FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Complicated Skin and Skin Structure Infections (cSSSI)

Daptomycin for Injection is indicated for the treatment of adult and pediatric patients (1 to 17 years of age) with complicated skin and skin structure infections (cSSSI) caused by susceptible isolates of the following Gram-positive bacteria: *Staphylococcus aureus* (including methicillin-resistant isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae* subsp. *equisimilis*, and *Enterococcus faecalis* (vancomycin-susceptible isolates only).

1.2 *Staphylococcus aureus* Bloodstream Infections (Bacteremia) in Adult Patients, Including Those with Right-Sided Infective Endocarditis, Caused by Methicillin-Susceptible and Methicillin-Resistant Isolates

Daptomycin for Injection is indicated for the treatment of adult patients with *Staphylococcus aureus* bloodstream infections (bacteremia), including adult patients with right-sided infective endocarditis, caused by methicillin-susceptible and methicillin-resistant isolates.

1.3 *Staphylococcus aureus* Bloodstream Infections (Bacteremia) in Pediatric Patients (1 to 17 Years of Age)

Daptomycin for Injection is indicated for the treatment of pediatric patients (1 to 17 years of age) with *Staphylococcus aureus* bloodstream infections (bacteremia).

1.4 Limitations of Use

Daptomycin for Injection is not indicated for the treatment of pneumonia.

Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to *S. aureus*. The clinical trial of daptomycin for injection in adult patients with *S. aureus* bloodstream infections included limited data from patients with left-sided infective endocarditis; outcomes in these patients were poor *[see Clinical Studies (14.2)]*. Daptomycin for Injection has not been studied in patients with prosthetic valve endocarditis.

Daptomycin for Injection is not recommended in pediatric patients younger than 1 year of age due to the risk of potential effects on muscular, neuromuscular, and/or nervous systems (either peripheral and/or central) observed in neonatal dogs *[see Warnings and Precautions (5.7) and Nonclinical Toxicology (13.2)]*.

1.5 Usage

Appropriate specimens for microbiological examination should be obtained in order to isolate and identify the causative pathogens and to determine their susceptibility to daptomycin.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Daptomycin for Injection and other antibacterial drugs, Daptomycin for Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

Administration Instructions

Parenteral drug products should be inspected visually for particulate matter prior to administration. Slowly remove reconstituted liquid (50 mg daptomycin/mL) from the vial using a beveled sterile needle that is 21 gauge or smaller in diameter. Administer as an intravenous injection or infusion as described below:

Adults

Intravenous Injection over a period of 2 minutes

- For intravenous (IV) injection over a period of 2 minutes in adult patients **only**: Administer the appropriate volume of the reconstituted Daptomycin for Injection (concentration of 50 mg/mL).

Intravenous Infusion over a period of 30 minutes

- For IV infusion over a period of 30 minutes in adult patients: The appropriate volume of the reconstituted Daptomycin for Injection (concentration of 50 mg/mL) should be further diluted, using aseptic technique, into a 50 mL IV infusion bag containing 0.9% sodium chloride injection.

Pediatric Patients (1 to 17 Years of Age)

Intravenous Infusion over a period of 30 or 60 minutes

- **Unlike in Adults, do NOT administer Daptomycin for Injection by injection over a two (2) minute period to pediatric patients** [*see Dosage and Administration (2.1)*]**.**

- *For Intravenous infusion over a period of 60 minutes in pediatric patients 1 to 6 years of age:* The appropriate volume of the reconstituted Daptomycin for Injection (concentration of 50 mg/mL) should be further diluted, using aseptic technique, into an intravenous infusion bag containing 25 mL of 0.9% sodium chloride injection. The infusion rate should be maintained at 0.42 mL/minute over the 60-minute period.

- *For Intravenous infusion over a period of 30 minutes in pediatric patients 7 to 17 years of age*: The appropriate volume of the reconstituted Daptomycin for Injection (concentration of 50 mg/mL) should be further diluted, using aseptic technique, into a 50 mL IV infusion bag containing 0.9% sodium chloride injection. The infusion rate should be maintained at 1.67 mL/minute over the 30-minute period.

No preservative or bacteriostatic agent is present in this product. Aseptic technique must be used in the preparation of final IV solution. Do not exceed the In-Use storage conditions of the reconstituted and diluted solutions of Daptomycin for Injection described below. Discard unused portions of Daptomycin for Injection.

In-Use Storage Conditions for Daptomycin for Injection Once Reconstituted in Acceptable Intravenous Diluents

Stability studies have shown that the reconstituted solution is stable in the vial for 12 hours at room temperature and up to 48 hours if stored under refrigeration at 2°C to 8°C (36°F to 46°F).

The diluted solution is stable in the infusion bag for 12 hours at room temperature and 48 hours if stored under refrigeration. The combined storage time (reconstituted solution in vial and diluted solution in infusion bag) should not exceed 12 hours at room temperature or 48 hours under refrigeration.

2.8 Compatible Intravenous Solutions

Daptomycin for Injection is compatible with 0.9% sodium chloride injection and Lactated Ringer's injection.

2.9 Incompatibilities

Daptomycin for injection is not compatible with dextrose-containing diluents.

Daptomycin for Injection should not be used in conjunction with ReadyMED® elastomeric infusion pumps. Stability studies of daptomycin for injection solutions stored in ReadyMED® elastomeric infusion pumps identified an impurity (2-mercaptobenzothiazole) leaching from this pump system into the daptomycin for iInjection solution.

Because only limited data are available on the compatibility of daptomycin for injection with other IV substances, additives and other medications should not be added to Daptomycin for Injection single-dose vials or infusion bags, or infused simultaneously with Daptomycin for Injection through the same IV line. If the same IV line is used for sequential infusion of different drugs, the line should be flushed with a compatible intravenous solution before and after infusion with Daptomycin for Injection.

3 DOSAGE FORMS AND STRENGTHS

For Injection: 350 mg daptomycin as a sterile, pale yellow to light brown lyophilized powder for reconstitution in a single-dose vial.

4 CONTRAINDICATIONS

Daptomycin for Injection is contraindicated in patients with known hypersensitivity to daptomycin *[see Warnings and Precautions (5.1)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Anaphylaxis/Hypersensitivity Reactions

Anaphylaxis/hypersensitivity reactions have been reported with the use of antibacterial agents, including daptomycin for injection, and may be life-threatening. If an allergic reaction to Daptomycin for Injection occurs, discontinue the drug and institute appropriate therapy *[see Adverse Reactions (6.2)]*.

5.2 Myopathy and Rhabdomyolysis

Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal (ULN), has been reported with the use of daptomycin for injection. Rhabdomyolysis, with or without acute renal failure, has been reported *[see Adverse Reactions (6.2)]*.

neuropathy in patients receiving Daptomycin for Injection. Monitor for neuropathy and consider discontinuation.

5.7 Potential Nervous System and/or Muscular System Effects in Pediatric Patients Younger than 12 Months

Avoid use of Daptomycin for Injection in pediatric patients younger than 12 months due to the risk of potential effects on muscular, neuromuscular, and/or nervous systems (either peripheral and/or central) observed in neonatal dogs with intravenous daptomycin *[see Nonclinical Toxicology (13.2)]*.

5.8 *Clostridioides difficile* – Associated Diarrhea

Clostridioides difficile–associated diarrhea (CDAD) has been reported with the use of nearly all systemic antibacterial agents, including daptomycin for injection, and may range in severity from mild diarrhea to fatal colitis *[see Adverse Reactions (6.2)]*. Treatment with antibacterial agents alters the normal flora of the colon, leading to overgrowth of *C. difficile*.

