

NEW ZEALAND DATA SHEET
CUBICIN[®]
(daptomycin)
350 mg and 500 mg powder for solution for infusion.

Qualitative and quantitative composition

One vial of Cubicin 350 mg contains 350 mg daptomycin.
One vial of Cubicin 500 mg contains 500 mg daptomycin.
Cubicin contains daptomycin, a cyclic lipopeptide antibacterial agent.
For a full list of excipients, see List of excipients.

Pharmaceutical form

Powder for solution for injection or infusion.
Single-use 10 mL vial, containing a pale yellow to light brown lyophilized cake.
Cubicin is a sterile product contained in a single-use vial.

Clinical particulars

Therapeutic indications

Cubicin is indicated for the treatment of the infections listed below.

Complicated skin and skin structure infections:

Complicated skin and skin structure infections (cSSSI) caused by Gram-positive susceptible isolates.

Daptomycin is active against Gram-positive bacteria only. Combination therapy may be clinically indicated if the documented or presumed pathogens include Gram-negative or anaerobic organisms.

Staphylococcus aureus bloodstream infections (bacteremia):

Staphylococcus aureus bloodstream infections (bacteremia), including those with right-sided infective endocarditis, caused by susceptible isolates.

Daptomycin is active against Gram-positive bacteria only. Combination therapy may be clinically indicated if the documented or presumed pathogens include Gram-negative or anaerobic organisms.

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Dosage and method of administration

Dosage and administration pertain to adults.

Complicated skin and skin structure infections:

Cubicin 4 mg/kg is administered intravenously in 0.9 % sodium chloride once every 24 hours for 7 to 14 days or until the infection is resolved, either by injection over a 2-minute period or by infusion over a 30-minute period. Do not dose Cubicin more frequently than once a day, and measure creatine phosphokinase (CPK) levels at baseline and at regular intervals (at least weekly) (see Warnings and precautions for use).

Staphylococcus aureus bloodstream infections (bacteremia):

Cubicin 6 mg/kg is administered intravenously in 0.9 % sodium chloride once every 24 hours for 2 to 6 weeks, either by injection over a 2-minute period or by infusion over a 30-minute period. Duration of treatment is based on the treating physician's working diagnosis. Do not dose Cubicin more frequently than once a day, and measure CPK levels at baseline and at regular intervals (at least weekly) (see Warnings and precautions for use).

Renal impairment:

Daptomycin is eliminated primarily by the kidneys; therefore, an adjustment of Cubicin dosage interval is recommended for patients with creatinine clearance (CL_{Cr}) < 30 mL/min, including patients receiving hemodialysis or continuous ambulatory peritoneal dialysis (CAPD).

The recommended dosing regimen for these patients is 4 mg/kg (cSSSI) or 6 mg/kg (*S. aureus* bloodstream infections) once every 48 hours. Alternatively, patients on hemodialysis can be dosed three times per week. When possible, administer Cubicin following the completion of hemodialysis on hemodialysis days.

No dosage interval adjustment is required for patients with CL_{Cr} ≥ 30 mL/min.

In patients with renal impairment, monitor both renal function and CPK more frequently than once weekly.

Hepatic impairment:

No dosage adjustment is warranted when administering Cubicin to patients with mild to moderate hepatic impairment (Child-Pugh Class B). The pharmacokinetics of daptomycin in patients with severe hepatic impairment (Child-Pugh Class C) have not been evaluated.

Elderly patients:

No adjustment of Cubicin dosage is warranted for elderly patients with CL_{Cr} ≥ 30 mL/min.

Children and adolescents (< 18 years old):

Safety and effectiveness of Cubicin in patients under the age of 18 years have not been established.

Gender:

No dosage adjustment is warranted based on gender when administering Cubicin.

Obesity:

No adjustment of Cubicin dosage is warranted in obese patients.

Method of administration:

Cubicin is given by intravenous (IV) administration, either by injection over a 2-minute period or by infusion over a 30-minute period.

Contraindications

Cubicin is contraindicated in patients with known hypersensitivity to daptomycin .

