

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use DAPTOMYCIN FOR INJECTION safely and effectively. See full prescribing information for DAPTOMYCIN FOR INJECTION.

DAPTOMYCIN for injection, for intravenous use
Initial U.S. Approval: 2003

— **RECENT MAJOR CHANGES** —
 Indications and Usage (1) 9/2019
 Dosage and Administration (2) 9/2019

— **INDICATIONS AND USAGE** —

Daptomycin for Injection is a lipopeptide antibacterial indicated for the treatment of:

- Complicated skin and skin structure infections (cSSSI) in adult patients (1.1) and,
- *Staphylococcus aureus* bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis (1.2)

— **Limitations of Use** —

- Daptomycin for Injection is not indicated for the treatment of pneumonia. (1.3)
- Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to *S. aureus*. (1.3)
- Daptomycin for Injection is not recommended in pediatric patients younger than one 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. (1.3)

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 to treat infections that are proven or strongly suspected to be caused by bacteria. (1.4)

— **DOSAGE AND ADMINISTRATION** —
Adult Patients

- Administer to **adult patients** intravenously in 0.9% sodium chloride, either by injection over a 2-minute period or by infusion over a 30-minute period. (2.1, 2.5)
- Recommended dosage regimen for adult patients (2.2, 2.3, 2.4):

Creatinine Clearance (CL _{CR})	Dosage Regimen	
	cSSSI For 7 to 14 days	<i>S. aureus</i> Bacteremia For 2 to 6 weeks
≥30 mL/min	4 mg/kg once every 24 hours	6 mg/kg once every 24 hours
<30 mL/min, including hemodialysis and CAPD	4 mg/kg once every 48 hours*	6 mg/kg once every 48 hours*

*Administered following hemodialysis on hemodialysis days.
 • There are two formulations of daptomycin that have different dosages concerning dosage and reconstitution. Carefully follow the reconstitution instructions.

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1.1 Complicated Skin and Skin Structure Infections (cSSSI)
 Daptomycin for Injection is indicated for the treatment of adult patients 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).
Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

- Do not store procedures in labeling. (2.5)
- Do not use in conjunction with ReadyMED® elastomeric infusion pumps in adult patients. (2.6)

— **DOSAGE FORMS AND STRENGTHS** —

For Injection: 350 mg lyophilized powder for reconstitution in a single-dose vial (3)

— **CONTRAINDICATIONS** —

- Known hypersensitivity to daptomycin (4)

— **WARNINGS AND PRECAUTIONS** —

- Anaphylaxis/hypersensitivity reactions (including life-threatening): Discontinue Daptomycin for Injection and treat signs/symptoms. (5.1)
- Myopathy and rhabdomyolysis: Monitor CPK levels and follow muscle pain or weakness; if elevated CPK or myopathy occurs, consider discontinuation of Daptomycin for Injection. (5.2)
- Eosinophilic pneumonia: Discontinue Daptomycin for Injection and consider treatment with systemic steroids. (5.3)
- Peripheral neuropathy: Monitor for neuropathy and consider discontinuation. (5.4)
- Potential nervous system and/or muscular system effects in pediatric patients younger than 12 months: Avoid use of Daptomycin for Injection in this age group. (5.5)
- *Clostridium difficile*-associated diarrhea: Evaluate patients if diarrhea occurs. (5.6)
- Persisting or relapsing *S. aureus* bacteremia/endocarditis: Perform susceptibility testing and rule out sequestered foci of infection. (5.7)
- Decreased efficacy was observed in adult patients with moderate baseline renal impairment. (5.8)

— **ADVERSE REACTIONS** —

- **Adult cSSSI Patients:** The most common adverse reactions that occurred in ≥2% of adult cSSSI patients receiving daptomycin for injection 4 mg/kg were diarrhea, headache, dizziness, rash, abnormal liver function tests, elevated creatine phosphokinase (CPK), urinary tract infections, hypotension, and dyspnea. (6.1)
- **Adult *S. aureus* bacteremia/endocarditis Patients:** The most common adverse reactions that occurred in ≥5% of *S. aureus* bacteremia/endocarditis patients receiving daptomycin for injection 6 mg/kg were sepsis, bacteremia, abdominal pain, chest pain, edema, pharyngolaryngeal pain, pruritus, increased sweating, insomnia, elevated CPK, and hypertension. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact **Xella Pharmaceuticals USA, LLC at safety@xella.com or 1-833-295-6953, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.**
See 17 for PATIENT COUNSELING INFORMATION.
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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.
Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

1.3 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 (5.5) and Nonclinical Toxicology (13.2)*].