C. difficile produces toxins A and B, which contribute to the development of CDAD. Hypertoxin-producing strains of *C. difficile* cause increased morbidity and mortality, since these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibacterial use. Careful medical history is necessary because CDAD has been reported to occur more than 2 months after the administration of antibacterial agents.

If CDAD is suspected or confirmed, ongoing antibacterial use not directed against *C. difficile* may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibacterial treatment of *C. difficile*, and surgical evaluation should be instituted as clinically indicated.

5.9 Persisting or Relapsing *S. aureus* Bacteremia/Endocarditis

Patients with persisting or relapsing *S. aureus* bacteremia/endocarditis or poor clinical response should have repeat blood cultures. If a blood culture is positive for *S. aureus*, minimum inhibitory concentration (MIC) susceptibility testing of the isolate should be performed using a standardized procedure, and diagnostic evaluation of the patient should be performed to rule out sequestered foci of infection. Appropriate surgical intervention (e.g., debridement, removal of prosthetic devices, valve replacement surgery) and/or consideration of a change in antibacterial regimen may be required.

Failure of treatment due to persisting or relapsing *S. aureus* bacteremia/endocarditis may be due to reduced daptomycin susceptibility (as evidenced by increasing MIC of the *S. aureus* isolate) *[see Clinical Studies (14.2)]*.

5.10 Decreased Efficacy in Patients with Moderate Baseline Renal Impairment

Limited data are available from the two Phase 3 complicated skin and skin structure infection (cSSSI) trials regarding clinical efficacy of daptomycin for injection treatment in adult patients with creatinine clearance (CL_{CR}) <50 mL/min; only 31/534 (6%) patients treated with daptomycin for injection in the intent-to-treat (ITT) population had a baseline CL_{CR} <50 mL/min. Table 4 shows the number of adult patients by renal function and treatment group who were clinical successes in the Phase 3 cSSSI trials.

Table 4: Clinical Success Rates by Renal Function and Treatment Group in Phase 3 cSSSI Trials in Adult Patients (Population: ITT)

6 ADVERSE REACTIONS

The following adverse reactions are described, or described in greater detail, in other sections:

- Anaphylaxis/Hypersensitivity Reactions *[see Warnings and Precautions (5.1)]*
- Myopathy and Rhabdomyolysis *[see Warnings and Precautions (5.2)]*
- Eosinophilic Pneumonia *[see Warnings and Precautions (5.3)]*
- Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) [*see Warnings and Precautions (5.4)]*
- Tubulointerstitial Nephritis (TIN) [*see Warnings and Precautions (5.5*)]
- Peripheral Neuropathy *[see Warnings and Precautions (5.6)]*
- Increased International Normalized Ratio (INR)/Prolonged Prothrombin Time *[see Warnings and Precautions (5.11) and Drug Interactions (7.2)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Clinical Trial Experience in Adult Patients

Clinical trials enrolled 1,864 adult patients treated with daptomycin for injection and 1,416 treated with comparator.

Complicated Skin and Skin Structure Infection Trials in Adults

In Phase 3 complicated skin and skin structure infection (cSSSI) trials in adult patients, daptomycin for injection was discontinued in 15/534 (2.8%) patients due to an adverse reaction, while comparator was discontinued in 17/558 (3.0%) patients.

The rates of the most common adverse reactions, organized by body system, observed in adult patients with cSSSI (receiving 4 mg/kg daptomycin for injection) are displayed in Table 6.

Table 6: Incidence of Adverse Reactions that Occurred in ≥ 2% of Adult Patients in the Daptomycin for Injection Treatment Group and ≥ the Comparator Treatment Group in Phase 3 cSSSI Trials

Adverse Reaction	Adult Patients (%)	
	Daptomycin for Injection 4 mg/kg (N=534)	Comparator* (N=558)
Gastrointestinal disorders		
Diarrhea	5.2	4.3

Nervous system disorders		
Headache	5.4	5.4
Dizziness	2.2	2.0
Skin/subcutaneous disorders		
Rash	4.3	3.8
Diagnostic investigations		
Abnormal liver function tests	3.0	1.6
Elevated CPK	2.8	1.8
Infections		
Urinary tract infections	2.4	0.5
Vascular disorders		
Hypotension	2.4	1.4
Respiratory disorders		
Dyspnea	2.1	1.6

* Comparator: vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 4 to 12 g/day IV in divided doses).

Drug-related adverse reactions (possibly or probably drug-related) that occurred in <1% of adult patients receiving daptomycin for injection in the cSSSI trials are as follows:

Body as a Whole: fatigue, weakness, rigors, flushing, hypersensitivity

Blood/Lymphatic System: leukocytosis, thrombocytopenia, thrombocytosis, eosinophilia, increased International Normalized Ratio (INR)

Cardiovascular System: supraventricular arrhythmia

Dermatologic System: eczema

Digestive System: abdominal distension, stomatitis, jaundice, increased serum lactate dehydrogenase

Metabolic/Nutritional System: hypomagnesemia, increased serum bicarbonate, electrolyte disturbance

Musculoskeletal System: myalgia, muscle cramps, muscle weakness, arthralgia

Nervous System: vertigo, mental status change, paresthesia

Special Senses: taste disturbance, eye irritation

S. aureus Bacteremia/Endocarditis Trial in Adults

In the *S. aureus* bacteremia/endocarditis trial involving adult patients, daptomycin for injection was discontinued in 20/120 (16.7%) patients due to an adverse reaction, while comparator was discontinued in 21/116 (18.1%) patients.

Serious Gram-negative infections (including bloodstream infections) were reported in 10/120 (8.3%) daptomycin for injection-treated patients and 0/115 comparator-treated patients. Comparator-treated patients received dual therapy that included initial gentamicin for 4 days. Infections were reported during treatment and

during early and late follow-up. Gram-negative infections included cholangitis, alcoholic pancreatitis, sternal osteomyelitis/mediastinitis, bowel infarction, recurrent Crohn's disease, recurrent line sepsis, and recurrent urosepsis caused by a number of different Gram-negative bacteria.

The rates of the most common adverse reactions, organized by System Organ Class (SOC), observed in adult patients with *S. aureus* bacteremia/endocarditis (receiving 6 mg/kg daptomycin for injection) are displayed in Table 7.

Table 7: Incidence of Adverse Reactions that Occurred in ≥ 5% of Adult Patients in the Daptomycin for Injection Treatment Group and ≥ the Comparator Treatment Group in the *S. aureus* Bacteremia/Endocarditis Trial

Adverse Reaction*	Adult Patients n (%)	
	Daptomycin for Injection 6 mg/kg (N=120)	Comparator† (N=116)
Infections and infestations		
Sepsis NOS	6 (5%)	3 (3%)
Bacteremia	6 (5%)	0 (0%)
Gastrointestinal disorders		
Abdominal pain NOS	7 (6%)	4 (3%)
General disorders and administration site conditions		
Chest pain	8 (7%)	7 (6%)
Edema NOS	8 (7%)	5 (4%)
Respiratory, thoracic and mediastinal disorders		
Pharyngolaryngeal pain	10 (8%)	2 (2%)
Skin and subcutaneous tissue disorders		
Pruritus	7 (6%)	6 (5%)
Sweating increased	6 (5%)	0 (0%)
Psychiatric disorders		
Insomnia	11 (9%)	8 (7%)
Investigations		
Blood creatine phosphokinase increased	8 (7%)	1 (1%)
Vascular disorders		
Hypertension NOS	7 (6%)	3 (3%)

* NOS, not otherwise specified.

