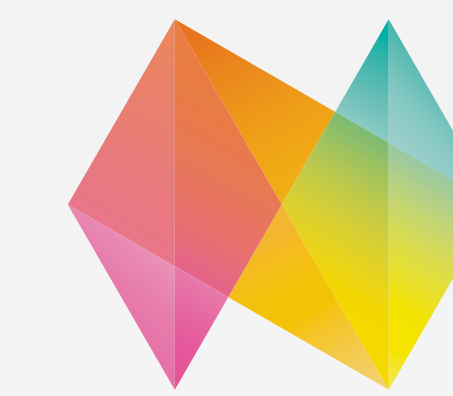


ONCE-DAILY DOSING IN CABP^{1*}

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

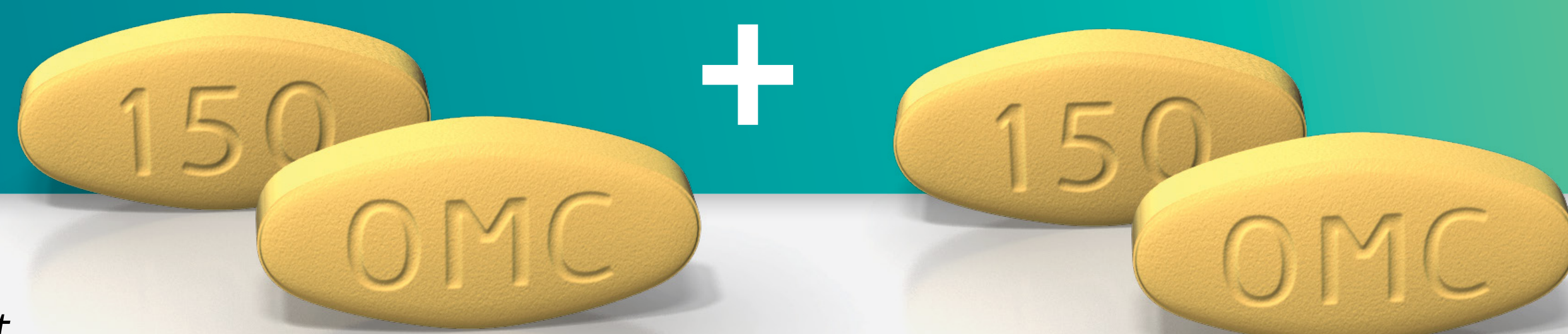
*For treatment of CABP, the oral loading dose is 300 mg twice on Day 1.



NUZYRA[®]
(omadacycline)

DAY 1: Loading Dose

300 mg (2 tablets) TWICE on Day 1



Once-Daily Maintenance Dose

300 mg (2 tablets)



Tablets are not actual size.



NUZYRA 300 mg
PO BID x 1 day

THEN

NUZYRA 300 mg
PO QD
7-14 days total

For illustrative purposes only.

NUZYRA is indicated for the treatment of community-acquired bacterial pneumonia (CABP) in adults caused by susceptible microorganisms. See complete Indications and Usage on interior.

When prescribing oral NUZYRA, instruct patients to¹:



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.



NUZYRA is also available in an IV formulation.¹

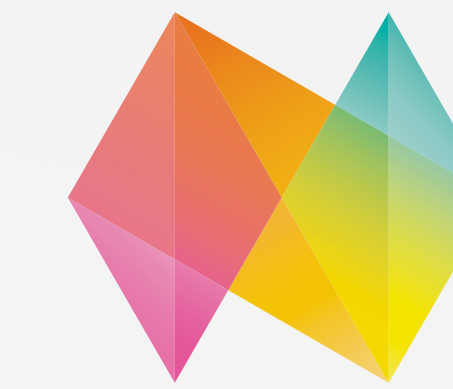
PATIENTS WITH RENAL OR HEPATIC IMPAIRMENT DO NOT REQUIRE A DOSE ADJUSTMENT.¹

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

Please see [Important Safety Information](#) and full [Prescribing Information](#) on [NUZYRA.com](#).

ONCE-DAILY DOSING IN ABSSSI¹

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



NUZYRA[®]
(omadacycline)

DAY 1-2: Loading Dose

450 mg (3 tablets) once a day on Days 1 and 2



Tablets are not actual size.

Once-Daily Maintenance Dose

300 mg (2 tablets)



NUZYRA 450 mg
PO QD x 2 days

THEN

NUZYRA 300 mg
PO QD
7-14 days total

For illustrative purposes only.

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 to¹:



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.



NUZYRA is also available in an IV formulation.¹

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

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

Please see [Important Safety Information](#) and full [Prescribing Information](#) on [NUZYRA.com](#).

INDICATIONS AND USAGE

NUZYRA® is a tetracycline-class antibacterial indicated for the treatment of adult patients with the following infections caused by susceptible microorganisms:

Community-Acquired Bacterial Pneumonia (CABP) caused by the following:

Streptococcus pneumoniae, *Staphylococcus aureus* (methicillin-susceptible isolates), *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Klebsiella pneumoniae*, *Legionella pneumophila*, *Mycoplasma pneumoniae*, and *Chlamydophila pneumoniae*.

Acute Bacterial Skin and Skin Structure Infections (ABSSSI) caused by the following:

Staphylococcus aureus (methicillin-susceptible and -resistant isolates), *Staphylococcus lugdunensis*, *Streptococcus pyogenes*, *Streptococcus anginosus* grp. (includes *S. anginosus*, *S. intermedius*, and *S. constellatus*), *Enterococcus 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

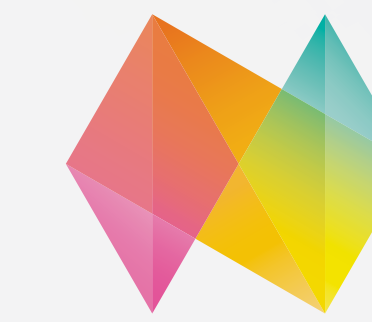
NUZYRA is contraindicated in patients with known hypersensitivity to omadacycline or tetracycline-class antibacterial drugs, or to any of the excipients.

WARNINGS AND PRECAUTIONS

Mortality imbalance was observed in the CABP clinical trial with eight deaths (2%) occurring in patients treated with NUZYRA compared to four deaths (1%) in patients treated with moxifloxacin. The cause of the mortality imbalance has not been established. All deaths, in both treatment arms, occurred in patients >65 years of age; most patients had multiple comorbidities. The causes of death varied and included worsening and/or complications of infection and underlying conditions. Closely monitor clinical response to therapy in CABP patients, particularly in those at higher risk for mortality.

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)



NUZYRA[®]
(omadacycline)

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](#)

Reference: 1. NUZYRA [Prescribing Information]. Paratek Pharmaceuticals, Inc.



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