1.4 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 infections that are proven or strongly suspected to be caused by susceptible bacteria.

When culture and susceptibility information is available, it should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy. Empiric therapy may be initiated while awaiting test results.

2 DOSAGE AND ADMINISTRATION

2.1 Important Administration Duration Instructions

Adults
 Administer the appropriate volume of the reconstituted Daptomycin for Injection (concentration of 50 mg/mL) to **adult patients** intravenously either by injection over a two (2) minute period or by intravenous infusion over a thirty (30) minute period [see *Dosage and Administration (2.2, 2.4, 2.5)*].
Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

2.2 Dosage in Adults for cSSSI

Administer Daptomycin for Injection 4 mg/kg to adult patients intravenously in 0.9% sodium chloride injection once every 24 hours for 7 to 14 days.
Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

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

Administer Daptomycin for Injection 6 mg/kg to adult patients intravenously in 0.9% sodium chloride injection once every 24 hours for 2 to 6 weeks. There are limited safety data for the use of daptomycin for injection for more than 28 days of therapy. In the Phase 3 trial, there were a total of 14 adult patients who were treated with daptomycin for injection for more than 28 days.
Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

2.4 Dosage in Patients with Renal Impairment

Adult Patients:
 No dosage adjustment is required in adult patients with creatinine clearance (CL_{CR}) greater than or equal to 30 mL/min. The recommended dosage regimen for Daptomycin for Injection in adult patients with CL_{CR} less than 30 mL/min, including adult patients on hemodialysis or continuous ambulatory peritoneal dialysis (CAPD), is 4 mg/kg (cSSSI) or 6 mg/kg (*S. aureus* bloodstream infections) once every 48 hours (Table 1). When possible, Daptomycin for Injection should be administered following the completion of hemodialysis on hemodialysis days [see *Warnings and Precautions (5.2, 5.8)*]. *Use in Specific Populations (8.6)*, and *Clinical Pharmacology (12.3)*.
 • When possible, administer Daptomycin for injection following the completion of hemodialysis on hemodialysis days.
 • *Pediatric Patients:*
 The dosage regimen for Daptomycin for Injection in pediatric patients with renal impairment has not been established.

Table 1: Recommended Dosage of Daptomycin for Injection in Adult Patients

Creatinine Clearance (CL _{CR})	Dosage Regimen in Adults	
	cSSSI	<i>S. aureus</i> Bloodstream Infections
Greater than or equal to 30 mL/min	4 mg/kg once every 24 hours	6 mg/kg once every 24 hours
Less than 30 mL/min, including hemodialysis and CAPD	4 mg/kg once every 48 hours*	6 mg/kg once every 48 hours*

* When possible, administer Daptomycin for injection following the completion of hemodialysis on hemodialysis days.
 • *Pediatric Patients:*
 The dosage regimen for Daptomycin for Injection in pediatric patients with renal impairment has not been established.

2.5 Preparation and Administration of Daptomycin for Injection

There are two formulations of daptomycin that have differences concerning storage and reconstitution. Carefully follow the reconstitution and dosage procedures in labeling.

Reconstitution of Daptomycin for Injection

1. To minimize foaming, AVOID vigorous agitation or shaking of the vial during or after reconstitution.
2. Remove the polypropylene flip-off cap from the Daptomycin for Injection vial to expose the central portion of the rubber stopper.
3. Wipe the top of the rubber stopper with an alcohol swab if either antiseptic solution and allow to dry. After cleaning, do not touch the rubber stopper or allow it to touch any other surface.
4. Slowly transfer 7 mL of 0.9% sodium chloride injection through the center of the rubber stopper into the Daptomycin for Injection vial, pointing the transfer needle toward the wall of the vial. It is recommended that a beveled sterile transfer needle that is 21 gauge or smaller in diameter, or a needleless device is used, pointing the transfer needle toward the wall of the vial.
5. Ensure that all of the Daptomycin for Injection powder is wetted by gently rotating the vial.

1. Allow the wetted product to stand undisturbed for 10 minutes.
2. Gently rotate or swirl the vial contents for a few minutes, as needed, to obtain a completely reconstituted solution.

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 (IV) 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.

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 to 8°C (36 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.

Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

2.6 Compatible Intravenous Solutions

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

2.7 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-mercaptopbenzothiazole) leaching from this pump system into the daptomycin for injection 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.

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.

CONTRAINDICATIONS

Daptomycin for Injection is contraindicated in patients with known hypersensitivity to daptomycin.

