A GUIDE TO HOME INFUSION TREATMENT WITH KIMYRSA®

Treatment and transitions of care for your ABSSSI* patients

***INDICATION AND USAGE**

Both KIMYRSA® and ORBACTIV® are oritavancin products that are indicated for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused or suspected to be caused by susceptible isolates of the following gram-positive microorganisms: *Staphylococcus aureus* (including methicillin-susceptible [MSSA] and methicillin-resistant [MRSA] isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae*, *Streptococcus anginosus* group (includes *S. anginosus*, *S. intermedius*, and *S. constellatus*), and *Enterococcus faecalis* (vancomycin-susceptible isolates only).

IMPORTANT SAFETY INFORMATION

Contraindications

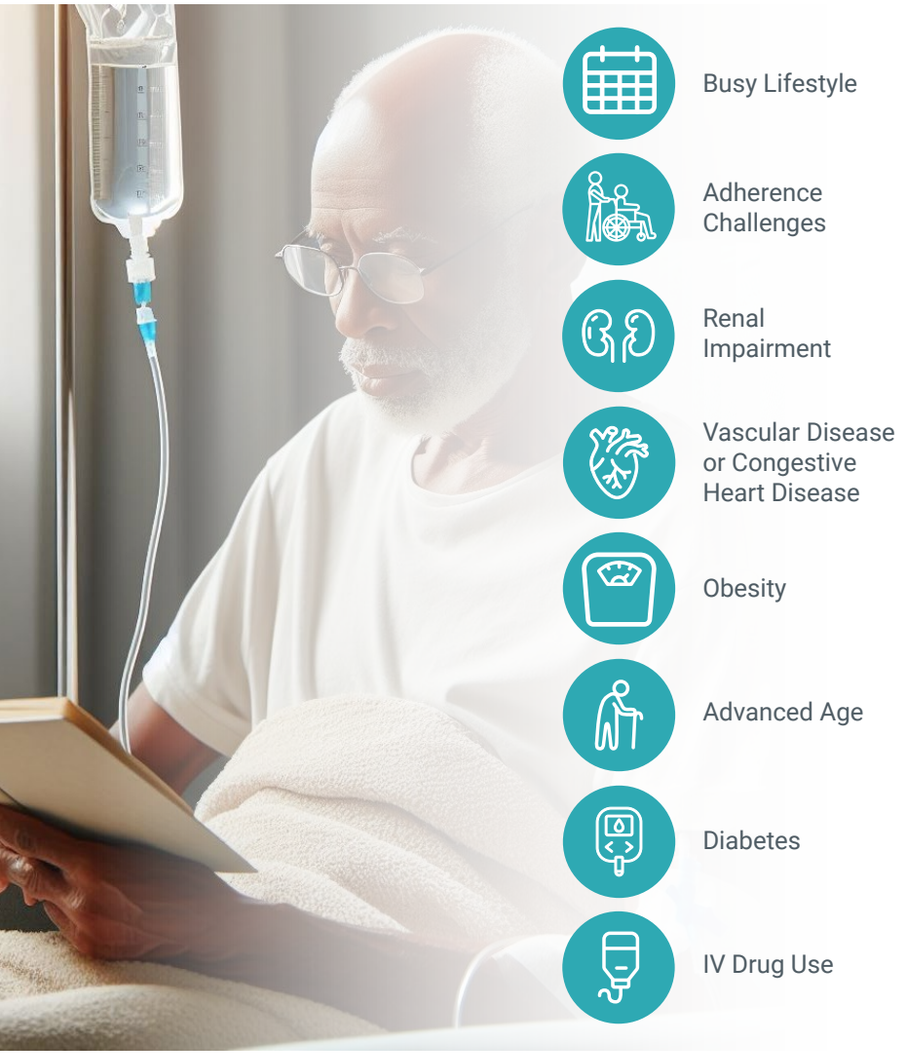
Use of intravenous unfractionated heparin sodium is contraindicated for 120 hours (5 days) after oritavancin administration because the activated partial thromboplastin time (aPTT) test results may remain falsely elevated for approximately 120 hours (5 days) after oritavancin administration.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