† Comparator: vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 2 g IV q4h), each with initial low-dose gentamicin.

The following reactions, not included above, were reported as possibly or probably drug-related in the daptomycin for injection-treated group:

Blood and Lymphatic System Disorders: eosinophilia, lymphadenopathy, thrombocythemia, thrombocytopenia

Cardiac Disorders: atrial fibrillation, atrial flutter, cardiac arrest

Ear and Labyrinth Disorders: tinnitus

Eye Disorders: vision blurred

Gastrointestinal Disorders: dry mouth, epigastric discomfort, gingival pain, hypoesthesia oral

Infections and Infestations: candidal infection NOS, vaginal candidiasis, fungemia, oral candidiasis, urinary tract infection fungal

Investigations: blood phosphorous increased, blood alkaline phosphatase increased, INR increased, liver function test abnormal, alanine aminotransferase increased, aspartate aminotransferase increased, prothrombin time prolonged

Metabolism and Nutrition Disorders: appetite decreased NOS

Musculoskeletal and Connective Tissue Disorders: myalgia

Nervous System Disorders: dyskinesia, paresthesia

Psychiatric Disorders: hallucination NOS

Renal and Urinary Disorders: proteinuria, renal impairment NOS

Skin and Subcutaneous Tissue Disorders: pruritus generalized, rash vesicular

Other Trials in Adults

In Phase 3 trials of community-acquired pneumonia (CAP) in adult patients, the death rate and rates of serious cardiorespiratory adverse events were higher in Daptomycin for Injection-treated patients than in comparator-treated patients. These differences were due to lack of therapeutic effectiveness of Daptomycin for Injection in the treatment of CAP in patients experiencing these adverse events *[see Indications and Usage (1.4)]*.

Laboratory Changes in Adults

Complicated Skin and Skin Structure Infection Trials in Adults

In Phase 3 cSSSI trials of adult patients receiving Daptomycin for Injection at a dose of 4 mg/kg, elevations in CPK were reported as clinical adverse events in 15/534 (2.8%) Daptomycin for Injection-treated patients, compared with 10/558 (1.8%) comparator-treated patients. Of the 534 patients treated with Daptomycin for Injection, 1 (0.2%) had symptoms of muscle pain or weakness associated with CPK elevations to greater than 4 times the upper limit of normal (ULN). The symptoms resolved within 3 days and CPK returned to normal within 7 to 10 days after treatment was discontinued *[see Warnings and Precautions (5.2)]*. Table 8 summarizes the CPK shifts from Baseline through End of Therapy in the cSSSI adult trials.

Table 8: Incidence of CPK Elevations from Baseline during Therapy in Either the Daptomycin for Injection Treatment Group or the Comparator Treatment Group in Phase 3 cSSSI Adult Trials

Change in CPK	All Adult Patients				Adult Patients with Normal CPK at Baseline			
	Daptomycin for Injection 4 mg/kg (N=430)		Comparator* (N=459)		Daptomycin for Injection 4 mg/kg (N=374)		Comparator* (N=392)	
	%	n	%	n	%	n	%	n
No Increase	90.7	390	91.1	418	91.2	341	91.1	357
Maximum Value >1× ULN†	9.3	40	8.9	41	8.8	33	8.9	35
>2× ULN	4.9	21	4.8	22	3.7	14	3.1	12
>4× ULN	1.4	6	1.5	7	1.1	4	1.0	4
>5× ULN	1.4	6	0.4	2	1.1	4	0.0	0
>10× ULN	0.5	2	0.2	1	0.2	1	0.0	0

Note: Elevations in CPK observed in adult patients treated with Daptomycin for Injection or comparator were not clinically or statistically significantly different.

* Comparator: vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 4 to 12 g/day IV in divided doses).

† ULN (Upper Limit of Normal) is defined as 200 U/L.

S. aureus Bacteremia/Endocarditis Trial in Adults

In the *S. aureus* bacteremia/endocarditis trial in adult patients, at a dose of 6 mg/kg, 11/120 (9.2%) daptomycin for injection-treated patients, including two patients with baseline CPK levels >500 U/L, had CPK elevations to levels >500 U/L, compared with 1/116 (0.9%) comparator-treated patients. Of the 11 daptomycin for injection - treated patients, 4 had prior or concomitant treatment with an HMG-CoA reductase inhibitor. Three of these 11 daptomycin for injection-treated patients discontinued therapy due to CPK elevation, while the one comparator-treated patient did not discontinue therapy *[see Warnings and Precautions (5.2)]*.

Clinical Trial Experience in Pediatric Patients

Complicated Skin and Skin Structure Infection Trial in Pediatric Patients

The safety of daptomycin for injection was evaluated in one clinical trial (in cSSSI), which included 256 pediatric patients (1 to 17 years of age) treated with intravenous daptomycin for injection and 133 patients treated with comparator agents. Patients were given age-dependent doses once daily for a treatment period of up to 14 days (median treatment period was 3 days). The doses given by age group were as follows: 10 mg/kg for 1 to < 2 years, 9 mg/kg for 2 to 6 years, 7 mg/kg for 7 to 11 years and 5 mg/kg for 12 to 17 years of age *[see Clinical Studies (14)]*. Patients treated with daptomycin for injection were (51%) male, (49%) female and (46%) Caucasian and (32%) Asian.

Adverse Reactions Leading to Discontinuation

In the cSSSI study, daptomycin for injection was discontinued in 7/256 (2.7%) patients due to an adverse reaction, while comparator was discontinued in 7/133 (5.3%) patients.

Most Common Adverse Reactions

The rates of the most common adverse reactions, organized by body system, observed in these pediatric patients with cSSSI are displayed in Table 9.

Table 9: Adverse Reactions that Occurred in ≥2% of Pediatric Patients in the Daptomycin for Injection Treatment-Arm and Greater Than or Equal to the Comparator Treatment-Arm in the cSSSI Pediatric Trial

Adverse Reaction	Daptomycin for Injection (N = 256)	Comparator* (N = 133)
	n (%)	n (%)
Gastrointestinal disorders		
Diarrhea	18 (7.0)	7 (5.3)
Vomiting	7 (2.7)	1 (0.8)
Abdominal Pain	5 (2.0)	0
Skin and subcutaneous tissue disorders		
Pruritus	8 (3.1)	2 (1.5)
General disorders and administration site conditions		
Pyrexia	10 (3.9)	4 (3.0)
Investigations		
Blood CPK increased	14 (5.5)	7 (5.3)
Nervous system disorders		
Headache	7 (2.7)	3 (2.3)

*Comparators included intravenous therapy with either vancomycin, clindamycin, or an anti-staphylococcal semi-synthetic penicillin (nafcillin, oxacillin or cloxacillin)

The safety profile in the clinical trial of cSSSI pediatric patients was similar to that observed in the cSSSI adult patients.

S. aureus Bacteremia Trial in Pediatric Patients

The safety of daptomycin for injection was evaluated in one clinical trial (in *S. aureus* bacteremia), which treated 55 pediatric patients with intravenous daptomycin for injection and 26 patients with comparator agents. Patients were given age-dependent doses once daily for a treatment period of up to 42 days (mean duration of IV treatment was 12 days). The doses by age group were as follows: 12 mg/kg for 1 to <6 years, 9 mg/kg for 7 to

11 years and 7 mg/kg for 12 to 17 years of age *[see Clinical Studies (14)]*. Patients treated with daptomycin for injection were (69%) male and (31%) female. No patients 1 to <2 years of age were enrolled.