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)*].

Patients receiving Daptomycin for Injection should be monitored for the development of muscle pain or weakness, particularly of the distal extremities. In patients who receive Daptomycin for Injection, CPK levels should be monitored weekly, and more frequently in patients who received recent prior or concomitant therapy with an HMG-CoA reductase inhibitor or in whom elevations in CPK occur during treatment with Daptomycin for Injection.

In adult patients with renal impairment, both renal function and CPK should be monitored more frequently than once weekly [see *Use in Specific Populations (8.6)* and *Clinical Pharmacology (12.3)*].

In Phase 1 studies and Phase 2 clinical trials in adults, CPK elevations appeared to be more frequent when daptomycin for injection was dosed more than once daily. Therefore, Daptomycin for injection should not be dosed more frequently than once a day.

Daptomycin for Injection should be discontinued in patients with unexplained signs and symptoms of myopathy in conjunction with CPK elevations to levels >1,000 U/L (<5* ULN), and in patients without reported symptoms who have marked elevations in CPK, with levels >2,000 U/L (≥10* ULN). In addition, consideration should be given to suspending agents associated with rhabdomyolysis, such as HMG-CoA reductase inhibitors, temporarily in patients receiving Daptomycin for Injection [see *Drug Interactions (7.1)*].

5.3 Eosinophilic Pneumonia

Eosinophilic pneumonia has been reported in patients receiving daptomycin for injection [see *Adverse Reactions (6.2)*]. In reported cases associated with daptomycin for injection, patients developed fever, dyspnea with hypoxic respiratory insufficiency, and diffuse pulmonary infiltrates or organizing pneumonia. In general, patients developed eosinophilic pneumonia 2 to 4 weeks after starting daptomycin for injection and improved when daptomycin for injection was discontinued and steroid therapy was initiated. Recurrence of eosinophilic pneumonia upon re-exposure has been reported. Patients who develop these signs and symptoms while receiving Daptomycin for Injection should undergo prompt medical evaluation, and Daptomycin for Injection should be discontinued immediately. Treatment with systemic steroids is recommended.

5.4 Peripheral Neuropathy

Cases of peripheral neuropathy have been reported during the daptomycin for injection postmarketing experience [see *Adverse Reactions (6.2)*]. Therefore, physicians should be alert to signs and symptoms of peripheral neuropathy in patients receiving Daptomycin for Injection. Monitor for neuropathy and consider discontinuation.

5.5 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)*].

5.6 *Clostridium difficile*-Associated Diarrhea

Clostridium 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. Hypertoxic-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.

5.7 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 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)*].

5.8 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 2 shows the number of adult patients by renal function and treatment group who were clinical successes in the Phase 3 cSSSI trials.

Table 2: Clinical Success Rates by Renal Function and Treatment Group in Phase 3 cSSSI Trials in Adult Patients (Population: ITT)

CL _{CR}	Success Rate n/N (%)	
	Daptomycin for injection 4 mg/kg q24h	Comparator
50–70 mL/min	25/38 (66%)	30/48 (63%)
30–50 mL/min	7/15 (47%)	20/35 (57%)

In a subgroup analysis of the ITT population in the Phase 3 *S. aureus* bacteremia/endocarditis trial, clinical success rates, as determined by a treatment-blind adjudication committee [see *Clinical Studies (14.2)*], in the daptomycin for injection-treated adult patients were lower in patients with baseline CL_{CR} <50 mL/min (see Table 3). A decrease of the magnitude shown in Table 3 was not observed in comparator-treated patients.

Table 3: Adjudication Committee Clinical Success Rates at Test of Cure by Baseline Creatinine Clearance and Treatment Subgroup in the *S. aureus* Bacteremia/Endocarditis Trial in Adult Patients (Population: ITT)

Baseline CL _{CR}	Success Rate n/N (%)			
	Daptomycin for injection 6 mg/kg q24h		Comparator	
	Bacteremia	Right-Sided Infective Endocarditis	Bacteremia	Right-Sided Infective Endocarditis
>80 mL/min				

Daptomycin for Injection is not indicated in pediatric patients with renal impairment because dosage has not been established in these patients.

Pediatric use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

Daptomycin for injection has not been studied in pediatric patients with other bacterial infections.