Special warnings and precautions for use**Anaphylaxis/hypersensitivity reactions:**

Anaphylaxis/hypersensitivity reactions have been reported with the use of nearly all antibacterial agents, including Cubicin (see Adverse effects). If an allergic reaction to Cubicin occurs, discontinue the drug and institute appropriate therapy.

Pneumonia:

Cubicin is not indicated for the treatment of pneumonia. It has been demonstrated in clinical studies that Cubicin is not effective in the treatment of community-acquired pneumonia (inhalational or airborne pneumonia), due to binding to pulmonary surfactant and consequent inactivation.

***Clostridium difficile*–associated diarrhea:**

Clostridium difficile-associated diarrhea (CDAD) has been reported with the use of nearly all antibacterial agents, including Cubicin (see Adverse effects). If CDAD is suspected or confirmed, Cubicin may need to be discontinued and appropriate treatment instituted as clinically indicated.

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 interventions (e.g. debridement, removal of prosthetic devices, valve replacement surgery) and/or consideration of a change in antibacterial regimen may be required.

Non-susceptible microorganisms:

The use of antibacterials may promote the overgrowth of non-susceptible microorganisms. If superinfection occurs during therapy, take appropriate measures.

Drug/Laboratory test interactions:

False prolongation of prothrombin time (PT) and elevation of International Normalized Ratio (INR) have been observed when certain recombinant thromboplastin reagents are utilized for the assay (see Interaction with other medicinal products and other forms of interaction, Drug/Laboratory tests).

Skeletal Muscle Effects:

Increases in plasma CPK levels, muscular pains, weakness, and/or rhabdomyolysis have been reported during therapy with Cubicin (see Adverse effects).

It is recommended that:

- Patients receiving Cubicin be monitored for the development of muscle pain or weakness, particularly of the distal extremities.
- In patients who receive Cubicin, CPK levels be measured at baseline and at regular intervals (at least weekly), and more frequently in patients who received concomitant or recent prior therapy with an HMG-CoA reductase inhibitor.
- Patients who develop elevations in CPK while receiving Cubicin be monitored more frequently than once weekly.
- Cubicin be discontinued in patients with unexplained signs and symptoms of myopathy in conjunction with CPK elevations to levels greater than 1000 U/L (approximately 5 times upper limit of normal [ULN]) and in patients without reported symptoms who have marked elevations in CPK, with levels greater than 2000 U/L ($\geq 10 \times$ ULN).
- Consideration be given to temporarily suspending agents associated with rhabdomyolysis, such as HMG-CoA reductase inhibitors, in patients receiving Cubicin.

Peripheral neuropathy:

Physicians should be alert to signs and symptoms of peripheral neuropathy in patients receiving Cubicin (see Adverse effects).

Renal impairment:

In patients with renal insufficiency, both renal function and CPK should be monitored more frequently than once a week.

Eosinophilic pneumonia:

Eosinophilic pneumonia has been reported in patients receiving Cubicin (see Adverse effects). In the reported cases, patients developed fever, dyspnoea with hypoxic respiratory insufficiency, and diffuse pulmonary infiltrates. In general, patients developed eosinophilic pneumonia 2 to 4 weeks after starting Cubicin and improved when Cubicin 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 Cubicin should undergo prompt medical evaluation, including, if appropriate, bronchoalveolar lavage, to exclude other causes (e.g. bacterial infection, fungal infection, parasites, other drugs), and Cubicin should be discontinued immediately. Treatment with systemic steroids is recommended.

Interaction with other medicinal products and other forms of interaction

Daptomycin undergoes little to no Cytochrome P450 (CYP450)-mediated metabolism. It is unlikely that daptomycin will inhibit or induce the metabolism of drugs metabolized by the P450 system.

Cubicin was studied in human drug-drug interaction studies with aztreonam, tobramycin, warfarin, simvastatin, and probenecid. Daptomycin had no effect on the pharmacokinetics of warfarin or probenecid, nor did these drugs alter the pharmacokinetics of daptomycin. The pharmacokinetics of daptomycin were not significantly altered by aztreonam.