Adverse Reactions Leading to Discontinuation

In the bacteremia study, daptomycin for injection was discontinued in 3/55 (5.5%) patients due to an adverse reaction, while comparator was discontinued in 2/26 (7.7%) patients.

Most Common Adverse Reactions

The rates of the most common adverse reactions, organized by body system, observed in these pediatric patients with bacteremia are displayed in Table 10.

Table 10: Incidence of Adverse Reactions that Occurred in ≥5% of Pediatric Patients in the Daptomycin for Injection Treatment- Arm and Greater Than or Equal to the Comparator Treatment-Arm in the Pediatric Bacteremia Trial

	Daptomycin for Injection (N = 55)	**Comparator (N = 26)**
Adverse Reaction	**n (%)**	**n (%)**
Gastrointestinal disorders		
Vomiting	6 (10.9)	2 (7.7)
Investigations		
Blood CPK increased	4 (7.3)	0

*Comparators included intravenous therapy with either vancomycin, cefazolin, or an anti-staphylococcal semi-synthetic penicillin (nafcillin, oxacillin or cloxacillin)

6.2 Post-Marketing Experience

The following adverse reactions have been identified during post-approval use of daptomycin for injection. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Blood and lymphatic system disorders: anemia, thrombocytopenia

General and administration site conditions: pyrexia

Immune System Disorders: anaphylaxis; hypersensitivity reactions, including angioedema, pruritus, hives, shortness of breath, difficulty swallowing, truncal erythema, and pulmonary eosinophilia *[see Contraindications (4), Warnings and Precautions (5.1)]*

Infections and Infestations: Clostridioides difficile–associated diarrhea *[see Warnings and Precautions (5.8)]*

Laboratory Investigations: platelet count decreased

Musculoskeletal Disorders: myoglobin increased; rhabdomyolysis (some reports involved patients treated concurrently with Daptomycin for Injection and HMG-CoA reductase inhibitors) *[see Warnings and Precautions (5.2), Drug Interactions (7.1), and Clinical Pharmacology (12.3)]*

Respiratory, Thoracic, and Mediastinal Disorders: cough, eosinophilic pneumonia, organizing pneumonia *[see Warnings and Precautions (5.3)]*

Nervous System Disorders: peripheral neuropathy *[see Warnings and Precautions (5.6)]*

Skin and Subcutaneous Tissue Disorders: serious skin reactions, including drug reaction with eosinophilia and systemic symptoms (DRESS), vesiculobullous rash (with or without mucous membrane involvement, including Stevens-Johnson syndrome [SJS] or toxic epidermal necrolysis [TEN]), acute generalized exanthematous pustulosis *[see Warnings and Precautions (5.4)]*

Gastrointestinal Disorders: nausea, vomiting

Renal and urinary disorders: acute kidney injury, renal insufficiency, renal failure and tubulointerstitial nephritis (TIN) *[see Warnings and Precautions (5.5)]*

Special Senses: visual disturbances

7 DRUG INTERACTIONS

7.1 HMG-CoA Reductase Inhibitors

In healthy adult subjects, concomitant administration of daptomycin for injection and simvastatin had no effect on plasma trough concentrations of simvastatin, and there were no reports of skeletal myopathy *[see Clinical Pharmacology (12.3)]*.

However, inhibitors of HMG-CoA reductase may cause myopathy, which is manifested as muscle pain or weakness associated with elevated levels of creatine phosphokinase (CPK). In the adult Phase 3 *S. aureus* bacteremia/endocarditis trial, some patients who received prior or concomitant treatment with an HMG-CoA reductase inhibitor developed elevated CPK *[see Adverse Reactions (6.1)]*. Experience with the coadministration of HMG-CoA reductase inhibitors and daptomycin for injection in patients is limited; therefore, consideration should be given to suspending use of HMG-CoA reductase inhibitors temporarily in patients receiving Daptomycin for Injection.

7.2 Drug-Laboratory Test Interactions

Clinically relevant plasma concentrations of daptomycin have been observed to cause a significant concentration-dependent false prolongation of prothrombin time (PT) and elevation of International Normalized Ratio (INR) when certain recombinant thromboplastin reagents are utilized for the assay. The possibility of an erroneously elevated PT/INR result due to interaction with a recombinant thromboplastin reagent may be minimized by drawing specimens for PT or INR testing near the time of trough plasma concentrations of daptomycin. However, sufficient daptomycin concentrations may be present at trough to cause interaction.

12.1 Mechanism of Action

Daptomycin is an antibacterial drug *[see Clinical Pharmacology (12.4)]*.

12.2 Pharmacodynamics

Based on animal models of infection, the antimicrobial activity of daptomycin appears to correlate with the AUC/MIC (area under the concentration-time curve/minimum inhibitory concentration) ratio for certain pathogens, including *S. aureus*. The principal pharmacokinetic/pharmacodynamic parameter best associated with clinical and microbiological cure has not been elucidated in clinical trials with daptomycin for injection.

12.3 Pharmacokinetics

Daptomycin for Injection Administered over a 30-Minute Period in Adults

The mean and standard deviation (SD) pharmacokinetic parameters of daptomycin at steady-state following intravenous (IV) administration of daptomycin for injection over a 30-minute period at 4 to 12 mg/kg every 24h to healthy young adults are summarized in Table 11.

Table 11: Mean (SD) Daptomycin Pharmacokinetic Parameters in Healthy Adult Volunteers at Steady-State

Dose*† (mg/kg)	Pharmacokinetic Parameters‡				
	AUC_{0-24} (mcg•h/mL)	$t_{1/2}$ (h)	V_{ss} (L/kg)	CL_T (mL/h/kg)	C_{max} (mcg/mL)
4 (N=6)	494 (75)	8.1 (1.0)	0.096 (0.009)	8.3 (1.3)	57.8 (3.0)
6 (N=6)	632 (78)	7.9 (1.0)	0.101 (0.007)	9.1 (1.5)	93.9 (6.0)
8 (N=6)	858 (213)	8.3 (2.2)	0.101 (0.013)	9.0 (3.0)	123.3 (16.0)
10 (N=9)	1039 (178)	7.9 (0.6)	0.098 (0.017)	8.8 (2.2)	141.1 (24.0)
12 (N=9)	1277 (253)	7.7 (1.1)	0.097 (0.018)	9.0 (2.8)	183.7 (25.0)

* Daptomycin for injection was administered by IV infusion over a 30-minute period.

† Doses of daptomycin for injection in excess of 6 mg/kg have not been approved.

‡ AUC_{0-24}, area under the concentration-time curve from 0 to 24 hours; $t_{1/2}$, elimination half-life; V_{ss}, volume of distribution at steady-state; CL_T, total plasma clearance; C_{max}, maximum plasma concentration.

Daptomycin pharmacokinetics were generally linear and time-independent at daptomycin for injection doses of 4 to 12 mg/kg every 24h administered by IV infusion over a 30-minute period for up to 14 days. Steady-state trough concentrations were achieved by the third daily dose. The mean (SD) steady-state trough concentrations attained following the administration of 4, 6, 8, 10, and 12 mg/kg every 24h were 5.9 (1.6), 6.7 (1.6), 10.3 (5.5), 12.9 (2.9), and 13.7 (5.2) mcg/mL, respectively.