8.5 Geriatric Use

Of the 534 adult patients treated with daptomycin for injection in Phase 3 controlled clinical trials of complicated skin and skin structure infections (cSSSI), 27% were 65 years of age or older and 12% were 75 years of age or older. Of the 120 adult patients treated with daptomycin for injection in the Phase 3 controlled clinical trial of *S. aureus* bacteremia/endocarditis, 25% were 65 years of age or older and 16% were 75 years of age or older. In Phase 3 adult clinical trials of cSSSI and in *S. aureus* bacteremia/endocarditis, clinical success rates were lower in patients ≥65 years of age than in patients <65 years of age. In addition, treatment-emergent adverse events were more common in patients ≥65 years of age than in patients <65 years of age.

The exposure of daptomycin was higher in healthy elderly subjects than in healthy young adult subjects. However, no adjustment of daptomycin for injection dosage is warranted for elderly patients with creatinine clearance (CL_{CR}) ≥30 mL/min [see Dosage and Administration (2.3) and Clinical Pharmacology (12.3)].

8.6 Patients with Renal Impairment

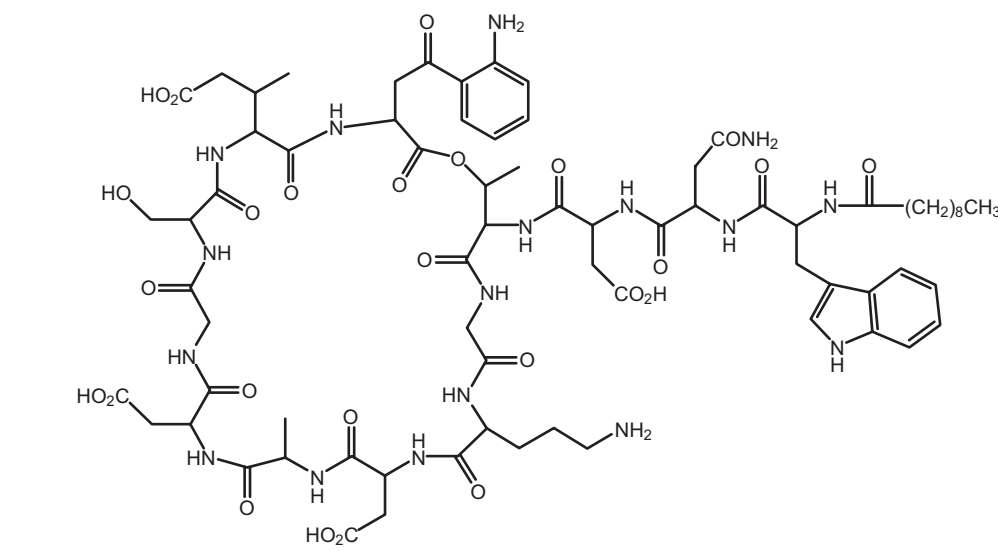
Daptomycin is eliminated primarily by the kidneys; therefore, a modification of Daptomycin for Injection dosage interval is recommended for adult patients with CL_{CR} <30 mL/min, including patients receiving hemodialysis or continuous ambulatory peritoneal dialysis (CAPD). In adult patients with renal impairment, both renal function and creatine phosphokinase (CPK) should be monitored more frequently than once weekly [see Dosage and Administration (2.4), Warnings and Precautions (5.2, 5.8), and Clinical Pharmacology (12.3)]. The dosage regimen for Daptomycin for Injection in pediatric patients with renal impairment has not been established.

10 OVERDOSAGE

In the event of overdosage, supportive care is advised with maintenance of glomerular filtration. Daptomycin is cleared slowly from the body by hemodialysis (approximately 15% of the administered dose is removed over 4 hours) and by peritoneal dialysis (approximately 11% of the administered dose is removed over 48 hours). The use of high-flux dialysis membranes during 4 hours of hemodialysis may increase the percentage of dose removed compared with that removed by low-flux membranes.

11 DESCRIPTION

Daptomycin for Injection contains daptomycin, a cyclic lipopeptide antibacterial agent derived from the fermentation of *Streptomyces roseosporus*. The chemical name is N-decanoyl-L-tryptophyl-D-asparaginy-L-aspartyl-L-threonylglycyl-L-ornithyl-L-aspartyl-D-alanyl-L-aspartylglycyl-D- seryl-threo-3-methyl-L-glutamyl-3-anthraniloyl-L-alanine *ε*-lactone. The chemical structure is:



The empirical formula is C₂₃H₄₀N₆O₁₆; the molecular weight is 1620.67. Daptomycin for injection is supplied in a single-dose vial as a sterile, preservative-free, pale yellow to light brown, lyophilized cake containing approximately 350 mg of daptomycin for intravenous (IV) use following reconstitution with 0.9% sodium chloride injection [see Dosage and Administration (2.5)]. The only inactive ingredient is sodium hydroxide, which is used for pH adjustment. Freshly reconstituted solutions of Daptomycin for Injection range in color from pale yellow to light brown.