Although small changes in the pharmacokinetics of daptomycin and tobramycin were observed during coadministration by intravenous infusion over a 30-minute period using a Cubicin dose of 2 mg/kg, the changes were not statistically significant. The interaction

between daptomycin and tobramycin with a clinical dose of Cubicin is unknown. Caution is warranted when Cubicin is co-administered with tobramycin.

Experience with the concomitant administration of Cubicin and warfarin is limited. Studies of Cubicin with anticoagulants other than warfarin have not been conducted. Monitor anticoagulant activity in patients receiving Cubicin and warfarin for the first several days after therapy with Cubicin is initiated.

Experience with co-administration of HMG- CoA reductase inhibitors and Cubicin in patients is limited; therefore, consider temporarily suspending use of HMG-CoA reductase inhibitors in patients receiving Cubicin.

Drug/laboratory tests:

Clinically relevant plasma concentrations of daptomycin have been observed to cause a significant concentration-dependant 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 (see Special warnings and precautions for use).

If confronted with an abnormally high PT/INR result in a patient being treated with Cubicin, it is recommended that clinicians:

1. Repeat the assessment of PT/INR, requesting that the specimen be drawn just prior to the next Cubicin dose (i.e., at trough concentration). If the PT/INR value obtained at trough remains substantially elevated above what would otherwise be expected, consider evaluating PT/INR utilizing an alternative method.
2. Evaluate for other causes of abnormally elevated PT/INR results.

Pregnancy and lactation

Pregnancy:

Embryo/fetal development and teratology studies performed in rats and rabbits at doses of up to 75 mg/kg (2 and 4 times the 6 mg/kg human dose, respectively, on a body surface area basis) revealed no evidence of harm to the foetus due to daptomycin. There are, however, no adequate and well-controlled studies in pregnant women.

Because animal reproduction studies are not always predictive of human response, Cubicin should be used during pregnancy only if the expected benefit outweighs the possible risk.

Lactation:

In a single human case study, Cubicin was intravenously administered daily for 28 days to a nursing mother at a dose of 500 mg/day, and samples of the patient's breast milk were collected over a 24-hour period on day 27. The highest measured concentration of daptomycin in the breast milk was 0.045 mcg/mL, which is a low concentration. Women should be instructed to avoid breast-feeding while receiving Cubicin.

Effects on ability to drive and use machines

No specific recommendations.

Adverse effects

During clinical trials of Cubicin, the following adverse drug reactions were reported during therapy and during follow-up. The adverse drug reactions are organized by system organ class, and the frequency categories for these adverse drug reactions are reported below as follows:

very common: $\geq 1/10$ ($\geq 10\%$); common: $\geq 1/100$ and $< 1/10$ ($\geq 1\%$ and $< 10\%$); uncommon: $\geq 1/1000$ and $< 1/100$ ($\geq 0.1\%$ and $< 1\%$); rare: $\geq 1/10,000$ and $< 1/1000$ ($\geq 0.01\%$ and $< 0.1\%$); very rare: $< 1/10,000$ ($< 0.01\%$).

Infections and Infestations

Common: Fungal infection, urinary tract infection, candida infection

Uncommon: Fungemia

Blood and lymphatic system disorders

Common: Anaemia,

Uncommon: eosinophilia, thrombocytosis

Metabolism and nutrition disorders

Uncommon: Decreased appetite, hyperglycaemia, electrolyte imbalance

Psychiatric disorders

Common: Anxiety, insomnia

Nervous system disorders

Common: Dizziness, headache

Uncommon: Paraesthesia, taste disorder, tremor

Ear and labyrinth disorders

Uncommon: Vertigo

Cardiac disorders

Uncommon: Supraventricular arrhythmia

Vascular disorders

Common: Hypertension, hypotension

Uncommon: Flushing

Gastrointestinal disorders

Common: Gastrointestinal and abdominal pain, constipation, diarrhoea, nausea, vomiting, flatulence, bloating and distension