GIVE THEM BACK THEIR DAYS

Home Infusion treatment offers flexibility for ABSSSI patients

Certain patients may be at increased risk of treatment failure with multidose antibiotics[1-3]



- Busy Lifestyle
- Adherence Challenges
- Renal Impairment
- Vascular Disease or Congestive Heart Disease
- Obesity
- Advanced Age
- Diabetes
- IV Drug Use

INDICATION AND USAGE (cont)

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

KIMYRSA® and ORBACTIV® are not approved for combination use and have differences in dose strength, duration of infusion, and preparation instructions, including reconstitution and dilution instructions and compatible diluents. Please see the full Prescribing Information for each product.

Help your ABSSSI patients leave the hospital behind

13% **of infused antibiotics used to treat ABSSSI were administered through home infusion in 2023[6]***

Home infusion treatment offers patients many benefits including:

Avoiding hospital-acquired infections

Prevent exposure to other patients with transmittable diseases[4]

Optimizing treatment accessibility

Increase flexibility and empower patients with a solution in the comfort of their own home or outpatient infusion center[4]

Increasing patient satisfaction

Observe high rates of patient satisfaction with a home infusion experience[4]

Reducing healthcare burden

Shorten inpatient stays and reduce readmissions through seamless transitions of care[5]

Consider KIMYRSA® home infusion treatment for the flexibility it provides for appropriate patients

*Analysis included Dalvance, Daptomycin, Kimyrsa, Orbactiv, and Vancomycin.[6]

IMPORTANT SAFETY INFORMATION (cont)

Contraindications (cont)

Oritavancin products are contraindicated in patients with known hypersensitivity to oritavancin.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Kimyrsa™ (oritavancin) for injection 1,200 mg

KIMYRSA® (oritavancin) delivers proven clinical efficacy vs. Vancomycin[7]

The efficacy and safety of KIMYRSA® (oritavancin) has been established from adequate and well-controlled trials of another oritavancin product, ORBACTIV® (oritavancin), in patients with ABSSSI. Safety is also supported by a PK study of KIMYRSA in patients with ABSSSI.

In the SOLO I and SOLO II clinical trials, oritavancin demonstrated efficacy comparable to vancomycin*

Primary endpoint: Early clinical response rates at 48 to 72 hours†

ORBACTIV	82.2%	(435/529)
VANCOMYCIN	83.3%	(448/538)

Secondary endpoint: Reduction in lesion size at 48 to 72 hours‡

ORBACTIV	88.3%	(467/529)
VANCOMYCIN	86.1%	(463/538)

Secondary endpoint: Clinical success rates at days 14 to 24§

ORBACTIV	82.4%	(436/529)
VANCOMYCIN	83.5%	(449/538)

Study design: 2, global, multicenter, randomized, double-blind studies comparing the efficacy, safety, and noninferiority of single-dose intravenous ORBACTIV vs intravenous vancomycin for 7 to 10 days in 1,959 adults with ABSSSIs (oritavancin, 978; vancomycin, 981).

*Whereas the modified intent-to-treat (mITT) population included all randomized patients who received any study drug and was used to determine the primary efficacy endpoint in each study, the main patient population for these analyses was the microbiologically ITT population, which consisted of the subset of patients within the mITT population with baseline gram-positive pathogen(s) known to cause ABSSSI.

†Early clinical response defined as a composite of the cessation of spread or reduction in size of baseline lesion, absence of fever, and no rescue antibacterial drug at 48 to 72 hours.

‡Patients achieving a ≥20% reduction in lesion area from baseline at 48 to 72 hours after initiation of therapy.

§Investigator-assessed clinical success at days 14 to 24, defined as complete or nearly complete resolution of baseline signs and symptoms related to the primary ABSSSI site such that no further treatment with antibacterial drugs was needed.

