezolid OR culture and sensitivity report that indicates resistance to Vancomycin and Linezolid

2. Bacteremia and right-sided infective endocarditis:

- Adult and pediatric members (≥1 years old)
AND
- Must have documentation of blood stream infection (bacteremia), including those with right-sided infected endocarditis, caused by *Staphylococcus aureus*:
 - Includes methicillin-susceptible and methicillin-resistant isolates
- AND
- Must have recent culture and sensitivity report to confirm susceptibility to Cubicin
AND

- Trial and failure with IV Vancomycin and oral Linezolid or documented intolerance/contraindication to Vancomycin and Linezolid OR culture and sensitivity report that indicates resistance to Vancomycin and Linezolid

B. Approved Dosing and Duration of Approval:

- Complicated skin and skin structure:
 - Pediatric (1 year old): 10mg/kg/day
 - Pediatric (2-6 years old): 9mg/kg/day
 - Pediatric (7-11 years old): 7mg/kg/day
 - Pediatric (12-17 years old): 5mg/kg/day
 - Adult (18 years and older): 4mg/kg/day

Duration of Approval: 14 days

- Bacteremia and right-sided infective endocarditis (*Staphylococcus aureus*):
 - Pediatric (1-6 years old): 12mg/kg/day
 - Pediatric (7-11 years old): 9mg/kg/day
 - Pediatric (12-17 years old): 7mg/kg/day
 - Adult (18 years and older): 6mg/kg/day

Duration of Approval: 42 days

C. Reauthorization Criteria:

Not applicable – each occurrence requires a new prior authorization

D. Cubicin will be considered investigational or experimental for any other use and will not be covered.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Complicated skin and skin structure infections: 14 days Bacteremia: 42 days Infective endocarditis: 42 days
Reauthorization	N/A

Codes:

Code	Description
J0878	Injection, daptomycin, 1 mg

Infliximab Products
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REFERENCES

1. Cubicin [package insert]. Madison, NJ: Allergan USA, Inc.; March 2017.

Date of Change	Documented Change
09/29/2021	New policy