UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 8-K

Current Report Pursuant
to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event Reported): **January 8, 2018**

THERAVANCE BIOPHARMA, INC.

(Exact Name of Registrant as Specified in its Charter)

Cayman Islands	**001-36033**	**98-1226628**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification Number)

PO Box 309
Ugland House, South Church Street
George Town, Grand Cayman, Cayman Islands KY1-1104
(650) 808-6000
(Addresses, including zip code, and telephone number, including area code, of principal executive offices)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company o

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Item 7.01 Regulation FD Disclosure.

The information in this Current Report (including Exhibit 99.1) is being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section. The information in this Current Report (including Exhibit 99.1) shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing.

Between January 8-11, 2018, members of the Theravance Biopharma, Inc. management team will be conducting one-on-one meetings with analysts and investors in San Francisco, CA. A copy of the slide presentation is being furnished pursuant to Regulation FD as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

99.1 Investor presentation dated January 2018

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor presentation dated January 2018

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

THERAVANCE BIOPHARMA, INC.

Date: January 8, 2018

By: /s/ Renee D. Gala
Renee D. Gala
Senior Vice President and Chief Financial Officer

Theravance Biopharma

Medicines That Make a Difference®

Theravance Biopharma, Inc. (NASDAQ: TBPH)

Investor Presentation
January 2018

Cautionary Statement Regarding Forward-Looking Statements

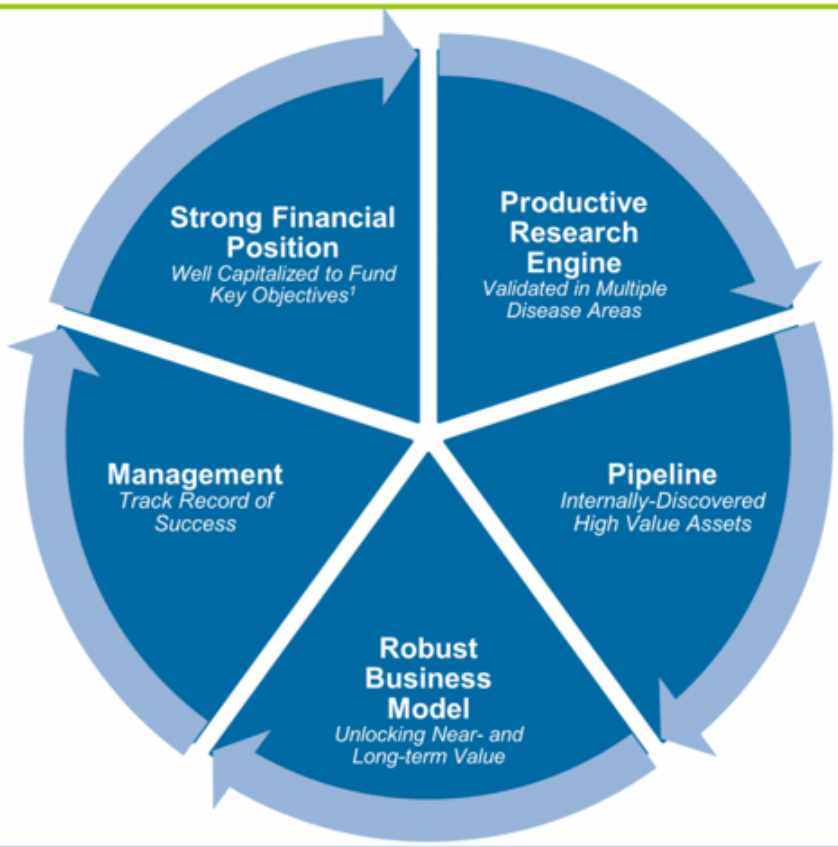
Under the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995, the company cautions investors that any forward-looking statements or projections made by the company are subject to risks and uncertainties that may cause actual results to differ materially from the forward-looking statements or projections.

