

Daptomycin

1. Is the request for 7 days or less in a member treated on an outpatient basis by or in consult with an infectious disease specialist with a plan to adjust from empiric to definitive therapy once culture results available?

Purpose is to avoid hospitalization- if member has been hospitalized- move to question 2

- a. Yes – May approve up to 7 days as empiric therapy
- b. No – Continue to question 2

2. Does member have a funded condition with indication for use of Daptomycin?

FDA approved indications:

- Bacteremia or right sided infective endocarditis caused by MRSA or methicillin resistant coagulase negative staphylococci
- Complicated skin and skin structure infections caused by the following susceptible Gram-positive organisms S Aureus (including MRSA). Strep. Pyogenes, Strep. agalactiae, Strep. dysgalactiae, and E. faecalis (vancomycin susceptible isolates only)

May also be approved for VRE (vancomycin resistant enterococci) or VRSA (Vancomycin resistant staph aureus) infections where linezolid is not a therapeutic option. NOT appropriate as therapy for VRE colonization of urine or respiratory tract

Note Osteomyelitis, prosthetic joint infections and diabetic foot infections are off label uses and are not approvable as they are not FDA indicated uses for this medication

- a. Yes, continue to question #3
- b. No, Deny as not a covered benefit – *OHP only covers treatments that are approved by the FDA, off label uses of medication are not a covered benefit.*

(Cat 1 if non-funded condition, Cat 3 if prescribed for indication that is not an FDA approved use)

3. Is there a confirmed culture and sensitivity?

- a. Yes, continue to question #4
- b. No, - Forward to Medical Director - *Daptomycin is indicated only for the treatment of resistant, gram positive bacterial infections, WVCH is committed to reduce the risk of further drug resistance by encouraging appropriate use and we require documentation to support intended use is for susceptible organisms.*

4. Is there documentation that member cannot use preferred therapeutic options?

- VRE or VRSA- Must be unable to use linezolid
 - Skin or soft tissue infection caused by MRSA- must be resistant to or unable to use SMZ/TMP, Rifampin, Clindamycin, doxycycline, vancomycin and linezolid.
 - Non skin/ soft tissue MRSA- must be unable to use vancomycin and linezolid
- a. Yes, continue to question #5
 - b. No, Forward to Medical Director for evaluation of medical appropriateness

5. Is requested dosing and duration appropriate for indication?
- Infective endocarditis- 6mg/kg once daily for 2 to 6 weeks
 - S. Aureus bloodstream infections- 6mg/kg once daily for 2 to 6 weeks
 - Skin and skin structure infections- 4mg/kg for 7 to 14 days
 - a. Yes, May approve for appropriate treatment period as above
 - b. No, Forward to Medical Director for evaluation of medical appropriateness

*Daptomycin requests (with specific attention to previous treatments the member has undergone) will be recorded for re- examination by the P and T committee at the August 2017 meeting to determine if empiric therapy allowances have resulted in decreased utilization. *