Uncommon: Dyspepsia

Hepatobiliary disorders

Rare: Jaundice

Skin and subcutaneous tissue disorders

Common: Rash, pruritus

Uncommon: Urticaria

Musculoskeletal, connective tissue and bone disorders

Common: Limb pain

Uncommon: Arthralgia, muscle pain, muscular weakness

Renal and Urinary disorders

Uncommon: Renal impairment, including renal failure and renal insufficiency

Reproductive system and breast disorders

Uncommon: Vaginitis

General disorders and administration site conditions

Common: Infusion site reaction, pyrexia, asthenia,

Uncommon: Fatigue, chills

Investigations

Common: , Blood creatine phosphokinase (CPK) increased, liver function tests abnormal (increased ALT, AST, or ALP)

Uncommon: Blood lactate dehydrogenase (LDH) increased, blood creatinine increased, International Normalised Ratio (INR) increased

Rare: Prothrombin time (PT) prolonged

Post-Marketing

The following adverse drug reactions, not listed above, have been reported during worldwide post-marketing experience:

Immune system disorders

Hypersensitivity reactions (see Special warnings and precautions for use) including, but not limited to, anaphylaxis, angioedema, drug rash with eosinophilia and systemic symptoms (DRESS) and pulmonary eosinophilia

Musculoskeletal, connective tissue and bone disorders

Rhabdomyolysis (see Special warnings and precautions for use)

Nervous system disorders

Peripheral neuropathy (see Special warnings and precautions for use)

Infections and infestations

Clostridium difficile-associated diarrhea (see Special warnings and precautions for use)

Investigations

Myoglobin increased

Skin and subcutaneous tissue disorders

Vesiculobullous rash with or without mucous membrane involvement.

Respiratory, thoracic and mediastinal disorders

Eosinophilic pneumonia (see Special warnings and precautions for use), cough

Overdose

In the event of overdose, supportive care is advised. Daptomycin is slowly cleared 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).

Pharmacological properties

Pharmacodynamic properties

Pharmacotherapeutic group: Antibacterials for systemic use, other antibacterials, ATC code: J01XX09.

Daptomycin belongs to the cyclic lipopeptide class of antibacterials. Daptomycin is a natural product that 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 retains potency against Gram-positive bacteria that are resistant to other antibacterials, including isolates resistant to methicillin, vancomycin, and linezolid.

Mechanism of action:

The mechanism of action of daptomycin is distinct from that of any other antibacterial. 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.

Mechanism of resistance:

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

There is no cross-resistance due to resistance mechanisms that are specific for another class of antibacterials.

Emergent decreases in susceptibility have been observed in both *S. aureus* and enterococcal isolates following Cubicin therapy.

PK/PD relationship:

Daptomycin exhibits rapid, concentration-dependent bactericidal activity against Gram-positive organisms *in vitro* and in *in vivo* animal models.

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).

Pharmacokinetic properties**General characteristics:**

Daptomycin pharmacokinetics were generally linear (dose-proportional) and time-independent at Cubicin doses of 4 to 12 mg/kg administered by intravenous infusion over a 30-minute period as a single daily dose for up to 14 days. Steady-state concentrations were achieved by the third daily dose.

Distribution:

The volume of distribution at steady-state of daptomycin in healthy adult subjects was approximately 0.1 L/kg and was independent of dose. Tissue distribution studies in rats showed that daptomycin appears to only minimally penetrate the blood-brain barrier and the placental barrier following single and multiple doses.

Daptomycin is reversibly bound to human plasma proteins (mean binding range of 90 to 93%) in a concentration-independent manner, and serum protein binding trended lower (mean binding range of 84 to 88%) in subjects with significant renal impairment (CL_{Cr} <30 mL/min or on dialysis).

The protein binding of daptomycin in subjects with mild to moderate hepatic impairment (Child-Pugh Class B) was similar to that in healthy adult subjects.

Biotransformation:

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

After infusion of ¹⁴C-daptomycin in healthy adults, the plasma radioactivity was similar to the concentration determined by microbiological assay. Inactive metabolites were detected in urine, as determined by the difference in total radioactive concentrations and microbiologically active concentrations. In a separate study, no metabolites were observed in plasma, and minor amounts of three oxidative metabolites and one unidentified compound were detected in urine. The site of metabolism has not been identified.