Examples of forward-looking statements in this presentation include statements relating to the company's business plans and objectives, including financial and operating results, potential partnering transactions and sales targets, the company's regulatory strategies and timing and results of clinical studies, the potential benefits and mechanisms of action of the company's product and product candidates (including their potential as components of combination therapies).

The company's forward-looking statements are based on the estimates and assumptions of management as of the date of this presentation and are subject to risks and uncertainties that may cause the actual results to be materially different than those projected, such as risks related to delays or difficulties in commencing or completing clinical studies, the potential that results from clinical or non-clinical studies indicate product candidates are unsafe or ineffective (including when our product candidates are studied in combination with other compounds), delays or failure to achieve and maintain regulatory approvals for product candidates, risks of collaborating with third parties to discover, develop and commercialize products, risks associated with establishing and maintaining sales, marketing and distribution capabilities.

Other risks affecting the company are described under the heading "Risk Factors" and elsewhere in the company's Form 10-Q filed with the Securities and Exchange Commission (SEC) on November 8, 2017, and other periodic reports filed with the SEC.

Theravance Biopharma Investment Highlights



[1] Approximately $390M in cash, cash equivalents, and marketable securities as of 12/31/17 (preliminary, unaudited financials).

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Advancing Multiple Opportunities for Value Creation

Milestones Anticipated in 2018

Managed by Theravance Biopharma:

TD-1473 JAK inhibitor in IBD	• Phase 1b results in ulcerative colitis patients, cohorts 2 and 3 • Initiation of induction and maintenance study in UC
TD-9855 NSRI in nOH	• Phase 2a results in neurogenic orthostatic hypotension (nOH) • Seeking an expedited development pathway
Revefenacin (TD-4208) Nebulized LAMA in COPD	• Potential FDA approval (NDA filed November 2017) • Results from Phase 3b study in COPD patients with low PIFR[1]
Velusetrag (TD-5108) 5HT4 agonist in gastroparesis	• Interactions with regulatory agencies in first half of 2018
VIBATIV® (televancin) Dual mechanism antibiotic	• Patient registry study data (TOUR™) • Phase 3 study data in bacteremia patients expected in 2018/2019

Managed by GSK and Innoviva[2]:

Trelegy Ellipta (FF/UMEC/VI) Single inhaler triple therapy	• Potential inclusion of IMPACT data in label (sNDA filed November 2017) • Completion of Phase 3 study in asthma (CAPTAIN)

[1] Peak inspiratory flow rate. [2] Economic interests. Regulatory and clinical milestones as reported by GlaxoSmithKline. Trelegy Ellipta previously referred to as the Closed Triple. FF/UMEC/VI= Fluticasone Furoate/Umeclidinium/Vilanterol. Approved for the treatment of appropriate patients with COPD. Submissions, filings, and approvals are subject to preclinical and clinical data and regulatory interactions. Innoviva formerly Theravance, Inc.

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Medicines That Make a Difference®

Economic Interests

GSK's FDA-approved Trelegy Ellipta (FF/UMEC/VI)

FF/UMEC/VI= Fluticasone Furoate/Umeclidinium/Vilanterol

GSK's Trelegy Ellipta Offers Significant Potential

Now Approved in US and Europe for Treatment of COPD[1]

Economic interest serves as an important strategic asset

- Upward-tiering royalty 5.5% - 8.5% of worldwide net sales[2]
- Passive economic interest with no cost obligations to TBPH

Program Summary

- First and only FDA-approved once-daily single inhaler triple therapy comprising an ICS, LAMA and LABA[3]
- FF/UMEC/VI, active components of Breo® and Anoro®[4]
- Approved for use in certain COPD patients
- Jointly managed by GSK and Innoviva[5]
- Phase 3 CAPTAIN asthma study underway

