

Cubicin®: New Indication for Bacteremia

The complete prescribing information should be consulted before any drug is used in a specific patient.

Cubicin® (daptomycin) was originally approved by the FDA in 2003, for treatment of complicated skin and skin structure infections caused by susceptible Gram-positive organisms. These organisms include: *Staphylococcus aureus* (including methicillin-resistant strains), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae* subsp. *Equisimilis*, and *Enterococcus faecalis* (vancomycin-susceptible strains only)

The FDA recently also approved the use of Cubicin® for treatment of *Staph. aureus* bloodstream infections (bacteremia), including those with right-sided infective endocarditis, caused by both methicillin-susceptible and methicillin-resistant strains.

Pharmacology & Mechanism of Action: Daptomycin is a cyclic lipopeptide antibiotic, and has a unique mechanism of action on susceptible cell membranes. Daptomycin binds to the bacterial cell membrane and disrupts it so that synthesis of protein, DNA and RNA are blocked; this leads to death of the cell. To date, there is no evidence of cross-resistance with daptomycin and other antibiotic classes.

Contraindications, Warnings, & Precautions: Daptomycin should not be used on non-susceptible organisms. Cubicin® should not be used to treat patients who do not have a proven or strongly suspected bacterial infection; this would increase the risk of developing of drug-resistant organisms. Patients who are hypersensitive to daptomycin should not receive Cubicin®. Pseudomembranous colitis is a possible adverse effect of nearly all antibacterials, including Cubicin®. Patients with persisting or relapsing *S. aureus* infection or poor clinical response should have repeat blood cultures. Positive cultures for *S. aureus* should have testing for MIC susceptibility. Creatinine phosphokinase (CPK) levels may be elevated during Cubicin® therapy, possibly indicating skeletal muscle damage.

Drug Interactions: Cubicin® is still a relatively new drug. As more clinical experience is accumulated, more information will be available regarding drug interactions. The following interactions may be clinically significant:

Drug	Interaction	Significance
HMG-CoA Reductase Inhibitors (simvastatin, others)	“Statins” are known to cause myopathy (muscle pain, weakness and elevated CPK levels) . CPK levels have also be elevated in some patients on daptomycin. Consider holding the “statin” during Cubicin® therapy.	Moderate
Tobramycin	The pharmacokinetics of daptomycin and tobramycin may be altered when the two antibiotics are co-administered. Limited data with this combination — use caution.	Moderate
Warfarin	Limited experience with concomitant use of daptomycin and warfarin. Recommend monitoring INR for the first several days after initiating Cubicin® .	Low



Dosing and Administration: Note the dosing regimen is different for Cubicin® depending on the infection being treated. All doses are diluted in Normal Saline and infused over 30 minutes intravenously. For patients with renal impairment (creatinine clearance < 30 mL/min), the dose is the same but the schedule is changed to every 48 hours. No dosing adjustment is necessary for mild-moderate hepatic impairment; dosing has not been studied in severe hepatic impairment.

- **Complicated Skin & Skin Structure Infections:**
4 mg/kg, once a day for 7-14 days
- **Bloodstream infections, including right-sided endocarditis:**
6 mg/kg, once a day for 2-6 weeks

Adverse Reactions: Possible adverse effects of daptomycin include: gastrointestinal effects, peripheral edema, chest pain, asthenia, pharyngolaryngeal pain, pleural effusion, rash, itching, erythema, sweating, pain in extremities, back pain, insomnia, headache, dizziness, increased CPK levels, anemia, hypokalemia, hyperkalemia, changes in blood pressure, rhabdomyolysis, hives, anaphylaxis. Other effects are also possible—consult official product literature.

Monitoring: Weekly CPK, serum creatinine/BUN, CBC with differential, and possibly other markers of infection. Ask patient about symptoms of muscle pain or weakness. No serum drug levels are needed.

References:

1. FDA-approved Cubicin® product literature (May 2006)
2. Clinical Pharmacology [database online], Tampa FL: Gold Standard, Inc.; 2006. URL: <http://cp.gsm.com>. Updated 1/30/2006.

Healthcare Customer Service

Infusion Partners has always placed an emphasis on providing great service to all of its customers. When you are having a bad day personally, it can be difficult to sound positive on the telephone and you may not feel like going the extra mile for a client with a problem. Remembering that it is often customer service that makes the difference in keeping or losing a client can help you make that extra effort to give great service every day. The following information is from a recent study, and points out how consumers feel about customer service in healthcare settings.

Not many people think of going to the dentist as a pleasant experience, but almost 62% of consumers think dentists provide a good or excellent level of customer service — second only to pharmacists with 66.4%. This is according to 7479 consumers who participated in BIGresearch's June Consumer Intentions and Actions Survey (CIA). Doctors were third in the rankings with 56.3% of consumers saying that they provide either a good or excellent level of customer service. Health insurance providers and hospitals did not fare as well with only 30.6% saying health insurance providers provide good or excellent service and 41% said the same for hospitals.

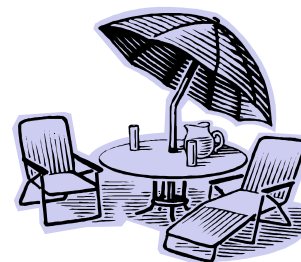
Consumers were also asked a follow up question, "What could be done to improve the level of customer service in the area of health care?" Consumers' frustrations were most prevalent in these three areas:

- Improving people skills such as being more caring, or compassionate toward patients,
- Respect for patient time especially in the area of appointments such as being on time, and
- Lower healthcare costs (comments ranged from having a better national healthcare service to a greater focus on patients over money).

One comment voiced by many consumers: "They could try listening for a change"

"Consumers are frustrated by the state of service in the healthcare industry and many seem to be most displeased with the cost of healthcare, the paperwork dealing with insurance companies and overworked care givers," said Gary Drenik of BIGresearch.

Excerpted from: "Consumers Say Pharmacists Provide Best Healthcare Customer Service" Source: MARKET WIRE Publication date: 2006-06-27



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What do consumers want from a health care provider, that you can provide today?