PK = pharmacokinetics

KIMYRSA® (oritavancin) has a well-established safety profile[8,9,10]

The safety of KIMYRSA® has been established from the adequate and well-controlled trials of another oritavancin product, ORBACTIV®, in patients with ABSSSI, and a PK study of KIMYRSA in patients with ABSSSI.[8,9,10]

PK = pharmacokinetics

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions

Coagulation test interference: Oritavancin has been shown to artificially prolong aPTT for up to 120 hours, and may prolong PT and INR for up to 12 hours and ACT for up to 24 hours. Oritavancin has also been shown to elevate D-dimer concentrations up to 72 hours. For patients who require aPTT monitoring within 120 hours of oritavancin dosing, consider a non-phospholipid dependent coagulation test such as a Factor Xa (chromogenic) assay or an alternative anticoagulant not requiring aPTT.

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Kimyrsa™ (oritavancin) for injection 1,200 mg

KIMYRSA® (oritavancin) Preparation

Aseptic technique should be used to reconstitute and dilute one KIMYRSA® 1,200 mg vial. KIMYRSA® is intended for intravenous infusion.

1. Add Sterile Water

Add 40 mL of sterile water for injection to reconstitute the vial to provide a 30 mg/mL solution.

2. Swirl gently

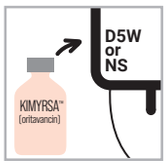
Swirl gently the contents to avoid foaming and ensure that all KIMYRSA® powder is completely dissolved to form a reconstituted solution. May not dissolve immediately.

3. Inspect

Inspect visually for particulate matter. Solution should appear to be clear, colorless to pink, and free of visible particles.

4. Withdraw and discard

Withdraw and discard 40 mL from a 250 mL intravenous bag of 0.9% sodium chloride injection (NS) or D5W.



5. Transfer

Withdraw 40 mL of the reconstituted vial of KIMYRSA® and add to the intravenous bag of NS or D5W to bring the bag volume to 250 mL. This yields a concentration of 4.8 mg/mL.

Supplies

One KIMYRSA® 1,200 mg vial

250 mL D5W or NS IV Bag

40 mL Sterile Water for Injection

Stability of Diluted IV Solution

Four hours at room temperature (20° to 25°C or 68° to 77°F).

Twelve hours refrigerated (2°C to 8°C or 36°F to 46°F).

The combined storage time (reconstituted solution in the vial and diluted solution in the bag) and 1 hour infusion time should not exceed 4 hours at room temperature or 12 hours if refrigerated.

KIMYRSA® Administration

There are two oritavancin products (KIMYRSA® and ORBACTIV®) that have differences in dose strengths, duration of infusion, reconstitution and dilution instructions, and compatible diluents.

1. Inquire

Inquire carefully about known hypersensitivity reactions to glycopeptides (vancomycin, telavancin, or dalbavancin).

NOTE: KNOWN HYPERSENSITIVITY TO KIMYRSA® (ORITAVANCIN) IS A CONTRAINDICATION.

2. Check label

Check label on IV bag, as KIMYRSA® 1-hour infusion must be completed within:

- 4 hours after dilution when stored at room temperature (20°C to 25°C or 68°F to 77°F)
- 12 hours after dilution when refrigerated (2°C to 8°C or 36°F to 46°F).

3. Use D5W or NS

Use a dedicated line.
The line should be flushed before and after infusion of KIMYRSA® with D5W or NS.

4. Infuse

Infuse 1,200 mg of KIMYRSA® in one 250 mL bag of D5W or NS over one hour.

Dosage and Administration

KIMYRSA® is administered as a single dose by IV infusion over 1 hour. Single dose KIMYRSA® does not require dose adjustment for mild-to-moderate renal* or mild-to-moderate hepatic† impairment, weight, age (≥18 years of age), race, or gender.