Landmark 10,000-patient IMPACT study in COPD

- ✓ 15% reduction in annual rate of exacerbations compared with Relvar/Breo Ellipta (FF/VI)
- ✓ 25% reduction compared with Anoro Ellipta (UMEC/VI)
- ✓ Significant improvements in lung function at week 52 compared to same dual therapies
- ✓ Improvements also observed in St. George's Respiratory Questionnaire (SGRQ) change from baseline
- ✓ Data submitted in sNDA to FDA to expand product label

All statements based on publically available information. [1] For the treatment of appropriate patients with COPD. [2] TBPH holds 85% economic interest in upward tiering royalty stream of 6.5% – 10% payable by GSK. [3] ICS = Inhaled corticosteroids, LAMA = long-acting muscarinic antagonist, LABA = long-acting beta2-adrenergic agonist. [4] FF/UMEC/VI= Fluticasone Furoate/Umeclidinium/Vilanterol. [5] Formerly Theravance, Inc.

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JAK Inhibitor Program

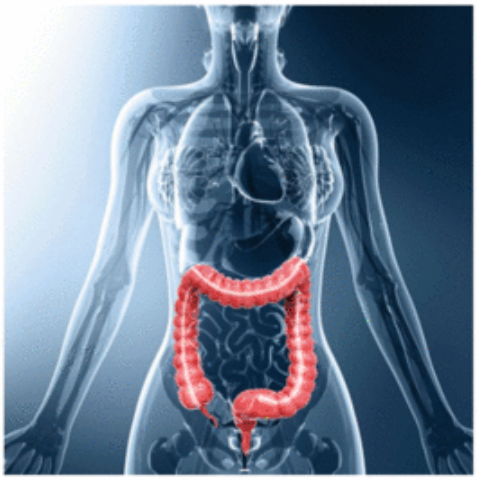
Oral intestinally-restricted pan-Janus kinase (JAK) inhibitors for ulcerative colitis and other inflammatory intestinal diseases

Intestinally Restricted JAK Program Represents a Potential Breakthrough Approach to Treating IBD

Program objective: Design an oral pan-JAK inhibitor that **distributes selectively** throughout the intestines to **treat inflammatory bowel disease locally**, **with minimal systemic exposure** and corresponding immunosuppressive effects

TD-1473: Lead intestinally restricted pan-JAK inhibitor

- ✓ Phase 1b in ulcerative colitis (UC) patients underway
  - ➢ ***Data from Cohort 1 support target product profile of local biological activity, with minimal systemic exposure***
- ✓ Advancing into large, multi-dose induction and maintenance study in 2018
- ✓ Systemic JAK inhibition in UC validated by tofacitinib[1]
- ✓ Potential utility in other IBD indications, including Crohn's disease

