Restricted Drug Authorization Form For Daptomycin (CUBICIN®)

### Hospital Approved Indication
- [ ] MRSA with resistance and/or clinical failure to vancomycin-
- [ ] MRSA bacteremia with allergy to vancomycin
- [ ] VRE (Vancomycin Resistant *Enterococcus*) resistant to linezolid
- [ ] VRSA endocarditis

**Daptomycin should not be used to treat pneumonia or any infections in the lung**

### Medication
- [ ] Daptomycin (Cubicin®) 4 mg/kg IV every:  **24 hours** or  **48 hours** (renal)
  
  Dose: ____________ mg over 30 minutes daily

- [ ] Daptomycin (Cubicin®) 6 mg/kg IV every:  **24 hours** or  **48 hours** (renal)
  
  Dose: ____________ mg over 30 minutes daily

### Labs
- Weekly CPK* and LFT’s
- Please draw (blood) cultures if not already done

* may require every 72 hour monitoring if patient is also on an HMG-CoA reductase inhibitor, has renal insufficiency, or develops unexplained CPK elevations.

### Ordered/Requested by:

M.D.  Date/Time: