

CUBICIN: THE ONLY ONCE DAILY OPTION FOR MRSA

—skin and bacteremia



Extends your reach against MRSA outside the hospital — skin and bacteremia

- More than 370,000 patients treated with CUBICIN*
- Once daily 30-minute, 50-mL infusion
- Can be given by peripheral line, midline, or peripherally inserted central catheter
- No required monitoring of drug level in blood

**Reimbursement assistance:
1-866-RX-DAPTO (793-2786)**

*Estimated number of patients treated
based on sales through June 2007.

*Please see enclosed
full Prescribing Information.*

Once-A-Day
 CUBICIN[®]
 (daptomycin for injection)
INSIDE AND OUT

DEMONSTRATED EFFICACY AGAINST MRSA AND MSSA IN THE SKIN AND BLOOD

MORE THAN 370,000 PATIENTS TREATED WITH CUBICIN*

Proven clinical success with CUBICIN

- In complicated skin infections—both MRSA and MSSA¹
 - Clinical relapse rates were 4.2% for patients receiving CUBICIN vs 5.5% for comparators*
- In *S. aureus* bacteremia—both MRSA and MSSA

*Vancomycin or semisynthetic penicillin.

CUBICIN has a distinct mechanism of action

- Rapid bactericidal activity *in vitro* against MRSA and MSSA^{2†}
- >99% of *S. aureus* isolates are susceptible to CUBICIN according to global surveillance studies³

[†]The clinical significance of *in vitro* data has not been established.

Once daily dosing to treat complicated skin infections and *S. aureus* bacteremia

Indication	CL _{CR} ≥30 mL/min	CL _{CR} <30 mL/min, including hemodialysis or CAPD
<i>S. aureus</i> bacteremia, including right-sided endocarditis	6 mg/kg q24h	6 mg/kg q48h
Complicated skin infections	4 mg/kg q24h	4 mg/kg q48h

CL_{CR} = creatinine clearance; CAPD = continuous ambulatory peritoneal dialysis.

- Can be given by peripheral line, midline, or peripherally inserted central catheter
- Administer after hemodialysis on hemodialysis days

Demonstrated safety against MRSA and MSSA in the skin and blood

- Most adverse events reported with CUBICIN in clinical studies were described as mild to moderate in intensity
- In the *S. aureus* bacteremia trial, CUBICIN demonstrated significantly less renal decline[†] vs dual therapy[‡]

*Estimated number of patients treated based on sales through June 2007.

[†]Decreased renal function defined as a creatinine clearance level <50 mL/min if baseline clearance was ≥50 mL/min, or a decrease of ≥10 mL/min if baseline clearance was <50 mL/min.

[‡]Dual therapy was defined as treatment with vancomycin or a semisynthetic penicillin + 4 days of initial low-dose gentamicin.

Reimbursement assistance 1-866-RX-DAPTO (793-2786)

- Permanent J-code: J0878
 - In the dialysis setting, separate reimbursement outside of composite rate
- ICD-9-CM diagnosis codes:
 - 680.XX–686.XX (skin and subcutaneous tissue infections)
 - 998.5X (post-op infections)
 - 790.7 (bacteremia)
 - 421.XX (acute and subacute endocarditis)

ICD-9-CM = *International Classification of Diseases, Ninth Revision, Clinical Modification*.
ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.

Visit cubicin.com to learn more and to access CUBICIN reimbursement forms and patient information sheets.

Please see enclosed full Prescribing Information.

Once-A-Day
CUBICIN[®]
(daptomycin for injection)
INSIDE AND OUT

CUBICIN: THE ONLY ONCE DAILY OPTION FOR MRSA

—skin and bacteremia

IMPORTANT SAFETY INFORMATION

CUBICIN is indicated for the following infections:

Complicated skin and skin structure infections caused by susceptible isolates of the following Gram-positive microorganisms: *S. aureus* (including methicillin-resistant isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae* subspecies *equisimilis*, and *Enterococcus faecalis* (vancomycin-susceptible isolates only). Combination therapy may be clinically indicated if the documented or presumed pathogens include Gram-negative or anaerobic organisms.

***S. aureus* bloodstream infections (bacteremia)**, including those with right-sided infective endocarditis, caused by methicillin-susceptible and methicillin-resistant isolates. Combination therapy may be clinically indicated if the documented or presumed pathogens include Gram-negative or anaerobic organisms.

The efficacy of CUBICIN in patients with left-sided infective endocarditis due to *S. aureus* has not been demonstrated. The clinical trial of CUBICIN in patients with *S. aureus* bloodstream infections included limited data from patients with left-sided infective endocarditis; outcomes in these patients were poor. CUBICIN has not been studied in patients with prosthetic valve endocarditis or meningitis.

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

CUBICIN is not indicated for the treatment of pneumonia.

Clostridium difficile-associated diarrhea (CDAD) has been reported with the use of nearly all antibacterial agents, including CUBICIN, and may range in severity from mild diarrhea to fatal colitis. CDAD has been reported to occur over 2 months post-antibiotic treatment. If CDAD is suspected, antibiotic treatment may need to be suspended.

Patients receiving CUBICIN should be monitored for the development of muscle pain or weakness, particularly of the distal extremities. In patients who receive CUBICIN, creatine phosphokinase (CPK) levels should be monitored weekly, and more frequently in patients who received recent prior or concomitant therapy with an HMG-CoA reductase inhibitor. In patients with renal insufficiency, both renal function and CPK should be monitored more frequently. Patients who demonstrate unexplained elevations in CPK while receiving CUBICIN should be monitored more frequently.

CUBICIN should be discontinued in patients with unexplained signs and symptoms of myopathy in conjunction with CPK elevation >1000 U/L (~5X ULN), or in patients without reported symptoms who have marked elevations in CPK >2000 U/L (≥10X ULN).

Most adverse events reported in CUBICIN clinical trials were mild to moderate in intensity. The most common CUBICIN adverse events were anemia, constipation, diarrhea, nausea, vomiting, injection-site reactions, and headache.

References: 1. Arbeit RD, Maki D, Tally FP, et al. The safety and efficacy of daptomycin for the treatment of complicated skin and skin structure infections. *Clin Infect Dis*. 2004;38:1673-1681. 2. Silverman JA, Perlmuter NG, Shapiro HM. Correlation of daptomycin bactericidal activity and membrane depolarization in *Staphylococcus aureus*. *Antimicrob Agents Chemother*. 2003;47:2538-2544. 3. Jones RN, Fritsche TR, Streit JM, Sader HS. Evaluation of daptomycin activity tested against 34,603 bacterial strains from hospitalized patients: summary of a 4 year surveillance program for North America and Europe (2002-2005). Poster presented at: 44th Annual Meeting of IDSA; October 12-15, 2006; Toronto, Ontario, Canada. Poster 243. 4. Fowler VG Jr, Boucher HW, Corey GR, et al. Daptomycin versus standard therapy for bacteremia and endocarditis caused by *Staphylococcus aureus*. *N Engl J Med*. 2006;355:653-665.

Please see enclosed full Prescribing Information.



www.cubicin.com
©2007 Cubist Pharmaceuticals, Inc.
3992080307 September 2007
CUBICIN is a registered trademark of Cubist Pharmaceuticals, Inc.

Once-A-Day
CUBICIN[®]
(daptomycin for injection)
INSIDE AND OUT