ONCE-DAILY DOSING **IN ABSSSI**[1]

ORAL-ONLY TREATMENT DURATION (7-14 DAYS)[1]

once-daily
NUZYRA®
(omadacycline) 100 mg for injection
150 mg tablets

DAY 1-2: Loading Dose
450 mg (3 tablets) once a day on Days 1 and 2

Once-Daily Maintenance Dose
300 mg (2 tablets)

Tablets are not actual size.

NUZYRA 450 mg
PO QD x 2 days

THEN

NUZYRA 300 mg
PO QD
7-14 days total

For illustrative purposes only.

NUZYRA is also available in an IV formulation.[1]

IV=intravenous; PO=per os; QD=once a day.

NUZYRA is indicated for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults caused by susceptible microorganisms.
See complete Indications and Usage on interior.

When prescribing oral NUZYRA, instruct patients to[1]**:**

- Fast for at least 4 hours and then take with water
  - NUZYRA can be taken at bedtime or upon waking
- Not eat or drink (except water) for 2 hours after dosing
- Not consume dairy products, antacids, or multivitamins for 4 hours after dosing

Patients on anticoagulant therapy may require downward adjustment of their anticoagulant dosage while also taking NUZYRA.

PATIENTS WITH RENAL OR HEPATIC IMPAIRMENT
DO NOT REQUIRE A DOSE ADJUSTMENT.[1]

Please see Important Safety Information throughout and full Prescribing Information on NUZYRA.com.

IN THE CURRENT SIS GUIDELINES **FOR THE MANAGEMENT OF SSTI[2]**

once-daily
NUZYRA®
(omadacycline) 100 mg for injection
150 mg tablets

NUZYRA is recommended as an alternative treatment for suspected or confirmed MRSA in certain ABSSSIs

Choice of alternative antibiotic should be driven by multiple factors, including clinician experience, history of drug allergies or adverse events, drug interactions, and drug-disease interactions.

SIS=Surgical Infection Society; SSTI=skin and soft tissue infections.

Criteria for selecting antibiotic therapy[2]:

- When culture and susceptibility information are available, they 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

INDICATION AND USAGE

NUZYRA® (omadacycline) is indicated for the treatment of Acute Bacterial Skin and Skin Structure Infections (ABSSSI) in adults caused by the following susceptible microorganisms: *Staphylococcus aureus* (methicillin-susceptible and -resistant isolates), *Staphylococcus lugdunensis, Streptococcus pyogenes, Streptococcus anginosus grp.* (includes *S. anginosus, S. intermedius,* and *S. constellatus*), E*nterococcus faecalis, Enterobacter cloacae,* and *Klebsiella pneumoniae*.

USAGE

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

NUZYRA is contraindicated in patients with known hypersensitivity to omadacycline or tetracycline-class antibacterial drugs, or to any of the excipients.

*Please see **Important Safety Information** throughout and full **Prescribing Information** on NUZYRA.com.*

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WARNINGS AND PRECAUTIONS

The use of NUZYRA during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown) and enamel hypoplasia.

The use of NUZYRA during the second and third trimester of pregnancy, infancy and childhood up to the age of 8 years may cause reversible inhibition of bone growth.

Hypersensitivity reactions have been reported with NUZYRA. Life-threatening hypersensitivity (anaphylactic) reactions have been reported with other tetracycline-class antibacterial drugs. NUZYRA is structurally similar to other tetracycline-class antibacterial drugs and is contraindicated in patients with known hypersensitivity to tetracycline-class antibacterial drugs. Discontinue NUZYRA if an allergic reaction occurs.

Clostridioides difficile associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents and may range in severity from mild diarrhea to fatal colitis. Evaluate if diarrhea occurs.

NUZYRA is structurally similar to tetracycline-class antibacterial drugs and may have similar adverse reactions. Adverse reactions, including photosensitivity, pseudotumor cerebri, and anti-anabolic action (which has led to increased BUN, azotemia, acidosis, hyperphosphatemia, pancreatitis, and abnormal liver function tests), have been reported for other tetracycline-class antibacterial drugs, and may occur with NUZYRA. Discontinue NUZYRA if any of these adverse reactions are suspected.

Prescribing NUZYRA in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥2%) are nausea, vomiting, infusion site reactions, alanine aminotransferase increased, aspartate aminotransferase increased, gamma-glutamyl transferase increased, hypertension, headache, diarrhea, insomnia, and constipation.

DRUG INTERACTIONS

Patients who are on anticoagulant therapy may require downward adjustment of their anticoagulant dosage while taking NUZYRA.

Absorption of tetracyclines, including NUZYRA is impaired by antacids containing aluminum, calcium, or magnesium, bismuth subsalicylate and iron containing preparations.

USE IN SPECIFIC POPULATIONS

Lactation: Breastfeeding is not recommended during treatment with NUZYRA.

*Please see full **Prescribing Information** on NUZYRA.com*

References: 1. NUZYRA [Prescribing Information]. Paratek Pharmaceuticals, Inc. **2.** Duane TM, Huston JM, Collom M, et al. Surgical Infection Society 2020 Updated Guidelines on the management of complicated skin and soft tissue infections. *Surg Infect (Larchmt).* 2021;22(4):383-399.

PARATEK®

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once-daily
NUZYRA®
(omadacycline) 100 mg for injection
150 mg tablets