Title: Management of Statins with Daptomycin Therapy

Authors: Brian Batchelder, PharmD Candidate and Dr. Carrie Vogler, PharmD, BCPS

## Abstract

**Introduction:** The administration of hydroxymethylglutaryl-coenzyme A (HMG CoA) reductase inhibitors, or statins, for the reduction in risk or secondary prevention of atherosclerotic events carries a risk of developing muscle related myopathies. The cyclic lipopeptide antibiotic daptomycin also carries this risk, with typical monitoring occurring through baseline and weekly creatine phosphokinase (CPK) levels. The co-administration of the two medications poses a clinical dilemma due to the increased risk of elevated CPK levels and resulting myopathies. Little data exists surrounding what occurs in clinical practice with this drug-drug interaction and the implications thereof. Therefore, the objective of this study is to evaluate if patients admitted on statin therapy receive co-administration with daptomycin and the resulting effects on CPK lab values. Methods: This was an IRB approved, retrospective, chart review study. Patient charts ages 18 years old or older who received daptomycin therapy for a minimum of five consecutive days inpatient were obtained and then manually screened for home medications of statins. If a home medication of a statin was reported, this was considered inclusion criteria for the study. Statin status, continuation or discontinuation, was then recorded as well as baseline and weekly CPK lab values when charted. **Results:** A total of 82 patient charts were reviewed for this study. Statin medications were continued with daptomycin therapy in 80.49% (N = 66) of patients during their entire inpatient stay. The average number of CPK lab values assessed per patient was 1.59 (SD + 1.00). Four patients experienced CPK elevations of greater than 200 IU/L, with only one of these patients receiving both statin and daptomycin therapy. Conclusion: The coadministration of a statin with daptomycin therapy occurs during clinical practice, with infrequent incidence of elevation in CPK levels. The co-administration of both therapies with CPK monitoring may be a safe option for some patients.