*Mild renal impairment CrCL 50-79 mL/min, moderate renal impairment CrCL 30-49 mL/min
†Moderate hepatic impairment (Child-Pugh Class B)

Incompatibilities

Drugs formulated at a basic or neutral pH may be incompatible with KIMYRSA®. KIMYRSA® should not be administered simultaneously with commonly used intravenous drugs through a common intravenous port. If the same intravenous line is used for sequential infusion of additional medications, the line should be flushed before and after infusion of KIMYRSA® with NS or D5W.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Kimyrsa™ (oritavancin) for injection 1,200 mg

Additional information

National Drug Code[6]:

KIMYRSA (oritavancin) is supplied as a sterile white to off-white or pink lyophilized powder in single-dose clear glass vials containing 1,200mg of oritavancin.[6]

NDC	Description
NDC 70842-225-01 NDC 70842-0225-01	One vial is packaged in a single carton to supply 1200mg dose treatment.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Serious hypersensitivity reactions, including anaphylaxis, have been reported with the use of oritavancin products. Discontinue infusion if signs of acute hypersensitivity occur. Closely monitor patients with known hypersensitivity to glycopeptides.

Infusion related reactions: Infusion reactions characterized by chest pain, back pain, chills and tremor have been observed with the use of oritavancin products, including after the administration of more than one dose of oritavancin during a single course of therapy. Stopping or slowing the infusion may result in cessation of these reactions.

Permanent product-specific J Code

J2406 is the permanent J code for appropriate billing of KIMYRSA® (oritavancin) in the home infusion setting

For more information on home infusion billing and coding scan the QR code

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Clostridioides difficile-associated diarrhea: Evaluate patients if diarrhea occurs.

Concomitant warfarin use: Oritavancin has been shown to artificially prolong PT/INR for up to 12 hours. Patients should be monitored for bleeding if concomitantly receiving oritavancin products and warfarin.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Kimyrsa™ (oritavancin) for injection 1,200 mg

KIMYRSA® administration safety

Infusion-related reactions (IRR) are possible with glycopeptide antibiotic therapies, including oritavancin, dalbavancin, vancomycin and telavancin.[1-4] However, certain strategies may help manage IRRs should they occur.[1,7,9]

IRRs are a known side effect of the glycopeptide class of antibiotics[1]

- **Glycopeptide infusion-related symptoms**[1]
  - Upper body flushing
  - Urticaria
  - Pruritus
  - Rash
- Chest pain, back pain, chills and tremor have also been observed with oritavancin, including after the administration of more than 1 dose during a single course of therapy[1†]

Well Established Tolerability Profile

- **A low incidence of IRRs and hypersensitivity** has been established in a PK trial of KIMYRSA® and in studies of ORBACTIV® (oritavancin).*[5-8]
  - Oritavancin-related IRRs were typically mild, and most patients completed the full 1200-mg dose.[5,8,10]

Potential IRR Management Strategies

- **Slowing or stopping the glycopeptide infusion** may lead to the cessation of these reactions[1]
- Real-world treatment protocols often include **pre-treatment with antihistamines** such as diphenhydramine to address the reported side effect of infusion-related reactions. The clinical benefit of pre-treatment has not been evaluated or established[9]

* Safety profile demonstrated in:

ORBACTIV clinical trials: 1.9% (19/976) of patients receiving oritavancin experienced IRR compared to 3.5% (34/983) of patients receiving ancomycin.[10]

PK trial: 4% (2/50) of patients receiving KIMYRSA® experienced hypersensitivity or IRR compared with 3.8% (2/52) of patients receiving ORBACTIV.[5]

CHROME retrospective, real-world study: 1.7% of patients (2/112) experienced mild hypersensitivity reactions.[8]

† The safety and efficacy of multiple doses in one course is not established.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Osteomyelitis: Institute appropriate alternate antibacterial therapy in patients with confirmed or suspected osteomyelitis.