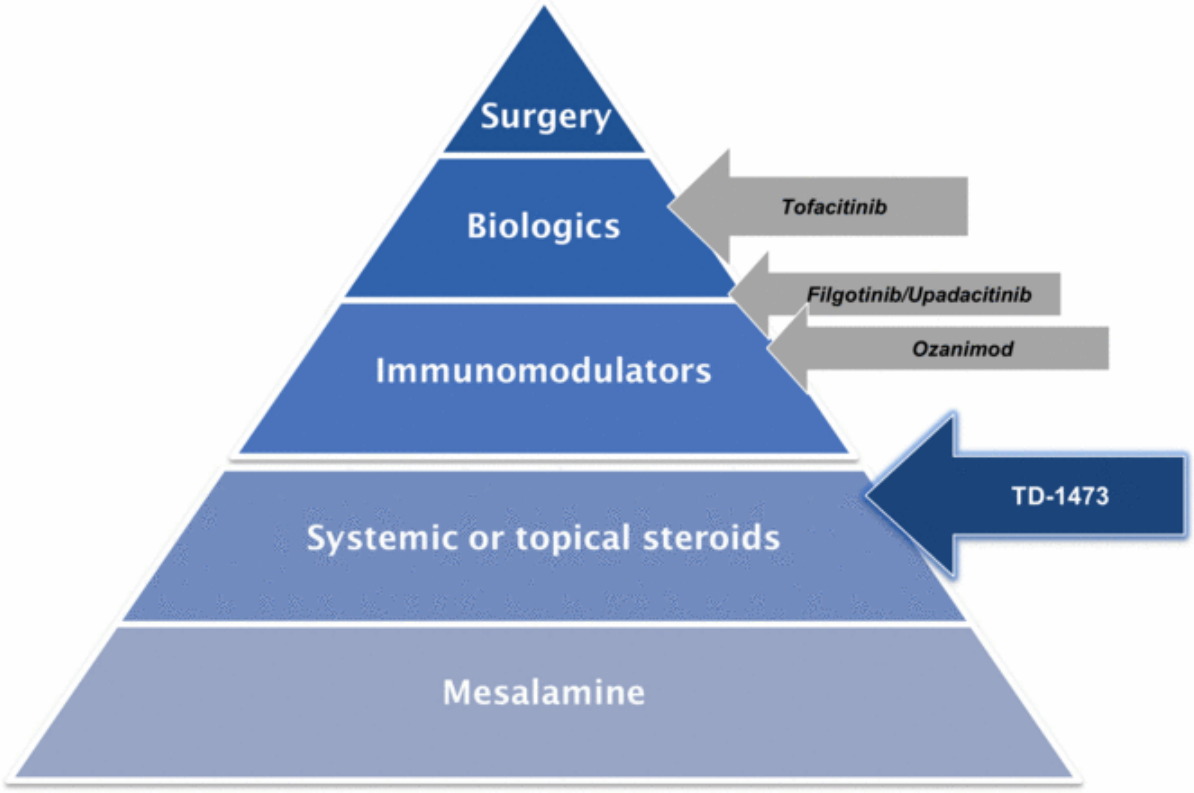


Differentiated program designed for maximal local anti-inflammatory efficacy and minimal side effects, to optimize the therapeutic index for patients

[1] Tofacitinib (Xeljanz®) - an oral, systemically available, JAK inhibitor, which has demonstrated efficacy in treating moderate to severe ulcerative colitis patients. Estimated to be 900K cases of ulcerative colitis in 2017 in the US. Source: Ulcerative Colitis Epidemiology, November 2016

Vision for TD-1473 in UC: Transform Treatment Paradigm

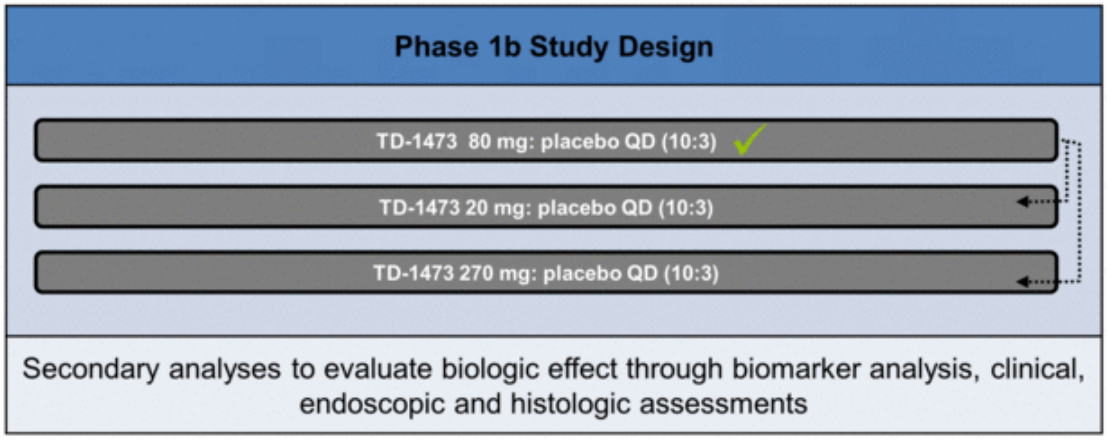
Safe enough for mild-moderate, effective enough for moderate-severe