12 CLINICAL PHARMACOLOGY

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 q24h to healthy young adults are summarized in Table 7.

Table 7: 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 _{dss} (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, and 25 of daptomycin for injection in excess of 6 mg/kg have not been approved.

† AUC₀₋₂₄, area under the concentration-time curve from 0 to 24 hours; t_{1/2}, elimination half-life; V_{dss}, 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 q24h 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 q24h 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 administered over a 30-minute period in a separate study, steady-state C_{max} values were simulated for daptomycin for injection 4 and 6 mg/kg IV administered over a 2-minute period. The simulated mean (SD) steady-state C_{max} values were 77.7 (8.1) and 116.6 (12.2) mcg/mL, respectively.

Distribution

Daptomycin is reversibly bound to human plasma proteins, primarily to serum albumin, in a concentration-independent manner. The overall mean binding ranges from 90 to 93%.

In clinical studies, mean serum protein binding in adult subjects with creatinine clearance (CL_{CR}) ≥30 mL/min was comparable to that observed in healthy adult subjects with normal renal function. However, there was a trend toward decreasing serum protein binding among subjects with CL_{CR} <30 mL/min (88%), including those receiving hemodialysis (86%) and continuous ambulatory peritoneal dialysis (CAPD) (84%). The protein binding of daptomycin in adult subjects with moderate hepatic impairment (Child-Pugh Class B) was similar to that in healthy adult subjects. The volume of distribution at steady-state (V_{ss}) of daptomycin in healthy adult subjects was approximately 0.1 L/kg and was independent of dose.

Metabolism

In *in vitro* studies, daptomycin was not metabolized by human liver microsomes.

In 5 healthy adults after infusion of radiolabeled ¹⁴C-daptomycin, the plasma total radioactivity was similar to the concentration determined by microbiological assay. Inactive metabolites were detected in urine, as determined by the difference between total radioactive concentrations and microbiologically active concentrations. In a separate study, no metabolites were observed in plasma on Day 1 following the administration of daptomycin for injection at 6 mg/kg to adult subjects. Minor amounts of three oxidative metabolites and one unidentified compound were detected in urine. The site of metabolism has not been identified.

Excretion

Daptomycin is excreted primarily by the kidneys. In a mass balance study of 5 healthy adult subjects using radiolabeled daptomycin, approximately 78% of the administered dose was recovered from urine based on total radioactivity (approximately 52% of the dose based on microbiologically active concentrations), and 5.7% of the administered dose was recovered from feces (collected for up to 9 days) based on total radioactivity.

Specific Populations

Renal Impairment

Population-derivative pharmacokinetic parameters were determined for infected adult patients (complicated skin and skin structure infections [cSSSI] and *S. aureus* bacteremia) and noninfected adult patients with various degrees of renal function (Table 8). Total plasma clearance (CL_T), elimination half-life (t_{1/2}), and volume of distribution at steady-state (V_{dss}) in patients with cSSSI were similar to those in patients with *S. aureus* bacteremia. Following administration of daptomycin for injection 4 mg/kg q24h by IV infusion over a 30-minute period, the mean CL_T was 9%, 22%, and 46% lower among subjects and patients with mild (CL_{CR} ≥50–80 mL/min), moderate (CL_{CR} 30–50 mL/min), and severe (CL_{CR} <30 mL/min) renal impairment, respectively, than in those with normal renal function (CL_{CR} ≥90 mL/min). The mean steady-state systemic exposure (AUC), t_{1/2}, and V_{dss} increased with decreasing renal function, although the mean AUC for patients with CL_{CR} 30–80 mL/min was not markedly different from the mean AUC for patients with normal renal function. The mean AUC for patients with CL_{CR} <30 mL/min and for patients on dialysis (CAPD and hemodialysis dosed post-dialysis) was approximately 2 and 3 times higher, respectively, than for patients with normal renal function. The mean C_{max} ranged from 60 to 70 mg/mL in patients with CL_{CR} ≥30 mL/min, while the mean C_{max} for patients with CL_{CR} <30 mL/min ranged from 41 to 59 mcg/mL in patients with CL_{CR} <30 mL/min. After administration of daptomycin for injection 6 mg/kg q24h by IV infusion over a 30-minute period, the mean C_{max} ranged from 80 to 114 mcg/mL in patients with mild to moderate renal impairment and was similar to that of patients with normal renal function.