Daptomycin for Injection Administered over a 2-Minute Period in Adults

Following IV administration of daptomycin for injection over a 2-minute period to healthy adult volunteers at doses of 4 mg/kg (N=8) and 6 mg/kg (N=12), the mean (SD) steady-state systemic exposure (AUC) values were 475 (71) and 701 (82) mcg•h/mL, respectively. Values for maximum plasma concentration (C_{max}) at the end of the 2-minute period could not be determined adequately in this study. However, using pharmacokinetic parameters from 14 healthy adult volunteers who received a single dose of daptomycin for injection 6 mg/kg IV

The pharmacokinetics of daptomycin were evaluated in 10 adult subjects with moderate hepatic impairment (Child-Pugh Class B) and compared with those in healthy adult volunteers (N=9) matched for gender, age, and weight. The pharmacokinetics of daptomycin were not altered in subjects with moderate hepatic impairment. No dosage adjustment is warranted when Daptomycin for Injection is administered to patients with mild to moderate hepatic impairment. The pharmacokinetics of daptomycin in patients with severe hepatic impairment (Child-Pugh Class C) have not been evaluated.

Gender

No clinically significant gender-related differences in daptomycin pharmacokinetics have been observed. No dosage adjustment is warranted based on gender when Daptomycin for Injection is administered.

Geriatric Patients

The pharmacokinetics of daptomycin were evaluated in 12 healthy elderly subjects (≥75 years of age) and 11 healthy young adult controls (18 to 30 years of age). Following administration of a single 4 mg/kg dose of daptomycin for injection by IV infusion over a 30-minute period, the mean total clearance of daptomycin was approximately 35% lower and the mean $AUC_{0-\infty}$ was approximately 58% higher in elderly subjects than in healthy young adult subjects. There were no differences in C_{max} *[see Use in Specific Populations (8.5)]*.

Obese Patients

The pharmacokinetics of daptomycin were evaluated in 6 moderately obese (Body Mass Index [BMI] 25 to 39.9 kg/m^2) and 6 extremely obese (BMI ≥40 kg/m^2) adult subjects and controls matched for age, gender, and renal function. Following administration of daptomycin for injection by IV infusion over a 30-minute period as a single 4 mg/kg dose based on total body weight, the total plasma clearance of daptomycin normalized to total body weight was approximately 15% lower in moderately obese subjects and 23% lower in extremely obese subjects than in nonobese controls. The $AUC_{0-\infty}$ of daptomycin was approximately 30% higher in moderately obese subjects and 31% higher in extremely obese subjects than in nonobese controls. The differences were most likely due to differences in the renal clearance of daptomycin. No adjustment of Daptomycin for Injection dosage is warranted in obese patients.

Pediatric Patients

The pharmacokinetics of daptomycin in pediatric subjects was evaluated in 3 single-dose pharmacokinetic studies. In general, body weight-normalized total body clearance in pediatric patients was higher than in adults and increased with a decrease of age, whereas elimination half-life tends to decrease with a decrease of age. Body weight-normalized total body clearance and elimination half-life of daptomycin in children 2 to 6 years of age were similar at different doses.

A study was conducted to assess safety, efficacy, and pharmacokinetics of daptomycin in pediatric patients (1 to 17 years old, inclusive) with cSSSI caused by Gram-positive pathogens. Patients were enrolled into 4 age groups *[see Clinical Studies (14.1)]*, and intravenous daptomycin for injection doses of 5 to 10 mg/kg once daily were administered. Following administration of multiple doses, daptomycin exposure (AUC_{ss} and $C_{max,ss}$) was similar across different age groups after dose adjustment based on body weight and age (Table 13).

Table 13: Mean (SD) Daptomycin Population Pharmacokinetic Parameters in cSSSI Pediatric Patients

Age	Pharmacokinetic Parameters						
	Dose (mg/kg)	Infusion Duration (min)	AUC_{ss} (mcg•h/mL)	$t_{1/2}$ (h)	V_{ss} (mL)	CL_T (mL/h/kg)	$C_{max,ss}$ (mcg/L)
12 to 17 years (N=6)	5	30	434 (67.9)	7.1 (0.9)	8200 (3250)	11.8 (2.15)	76.4 (6.75)
7 to 11 years (N=2)	7	30	543*	6.8*	4470*	13.2*	92.4*
2 to 6 years (N=7)	9	60	452 (93.1)	4.6 (0.8)	2750 (832)	20.8 (4.29)	90.3 (14.0)
1 to less than 2 years (N=27)	10	60	462 (138)	4.8 (0.6)	1670 (446)	23.1 (5.43)	81.6 (20.7)

AUCss, area under the concentration-time curve at steady state; CLT, clearance normalized to body weight; Vss, volume of distribution at steady state; t½, terminal half-life

*Mean is calculated from N=2

A study was conducted to assess safety, efficacy, and pharmacokinetics of daptomycin in pediatric patients with *S. aureus* bacteremia. Patients were enrolled into 3 age groups *[see Clinical Studies (14.2)]*, and intravenous doses of 7 to 12 mg/kg once daily were administered. Following administration of multiple doses, daptomycin exposure (AUC_{ss} and $C_{max,ss}$) was similar across different age groups after dose adjustment based on body weight and age (Table 14).

Table 14: Mean (SD) of Daptomycin Pharmacokinetics in Bacteremia Pediatric Patients

Age	Pharmacokinetic Parameters						
	Dose (mg/kg)	Infusion Duration (min)	AUC_{ss} (mcg•h/mL)	$t_{1/2}$ (h)	V_{ss} (mL)	CL_T (mL/h/kg)	$C_{max,ss}$ (mcg/mL)
12 to 17 years (N=13)	7	30	656 (334)	7.5 (2.3)	6420 (1980)	12.4 (3.9)	104 (35.5)
7 to 11 years (N=19)	9	30	579 (116)	6.0 (0.8)	4510 (1470)	15.9 (2.8)	104 (14.5)
2 to 6 years (N=19)	12	60	620 (109)	5.1 (0.6)	2200 (570)	19.9 (3.4)	106 (12.8)

AUC_{ss}, area under the concentration-time curve at steady state; CL_T, clearance normalized to body weight; V_{ss}, volume of distribution at steady state; t½, terminal half-life

No patients 1 to <2 years of age were enrolled in the study. Simulation using a population pharmacokinetic model demonstrated that the AUC_{ss} of daptomycin in pediatric patients 1 to <2 years of age receiving 12 mg/kg once daily would be comparable to that in adult patients receiving 6 mg/kg once daily.

Drug Interaction Studies

In Vitro Studies

In vitro studies with human hepatocytes indicate that daptomycin does not inhibit or induce the activities of the following human cytochrome P450 isoforms: 1A2, 2A6, 2C9, 2C19, 2D6, 2E1, and 3A4. It is unlikely that daptomycin will inhibit or induce the metabolism of drugs metabolized by the P450 system.

Aztreonam

In a study in which 15 healthy adult subjects received a single dose of daptomycin for injection 6 mg/kg IV and a combination dose of Daptomycin for Injection 6 mg/kg IV and aztreonam 1 g IV, administered over a 30-minute period, the C_{max} and $AUC_{0-\infty}$ of daptomycin were not significantly altered by aztreonam.

Tobramycin

In a study in which 6 healthy adult males received a single dose of daptomycin for injection 2 mg/kg IV, tobramycin 1 mg/kg IV, and both in combination, administered over a 30-minute period, the mean C_{max} and $AUC_{0-\infty}$ of daptomycin were 12.7% and 8.7% higher, respectively, when daptomycin for injection was coadministered with tobramycin. The mean C_{max} and $AUC_{0-\infty}$ of tobramycin were 10.7% and 6.6% lower, respectively, when tobramycin was coadministered with daptomycin for injection. These differences were not statistically significant. The interaction between daptomycin and tobramycin with a clinical dose of Daptomycin for Injection is unknown.