Elimination:

Daptomycin is excreted primarily by the kidneys. There is minimal to no active tubular secretion of daptomycin.

Plasma clearance of daptomycin is approximately 7 to 9 mL/h/kg, and its renal clearance is 4 to 7 mL/h/kg.

In a mass balance study using radiolabeled daptomycin, 78% of the administered dose was recovered from the urine based on total radioactivity, while urinary recovery of unchanged daptomycin was approximately 52% of the dose. About 6% of the administered dose was excreted in the faeces based on total radioactivity.

Linearity / non-linearity:

Not applicable, see “General Characteristics” above: linearity statement already made there.

Special populations:

Elderly: The pharmacokinetics of daptomycin were evaluated in 12 healthy elderly subjects (\geq 75 years of age) and 11 healthy young controls (18 to 30 years of age). Following administration of a single 4 mg/kg dose of Cubicin by intravenous infusion over a 30-minute period, the mean total clearance of daptomycin was approximately 35% lower and the mean AUC was approximately 58% higher in elderly subjects compared with those in healthy young subjects. There were no differences in C_{max}.

Children and adolescents (< 18 years of age): The pharmacokinetics of daptomycin after a single 4 mg/kg dose of Cubicin were evaluated in three groups of pediatric patients with Gram-positive infections. The pharmacokinetic profile in adolescents 12 to 17 years old was similar to that in healthy adults, although exposure was lower. In the two younger age groups (7 to 11 years and 2 to 6 years), total clearance was higher compared with that in adolescents, resulting in lower exposure (AUC and C_{max}) and elimination half-life. Efficacy was not assessed in this study.

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) subjects. The AUC was approximately 30% higher in moderately obese subjects and 31% higher in extremely obese subjects compared with that in nonobese controls.

Gender: No clinically significant gender-related differences in daptomycin pharmacokinetics have been observed.

Renal impairment: Following administration of a single 4 mg/kg or 6 mg/kg dose of Cubicin by intravenous infusion over a 30-minute period to subjects with various degrees of renal impairment, daptomycin clearance decreased and systemic exposure (AUC) increased. 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.

Hepatic impairment: The pharmacokinetics of daptomycin were evaluated in 10 subjects with moderate hepatic impairment (Child-Pugh Class B) and compared with those in healthy volunteers (N=9) matched for gender, age and weight. The pharmacokinetics of daptomycin were not altered in subjects with moderate hepatic impairment. The pharmacokinetics of daptomycin in patients with severe hepatic impairment (Child-Pugh Class C) have not been evaluated.

Preclinical safety data

In rats and dogs, 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 CPK. No fibrosis or rhabdomyolysis was observed. All muscle effects, including microscopic changes, were fully reversible within 30 days following the cessation of dosing.

In adult rats and dogs, effects on peripheral nerve (characterized by axonal degeneration and frequently accompanied by functional changes) were observed at daptomycin doses higher than those associated with skeletal myopathy. Reversal of both the microscopic and functional effects was essentially complete within 6 months post-dose.

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. Following a 28-day recovery phase,

microscopic examination revealed full recovery of the skeletal muscle and the ulnar nerve effects, and partial recovery of the sciatic nerve and spinal cord effects. No nerve effects were noted in juvenile dogs following 14 days of dosing.

Long-term carcinogenicity studies in animals have not been conducted. Daptomycin was not mutagenic or clastogenic in a battery of *in vivo* and *in vitro* genotoxicity tests.

Reproductive studies performed in rats and teratology studies performed in rats and rabbits revealed no effect on fertility or reproductive performance and no evidence of harm to the foetus. However, daptomycin can cross the placenta in pregnant rats.

Excretion of daptomycin into milk of lactating animals has not been studied.

Pharmaceutical particulars

List of excipients

Sodium hydroxide.

Incompatibilities

Cubicin is not compatible with dextrose-containing diluents.