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

References

1. Dryden M, Baguneid M, Eckmann C, et al. Pathophysiology and burden of infection in patients with diabetes mellitus and peripheral vascular disease: focus on skin and soft-tissue infections. *Clin Microbiol Infect.* 2015;21(suppl 2):S27-S32. doi:10.1016/j.cmi.2015.03.024 **2.** Jin J, Sklar GE, Min Sen Oh V, Chuen Li S. Factors affecting therapeutic compliance: a review from the patient's perspective. *Ther Clin Risk Manag.* 2008;4(1):269-286. doi:10.2147/tcrm.s1458 **3.** Pulido-Cejudo A, Guzmán-Gutierrez M, Jalife-Montaño A, et al. Management of acute bacterial skin and skin structure infections with a focus on patients at high risk of treatment failure. 2017;4(5):143-161. doi:10.1177/2049936117723228 **4.** Mansour O, Arbaje AI, Townsend JL. Patient experiences with outpatient parenteral antibiotic therapy: results of a patient survey comparing skilled nursing facilities and home infusion. *Open Forum Infect Dis.* 2019;6(12):ofz471. doi:10.1093/ofid/ofz471 **5.** Pollack CV Jr, Amin A, Ford WT Jr, et al. Acute bacterial skin and skin structure infections (ABSSSI): practice guidelines for management and care transitions in the emergency department and hospital. *J Emerg Med.* 2015;48(4):508-519. doi:10.1016/j.jemermed.2014.12.001 **6.** Data on File: Melinta Therapeutics, LLC. **7.** Corey G, Arhin F, Wikler MA, et al. Pooled analysis of single-dose oritavancin in the treatment of acute bacterial skin and skin-structure infections caused by gram-positive pathogens, including a large patient subset with methicillin-resistant Staphylococcus aureus. *Int J Antimicrob Agents*. 2016;48(5):528-534. doi: 10.1016/j.ijantimicag.2016.07.019 **8.** Redell M, Moeck G, Lucasti C, et al. A real-world patient registry for oritavancin demonstrates efficacy and safety consistent with the phase 3 SOLO program. *Open Forum Infect Dis*. 2018;5(6):ofy051. doi:10.1093/ofid/ofy051 **9.** Kimyrsa. Package insert. Melinta Therapeutics; 2021. **10.** Heo Y. Oritavancin (KIMYRSA™) in acute bacterial skin and skin structure infections: a profile of its use in the USA. *Drugs & Ther Pers*. 2022;38:57-63. doi:10.1007/s40267-021-00888-1

IMPORTANT SAFETY INFORMATION (cont)

Adverse Reactions

The most common adverse reactions (≥3%) in patients treated with oritavancin products were headache, nausea, vomiting, limb and subcutaneous abscesses, and diarrhea. The adverse reactions occurring in ≥2 patients receiving KIMYRSA® were hypersensitivity, pruritis, chills and pyrexia.

Please see Full Prescribing Information for ORBACTIV® (oritavancin).
Please see Full Prescribing Information for KIMYRSA® (oritavancin).

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

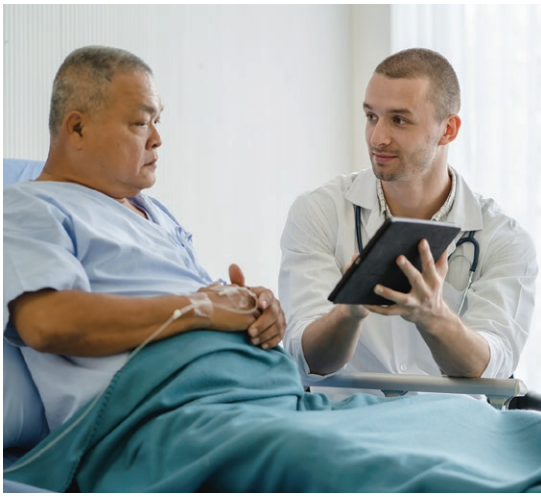
Kimyrsa™ (oritavancin) for injection 1,200 mg

KIMYRSA® (oritavancin) home infusion treatment

13% **of infused antibiotics used to treat ABSSSI were administered through home infusion in 2023[6]***

Kimyrsa home infusion treatment offers many benefits including:

- **Increasing patient satisfaction[4]**
- **Avoiding hospital-acquired infections[4]**
- **Optimizing treatment accessibility[4]**
- **Reducing healthcare burden[5]**



Choose KIMYRSA® home infusion treatment for your appropriate ABSSSI patients

*Analysis included Dalvance, Daptomycin, Kimyrsa, Orbactiv, and Vancomycin.[6]

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melinta therapeutics

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