Warfarin

In 16 healthy adult subjects, administration of daptomycin for injection 6 mg/kg every 24h by IV infusion over a 30-minute period for 5 days, with coadministration of a single oral dose of warfarin (25 mg) on the 5th day, had no significant effect on the pharmacokinetics of either drug and did not significantly alter the INR (International Normalized Ratio).

Simvastatin

In 20 healthy adult subjects on a stable daily dose of simvastatin 40 mg, administration of daptomycin for injection 4 mg/kg every 24h by IV infusion over a 30-minute period for 14 days (N=10) had no effect on plasma trough concentrations of simvastatin and was not associated with a higher incidence of adverse events, including skeletal myopathy, than in subjects receiving placebo once daily (N=10) *[see Warnings and Precautions (5.2) and Drug Interactions (7.1)]*.

Probenecid

Concomitant administration of probenecid (500 mg 4 times daily) and a single dose of daptomycin for injection 4 mg/kg by IV infusion over a 30-minute period in adults did not significantly alter the C_{max} or $AUC_{0-\infty}$ of daptomycin.

12.4 Microbiology

Daptomycin belongs to the cyclic lipopeptide class of antibacterials. Daptomycin has clinical utility in the treatment of infections caused by aerobic, Gram-positive bacteria. The *in vitro* spectrum of activity of daptomycin encompasses most clinically relevant Gram-positive pathogenic bacteria.

Daptomycin exhibits rapid, concentration-dependent bactericidal activity against Gram-positive bacteria *in vitro*. This has been demonstrated both by time-kill curves and by MBC/MIC (minimum bactericidal

concentration/minimum inhibitory concentration) ratios using broth dilution methodology. Daptomycin maintained bactericidal activity *in vitro* against stationary phase *S. aureus* in simulated endocardial vegetations. The clinical significance of this is not known.

Mechanism of Action

Daptomycin binds to bacterial cell membranes and causes a rapid depolarization of membrane potential. This loss of membrane potential causes inhibition of DNA, RNA, and protein synthesis, which results in bacterial cell death.

Resistance

The mechanism(s) of daptomycin resistance is not fully understood. Currently, there are no known transferable elements that confer resistance to daptomycin.

Interactions with Other Antibacterials

In vitro studies have investigated daptomycin interactions with other antibacterials. Antagonism, as determined by kill curve studies, has not been observed. *In vitro* synergistic interactions of daptomycin with aminoglycosides, β-lactam antibacterials, and rifampin have been shown against some isolates of staphylococci (including some methicillin-resistant isolates) and enterococci (including some vancomycin-resistant isolates).

Complicated Skin and Skin Structure Infection (cSSSI) Trials in Adults

The emergence of daptomycin non-susceptible isolates occurred in 2 infected patients across the set of Phase 2 and pivotal Phase 3 clinical trials of cSSSI in adult patients. In one case, a non-susceptible *S. aureus* was isolated from a patient in a Phase 2 trial who received daptomycin for injection at less than the protocol-specified dose for the initial 5 days of therapy. In the second case, a non-susceptible *Enterococcus faecalis* was isolated from a patient with an infected chronic decubitus ulcer who was enrolled in a salvage trial.

S. aureus Bacteremia/Endocarditis and Other Post-Approval Trials in Adults

In subsequent clinical trials in adult patients, non-susceptible isolates were recovered. *S. aureus* was isolated from a patient in a compassionate-use trial and from 7 patients in the *S. aureus* bacteremia/endocarditis trial *[see Clinical Studies (14.2)]*. An *E. faecium* was isolated from a patient in a vancomycin-resistant enterococci trial.

Antimicrobial Activity

Daptomycin has been shown to be active against most isolates of the following microorganisms both *in vitro* and in clinical infections *[see Indications and Usage (1)]*.

Gram-Positive Bacteria

Enterococcus faecalis (vancomycin-susceptible isolates only)
Staphylococcus aureus (including methicillin-resistant isolates)
Streptococcus agalactiae
Streptococcus dysgalactiae subsp. *equisimilis*
Streptococcus pyogenes

The following *in vitro* data are available, but their clinical significance is unknown. At least 90 percent of the following bacteria exhibit an *in vitro* minimum inhibitory concentration (MIC) less than or equal to the susceptible breakpoint for daptomycin against isolates of similar genus or organism group. However, the efficacy of daptomycin in treating clinical infections caused by these bacteria has not been established in adequate and well-controlled clinical trials.

Gram-Positive Bacteria

Corynebacterium jeikeium
Enterococcus faecalis (vancomycin-resistant isolates)
Enterococcus faecium (including vancomycin-resistant isolates)
Staphylococcus epidermidis (including methicillin-resistant isolates)
Staphylococcus haemolyticus

Susceptibility Testing

For specific information regarding susceptibility test interpretive criteria and associated test methods and quality control standards recognized by FDA for daptomycin, please see: https://www.fda.gov/STIC.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in animals have not been conducted to evaluate the carcinogenic potential of daptomycin for injection. However, neither mutagenic nor clastogenic potential was found in a battery of genotoxicity tests, including the Ames assay, a mammalian cell gene mutation assay, a test for chromosomal aberrations in Chinese hamster ovary cells, an *in vivo* micronucleus assay, an *in vitro* DNA repair assay, and an *in vivo* sister chromatid exchange assay in Chinese hamsters.

Daptomycin did not affect the fertility or reproductive performance of male and female rats when administered intravenously at doses of 25, 75, or 150 mg/kg/day, which is approximately up to 9 times the estimated human exposure level based upon AUCs (or approximately up to 4 times the recommended human dose of 6 mg/kg based on body surface area comparison).

13.2 Animal Toxicology and/or Pharmacology

Adult Animals

In animals, daptomycin administration has been associated with effects on skeletal muscle. However, there were no changes in cardiac or smooth muscle. Skeletal muscle effects were characterized by microscopic degenerative/regenerative changes and variable elevations in creatine phosphokinase (CPK). No fibrosis or rhabdomyolysis was evident in repeat-dose studies up to the highest doses tested in rats (150 mg/kg/day) and dogs (100 mg/kg/day). The degree of skeletal myopathy showed no increase when treatment was extended from 1 month to up to 6 months. Severity was dose-dependent. All muscle effects, including microscopic changes, were fully reversible within 30 days following the cessation of dosing.

In adult animals, effects on peripheral nerve (characterized by axonal degeneration and frequently accompanied by significant losses of patellar reflex, gag reflex, and pain perception) were observed at daptomycin doses higher than those associated with skeletal myopathy. Deficits in the dogs' patellar reflexes were seen within 2

weeks after the start of treatment at 40 mg/kg/day (9 times the human C_{max} at the 6 mg/kg/day dose), with some clinical improvement noted within 2 weeks after the cessation of dosing. However, at 75 mg/kg/day for 1 month, 7 of 8 dogs failed to regain full patellar reflex responses within a 3-month recovery period. In a separate study in dogs receiving doses of 75 and 100 mg/kg/day for 2 weeks, minimal residual histological changes were noted at 6 months after the cessation of dosing. However, recovery of peripheral nerve function was evident.

Tissue distribution studies in rats showed that daptomycin is retained in the kidney but appears to penetrate the blood-brain barrier only minimally following single and multiple doses.