Other than the nine drugs listed in the below section ‘Compatible intravenous solutions and other medicinal products’, additives and other medications should not be added to Cubicin single-use vials or infusion bags, or infused simultaneously with Cubicin through the same IV line because only limited data are available on the compatibility. If the same IV line is used for sequential infusion of different drugs, flush the line with a compatible intravenous solution before and after infusion with Cubicin.

Compatible intravenous solutions and other medicinal products

Cubicin is compatible with 0.9% sodium chloride and lactated Ringer’s injection.

The following have been shown to be compatible when coadministered with Cubicin through the same IV line from separate infusion bags: aztreonam, ceftazidime, ceftriaxone, gentamicin, fluconazole, levofloxacin, dopamine, heparin, and lidocaine.

Shelf life

3 years from the date of manufacture.

After reconstitution: Chemical and physical in-use stability of the reconstituted solution in the vial has been demonstrated for 12 hours at room temperature (25°C) and up to 48 hours if stored under refrigeration (2 to 8°C). Chemical and physical stability of the diluted solution in infusion bags has been established as 12 hours at room temperature (25°C) and 48 hours if stored under refrigeration (2 to 8°C). The combined storage time (reconstituted solution in vial and diluted solution in infusion bag) must not exceed 12 hours at 25°C or 48 hours at 2 to 8°C.

Special precautions for storage

Store original packages at refrigerated temperatures 2 to 8°C; avoid excessive heat.

Cubicin must be kept out of the reach and sight of children.

Nature and contents of container

Single-use 10 mL type 1 clear glass vial with type 1 rubber stopper and aluminum closure with yellow polypropylene flip-off cap.

Special precautions for handling

Cubicin is supplied in single-use vials containing either 350 mg or 500 mg daptomycin as a sterile, lyophilized powder. No preservative or bacteriostatic agent is present in this product. Aseptic technique must be used in preparation of final IV solution.

The contents of a Cubicin vial are reconstituted, using aseptic technique, to 50 mg/mL as follows:

Cubicin given as 30-minute intravenous infusion

Note: To minimize foaming, AVOID vigorous agitation or shaking of the vial during or after reconstitution.

1. Remove the polypropylene flip-off cap from the Cubicin vial to expose the central portion of the rubber stopper.
2. Slowly transfer the appropriate volume of 0.9% sodium chloride (7 mL for a 350 mg vial or 10 mL for a 500 mg vial) through the center of the rubber stopper into the Cubicin vial, pointing the transfer needle toward the wall of the vial.
3. Ensure that all of the Cubicin powder is wetted by gently rotating the vial.
4. Allow the wetted product to stand undisturbed for 10 minutes.
5. Gently rotate or swirl the vial contents for a few minutes, as needed, to obtain a completely reconstituted solution.
6. Reconstituted Cubicin is further diluted, using aseptic technique, with 0.9% sodium chloride (typical volume 50 mL).

Inspect parenteral drug products visually for particulate matter prior to administration.

Cubicin given as 2-minute intravenous injection

Note: To minimize foaming, AVOID vigorous agitation or shaking of the vial during or after reconstitution.

1. Remove the polypropylene flip-off cap from the Cubicin vial to expose the central portion of the rubber stopper.
2. Slowly transfer the appropriate volume of 0.9% sodium chloride (7 mL for a 350 mg vial or 10 mL for a 500 mg vial) through the center of the rubber stopper into the Cubicin vial, pointing the transfer needle toward the wall of the vial.
3. Ensure that all of the Cubicin powder is wetted by gently rotating the vial.
4. Allow the wetted product to stand undisturbed for 10 minutes.
5. Gently rotate or swirl the vial contents for a few minutes, as needed, to obtain a completely reconstituted solution.

Inspect parenteral drug products visually for particulate matter prior to administration.

Medicine classification

Prescription Medicine

Name and address

Novartis New Zealand Limited
Private Bag 65904
Mairangi Bay

Auckland 0754
Building G, 5 Orbit Drive
Rosedale
Auckland 0632
Telephone: 09 361 8100

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