Table 8: Mean (SD) Daptomycin Population Pharmacokinetic Parameters Following Infusion of Daptomycin for Injection 4 mg/kg or 6 mg/kg to Infected Adult Patients and Noninfected Adult Subjects with Various Degrees of Renal Function

Renal Function	Pharmacokinetic Parameters*					
	t _{1/2} [†] (h) 4 mg/kg	V _{ss} [‡] (L/kg) 4 mg/kg	CL _T [†] (mL/h/kg) 4 mg/kg	AUC ₀₋₂₄ [§] (mcg•h/mL) 4 mg/kg	C _{min,ss} [¶] (mcg/mL) 6 mg/kg	
Normal (CL _{CR} ≥90 mL/min)	9.39 (4.74) N=165	0.13 (0.05) N=165	10.9 (4.0) N=165	417 (155) N=165	545 (296) N=62	6.9 (3.5) N=61
Mild Renal Impairment (CL _{CR} 50–80 mL/min)	10.75 (8.36) N=64	0.12 (0.05) N=64	9.9 (4.0) N=64	466 (177) N=64	637 (215) N=29	12.4 (5.6) N=29
Moderate Renal Impairment (CL _{CR} 30–50 mL/min)	14.70 (10.50) N=24	0.15 (0.06) N=24	8.5 (3.4) N=24	560 (258) N=24	868 (349) N=15	19.0 (9.0) N=14
Severe Renal Impairment (CL _{CR} <30 mL/min)	27.83 (14.85) N=8	0.20 (0.15) N=8	5.9 (3.9) N=8	925 (467) N=8	1050 (892) N=2	24.4 (21.4) N=2
Hemodialysis	30.51 (6.51) N=16	0.16 (0.04) N=16	3.9 (2.1) N=16	1193 (399) N=16	NA	NA
CAPD	27.56 (4.53) N=5	0.11 (0.02) N=5	2.9 (0.4) N=5	1409 (238) N=5	NA	NA

Note: Daptomycin for injection was administered over a 30-minute period.

* CL_{CR}, creatinine clearance estimated using the Cockcroft-Gault equation with actual body weight; CAPD, continuous ambulatory peritoneal dialysis; AUC₀₋₂₄, area under the concentration-time curve extrapolated to infinity; AUC₀₋₈, area under the concentration-time curve calculated over the 24-hour dosing interval at steady-state; C_{min,ss}, trough concentration at steady-state; NA, not applicable.

† Parameters obtained following a single dose from patients with complicated skin and skin structure infections and healthy subjects.

‡ Parameters obtained at steady-state from patients with *S. aureus* bacteremia.

Because renal excretion is the primary route of elimination, adjustment of Daptomycin for Injection dosage interval is necessary in adult patients with severe renal impairment (CL_{CR} <30 mL/min) [see Dosage and Administration (2.4)].

Hepatic Impairment

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=5) 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

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 AUC₀₋₂₄ 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)].

Obesity

The pharmacokinetics of daptomycin were evaluated in 6 moderately obese (Body Mass Index [BMI] 25 to 39.9 kg/m²) and 6 extremely obese (BMI ≥40 kg/m²) 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 AUC₀₋₂₄ 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 use information is approved for Merck & Co., Inc.'s Cubicin (daptomycin for injection). However, due to Merck & Co., Inc.'s marketing exclusivity rights, this drug product is not labeled with that pediatric information.

Drug-Drug Interactions

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 AUC₀₋₂₄ 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 AUC₀₋₂₄ of daptomycin were 12.7% and 8.7% higher, respectively, when daptomycin for injection was coadministered with tobramycin. The mean C_{max} and AUC₀₋₂₄ 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 q24h 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 q24h 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 only during [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 AUC₀₋₂₄ 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).

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 AUC₀₋₂₄ 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 AUC₀₋₂₄ 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 AUC₀₋₂₄ 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 9) were enrolled in two randomized, multinational, multicenter, investigator-blinded trials comparing daptomycin for injection (4 mg/kg IV q24h) with either vancomycin (1 g IV q12h) or an anti-staphylococcal semi-synthetic penicillin (i.e., nafcillin, oxacillin, cloxacillin, or fluclouxacinil, 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 9: 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 fluclouxacinil; 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% (158/208) 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 10.

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

Table 10: 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 <i>Staphylococcus aureus</i> (MSSA) [†]		