Juvenile Animals

Target organs of daptomycin-related effects in 7-week-old juvenile dogs were skeletal muscle and nerve, the same target organs as in adult dogs. In juvenile dogs, nerve effects were noted at lower daptomycin blood concentrations than in adult dogs following 28 days of dosing. In contrast to adult dogs, juvenile dogs also showed evidence of effects in nerves of the spinal cord as well as peripheral nerves after 28 days of dosing. No nerve effects were noted in juvenile dogs following 14 days of dosing at doses up to 75 mg/kg/day.

Administration of daptomycin to 7-week-old juvenile dogs for 28 days at doses of 50 mg/kg/day produced minimal degenerative effects on the peripheral nerve and spinal cord in several animals, with no corresponding clinical signs. A dose of 150 mg/kg/day for 28 days produced minimal degeneration in the peripheral nerve and spinal cord as well as minimal to mild degeneration of the skeletal muscle in a majority of animals, accompanied by slight to severe muscle weakness evident in most dogs. Following a 28-day recovery phase, microscopic examination revealed recovery of the skeletal muscle and the ulnar nerve effects, but nerve degeneration in the sciatic nerve and spinal cord was still observed in all 150 mg/kg/day dogs.

Following once-daily administration of daptomycin to juvenile dogs for 28 days, microscopic effects in nerve tissue were noted at a C_{max} value of 417 mcg/mL, which is approximately 3-fold less than the C_{max} value associated with nerve effects in adult dogs treated once daily with daptomycin for 28 days (1308 mcg/mL).

Neonatal Animals

Neonatal dogs (4 to 31 days old) were more sensitive to daptomycin-related adverse nervous system and/or muscular system effects than either juvenile or adult dogs. In neonatal dogs, adverse nervous system and/or muscular system effects were associated with a C_{max} value approximately 3-fold less than the C_{max} in juvenile dogs, and 9-fold less than the C_{max} in adult dogs following 28 days of dosing. At a dose of 25 mg/kg/day with associated C_{max} and AUC_{inf} values of 147 mcg/mL and 717 mcg·h/mL, respectively (1.6 and 1.0-fold the adult human C_{max} and AUC, respectively, at the 6 mg/kg/day dose), mild clinical signs of twitching and one incidence of muscle rigidity were observed with no corresponding effect on body weight. These effects were found to be reversible within 28 days after treatment had stopped.

At higher dose levels of 50 and 75 mg/kg/day with associated C_{max} and AUC_{inf} values of ≥321 mcg/mL and ≥1470 mcg·h/mL, respectively, marked clinical signs of twitching, muscle rigidity in the limbs, and impaired use of limbs were observed. Resulting decreases in body weights and overall body condition at doses ≥50 mg/kg/day necessitated early discontinuation by postnatal day (PND) 19.

Histopathological assessment did not reveal any daptomycin-related changes in the peripheral and central nervous system tissue, as well as in the skeletal muscle or other tissues assessed, at any dose level.

No adverse effects were observed in the dogs that received daptomycin at 10 mg/kg/day, the NOAEL, with associated C_{max} and AUC_{inf} values of 62 mcg/mL and 247 mcg·h/mL, respectively (or 0.6 and 0.4-fold the adult human C_{max} and AUC, respectively at the 6 mg/kg dose).

14 CLINICAL STUDIES

14.1 Complicated Skin and Skin Structure Infections

Adults with cSSSI

Adult patients with clinically documented complicated skin and skin structure infections (cSSSI) (Table 15) were enrolled in two randomized, multinational, multicenter, investigator-blinded trials comparing daptomycin for injection (4 mg/kg IV every 24h) with either vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 4 to 12 g IV per day). Patients could switch to oral therapy after a minimum of 4 days of IV treatment if clinical improvement was demonstrated. Patients known to have bacteremia at baseline were excluded. Patients with creatinine clearance (CL_{CR}) between 30 and 70 mL/min were to receive a lower dose of daptomycin for injection as specified in the protocol; however, the majority of patients in this subpopulation did not have the dose of daptomycin for injection adjusted.

Table 15: Investigator's Primary Diagnosis in the cSSSI Trials in Adult Patients (Population: ITT)

Primary Diagnosis	**Adult Patients (Daptomycin for Injection / Comparator*)**		
	Study 9801 N=264 / N=266	**Study 9901 N=270 / N=292**	**Pooled N=534 / N=558**
Wound Infection	99 (38%) / 116 (44%)	102 (38%) / 108 (37%)	201 (38%) / 224 (40%)
Major Abscess	55 (21%) / 43 (16%)	59 (22%) / 65 (22%)	114 (21%) / 108 (19%)
Ulcer Infection	71 (27%) / 75 (28%)	53 (20%) / 68 (23%)	124 (23%) / 143 (26%)
Other Infection†	39 (15%) / 32 (12%)	56 (21%) / 51 (18%)	95 (18%) / 83 (15%)

* Comparator: vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 4 to 12 g/day IV in divided doses).

† The majority of cases were subsequently categorized as complicated cellulitis, major abscesses, or traumatic wound infections.

One trial was conducted primarily in the United States and South Africa (study 9801), and the second was conducted at non-US sites only (study 9901). The two trials were similar in design but differed in patient characteristics, including history of diabetes and peripheral vascular disease. There were a total of 534 adult patients treated with daptomycin for injection and 558 treated with comparator in the two trials. The majority (89.7%) of patients received IV medication exclusively.

The efficacy endpoints in both trials were the clinical success rates in the intent-to-treat (ITT) population and in the clinically evaluable (CE) population. In study 9801, clinical success rates in the ITT population were 62.5% (165/264) in patients treated with daptomycin for injection and 60.9% (162/266) in patients treated with comparator drugs. Clinical success rates in the CE population were 76.0% (158/208) in patients treated with

daptomycin for injection and 76.7% (158/206) in patients treated with comparator drugs. In study 9901, clinical success rates in the ITT population were 80.4% (217/270) in patients treated with daptomycin for injection and 80.5% (235/292) in patients treated with comparator drugs. Clinical success rates in the CE population were 89.9% (214/238) in patients treated with daptomycin for injection and 90.4% (226/250) in patients treated with comparator drugs.

The success rates by pathogen for microbiologically evaluable patients are presented in Table 16.

Table 16: Clinical Success Rates by Infecting Pathogen in the cSSSI Trials in Adult Patients (Population: Microbiologically Evaluable)

Pathogen	Success Rate n/N (%)	
	Daptomycin for Injection	**Comparator***
Methicillin-susceptible *Staphylococcus aureus* (MSSA)†	170/198 (86%)	180/207 (87%)
Methicillin-resistant *Staphylococcus aureus* (MRSA)†	21/28 (75%)	25/36 (69%)
Streptococcus pyogenes	79/84 (94%)	80/88 (91%)
Streptococcus agalactiae	23/27 (85%)	22/29 (76%)
Streptococcus dysgalactiae subsp. *equisimilis*	8/8 (100%)	9/11 (82%)
Enterococcus faecalis (vancomycin-susceptible only)	27/37 (73%)	40/53 (76%)

* Comparator: vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 4 to 12 g/day IV in divided doses).

† As determined by the central laboratory.

Pediatric Patients (1 to 17 Years of Age) with cSSSI

The cSSSI pediatric trial was a single prospective multi-center, randomized, comparative trial. A total of 396 pediatric patients aged 1 to 17 years with cSSSI caused by Gram positive pathogens were enrolled into the study. Patients known to have bacteremia, osteomyelitis, endocarditis, and pneumonia at baseline were excluded. Patients were enrolled in a stepwise approach into four age groups and given age-dependent doses of daptomycin for injection once daily for up to 14 days. The different age groups and doses evaluated were as follows: Adolescents (12 to 17 years) treated with 5 mg/kg of daptomycin for injection (n=113), Children (7 to 11 years) treated with 7 mg/kg of daptomycin for injection (n=113), Children (2 to 6 years) treated with 9 mg/kg of daptomycin for injection (n=125) and Infants (1 to < 2 years) treated with 10 mg/kg (n= 45).

Patients were randomized 2:1 to receive daptomycin for injection or a standard of care (SOC) comparator, which included intravenous therapy with either vancomycin, clindamycin, or an anti-staphylococcal semi-

Entry Diagnosis[§]			
Definite or Possible Infective Endocarditis	41/90 (46%)	37/91 (41%)	4.9% (−11.6, 21.4)[‡]
Not Infective Endocarditis	12/30 (40%)	11/24 (46%)	−5.8% (−36.2, 24.5)[‡]
Final Diagnosis			
Uncomplicated Bacteremia	18/32 (56%)	16/29 (55%)	1.1% (−31.7, 33.9)[¶]
Complicated Bacteremia	26/60 (43%)	23/61 (38%)	5.6% (−17.3, 28.6)[¶]
Right-Sided Infective Endocarditis	8/19 (42%)	7/16 (44%)	−1.6% (−44.9, 41.6)[¶]
Uncomplicated Right-Sided Infective Endocarditis	3/6 (50%)	1/4 (25%)	25.0% (−51.6, 100.0)[¶]
Complicated Right-Sided Infective Endocarditis	5/13 (39%)	6/12 (50%)	−11.5% (−62.4, 39.4)[¶]
Left-Sided Infective Endocarditis	1/9 (11%)	2/9 (22%)	−11.1% (−55.9, 33.6)[¶]

* Comparator: vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or flucloxacillin; 2 g IV q4h), each with initial low-dose gentamicin.

† 95% Confidence Interval

‡ 97.5% Confidence Interval (adjusted for multiplicity)

§ According to the modified Duke criteria[5]

¶ 99% Confidence Interval (adjusted for multiplicity)

Eighteen (18/120) patients in the daptomycin for injection arm and 19/116 patients in the comparator arm died during the trial. These comprise 3/28 daptomycin for injection-treated patients and 8/26 comparator-treated patients with endocarditis, as well as 15/92 daptomycin for injection-treated patients and 11/90 comparator-treated patients with bacteremia. Among patients with persisting or relapsing *S. aureus* infections, 8/19 daptomycin for injection-treated patients and 7/11 comparator-treated patients died.

Overall, there was no difference in time to clearance of *S. aureus* bacteremia between daptomycin for injection and comparator. The median time to clearance in patients with MSSA was 4 days and in patients with MRSA was 8 days.

Failure of treatment due to persisting or relapsing *S. aureus* infections was assessed by the Adjudication Committee in 19/120 (16%) daptomycin for injection-treated patients (12 with MRSA and 7 with MSSA) and 11/115 (10%) comparator-treated patients (9 with MRSA treated with vancomycin and 2 with MSSA treated with an anti-staphylococcal semi-synthetic penicillin). Among all failures, isolates from 6 daptomycin for injection-treated patients and 1 vancomycin-treated patient developed increasing MICs (reduced susceptibility) by central laboratory testing during or following therapy. Most patients who failed due to persisting or relapsing *S. aureus* infection had deep-seated infection and did not receive necessary surgical intervention *[see Warnings and Precautions (5.9)]*.

Pediatric Patients (1 to 17 Years of Age) with *S. aureus* Bacteremia

The pediatric *S. aureus* bacteremia study was designed as a prospective multi-center, randomized, comparative trial to treat pediatric patients aged 1 to 17 years with bacteremia. Patients known to have endocarditis or pneumonia at baseline were excluded. Patients were enrolled in a stepwise approach into three age groups and given age-dependent doses of daptomycin for injection once daily for up to 42 days. The different age groups and doses evaluated were as follows: Adolescents (12 to 17 years, n=14 patients) treated with daptomycin for

injection dosed at 7 mg/kg once daily, Children (7 to 11 years, n=19 patients) treated with daptomycin for injection dosed at 9 mg/kg once daily and Children (2 to 6 years, n=22 patients) treated with daptomycin for injection dosed at 12 mg/kg once daily. No patients 1 to <2 years of age were enrolled.

Patients were randomized 2:1 to receive daptomycin for injection or a standard of care comparator, which included intravenous therapy with vancomycin, semi-synthetic penicillin, first generation cephalosporin or clindamycin. Patients could switch to oral therapy after clinical improvement was demonstrated (no minimum IV dosing was required).

The primary objective of this study was to assess the safety of daptomycin for injection. The clinical outcome was determined by resolution or improvement of symptoms at test-of-cure (TOC) visit, 7 to 14 days after the last dose, which was assessed by the site level Blinded Evaluator.

Of the 82 subjects randomized in the study, 81 subjects were treated with daptomycin for injection or comparator and included in the safety population, and 73 had a proven *S. aureus* bacteremia at Baseline. Of these, 51 subjects were randomized to the daptomycin for injection group and 22 subjects were randomized to the comparator group. The mean duration of IV therapy was 12 days, with a range of 1 to 44 days. Forty-eight subjects switched to oral therapy, and the mean duration of oral therapy was 21 days. The clinical success rates determined at 7 to 14 days after last dose of therapy (IV and oral) (TOC visit) were 88% (45/51) for daptomycin for injection and 77% (17/22) for comparator.

15 REFERENCES

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16 HOW SUPPLIED/STORAGE AND HANDLING

Daptomycin for Injection is supplied as a sterile pale yellow to light brown lyophilized cake in a single-dose 15 mL vial containing 350 mg of daptomycin: Package of 1 (NDC 70594-053-01).

Store original packages at refrigerated temperatures, 2°C to 8°C (36°F to 46°F); avoid excessive heat. Storage conditions for the reconstituted and diluted solutions are described in another section of the prescribing information *[see Dosage and Administration (2.7)]*.

17 PATIENT COUNSELING INFORMATION

Allergic Reactions

Advise patients that allergic reactions, including serious allergic reactions, could occur and that serious reactions require immediate treatment. Patients should report any previous allergic reactions to daptomycin *[see Warnings and Precautions (5.1, 5.4, 5.5)]*.

Muscle Pain or Weakness

Advise patients to report muscle pain or weakness, especially in the forearms and lower legs, as well as tingling or numbness *[see Warnings and Precautions (5.2, 5.6)]*.

Cough, Breathlessness or Fever

Advise patients to report any symptoms of cough, breathlessness, or fever *[see Warnings and Precautions (5.3)]*.

Diarrhea

Advise patients that diarrhea is a common problem caused by antibacterials, including daptomycin for injection, that usually ends when the antibacterial is discontinued. Sometimes after starting treatment with antibacterials, including Daptomycin for Injection, patients can develop watery and bloody stools (with or without stomach cramps and fever), even as late as 2 or more months after having received the last dose of the antibacterial. If this occurs, patients should contact their physician as soon as possible *[see Warnings and Precautions (5.8)]*.

Antibacterial Resistance Patients should be counseled that antibacterial drugs, including Daptomycin for Injection, should be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When Daptomycin for Injection is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may (1) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by Daptomycin for Injection or other antibacterial drugs in the future.

Manufactured for:

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Buffalo Grove, IL 60089
Made in India

PSLEA-020125-05
Code No: AP/DRUGS/103/97