* Decision Resources, Ulcerative colitis 2015; **Positioning supported by TBPH US market research (N: 20), Oct 2015

TD-1473: Phase 1b Study Progressing in Ulcerative Colitis Patients

- **Purpose:** Provide compelling, directional evidence of 1473 target product profile in patients to inform dose selection and enable progression into a larger induction and maintenance study
- **Primary endpoint:** To evaluate safety, tolerability, PK and PD of TD-1473 in moderately-to-severely active UC patients over 28 days



First cohort complete, remaining cohorts expected in 1H 2018

Phase 1b First Cohort Demonstrated Localized Target Engagement and Minimal Systemic Exposure

Objectives	Results from First Cohort of Patients at 80 mg
Evaluate safety	✓ • No moderate or severe AEs deemed possibly related to study drug • No signal of systemic immunosuppression or changes in lipids
Confirm PK in UC patients	✓ • Plasma levels consistent with healthy volunteer SAD/MAD data, minimal systemic exposure in patients
Confirm drug at site of action	✓ • Relevant drug concentrations in distal colonic tissue
Evidence of target engagement by biomarkers	✓ • Reduction on pSTAT1 in colonic tissue • Reductions in serum CRP and fecal calprotectin
Signals of biologic activity at 4 weeks[1]	✓ • 7 of 10 patients on TD-1473 experienced ≥ 1-point reduction in Mayo rectal bleeding subscore, compared to 1 of 3 patients on placebo • 3 of 10 patients on TD-1473 experienced ≥ 1-point reduction in Mayo endoscopic subscore, compared to zero patients on placebo • ***Mucosal healing achieved in two patients*** • 2 of 10 patients on TD-1473 achieved clinical response by total Mayo Score, compared to zero patients on placebo • 4 of 10 patients receiving TD-1473 achieved clinical response by partial Mayo score, compared to 1 of 3 patients on placebo

TD-1473 to advance into multi-dose induction and maintenance study in 2018

(All pre-clinical toxicology studies enabling this phase of development now complete)

[1] Gastroenterology Vol. 148, No. 1, pages 37-51. "Converging Goals of Treatment of Inflammatory Bowel Disease From Clinical Trials and Practice." Levesque, et al. http://www.gastrojournal.org/article/S0016-5085(14)00999-8/pdf Published online August 12, 2014. Total Mayo Clinic Score (MCS) as referenced herein, with endoscopic subscore modified such that mild friability is scored as a 2 rather than a 1 (pages 39-40). Clinical response for partial MCS consistent with clinical response for MCS, except criteria for clinical response by partial MCS include a decrease in partial MCS of at least 2 points versus 3 points in the MCS criteria. Mucosal healing based on modified Mayo endoscopy score. PRO2-e = rectal bleeding, stool frequency and endoscopy components of total MCB (excludes PGA) CRP = C-Reactive Protein; pSTAT1 =

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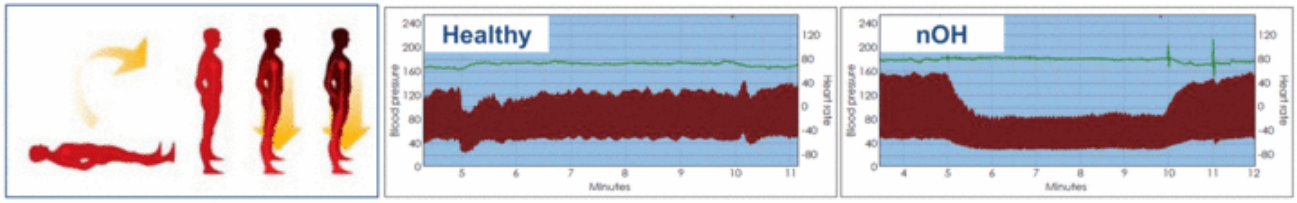
TD-9855

Dual norepinephrine and serotonin reuptake inhibitor (NSRI) for neurogenic orthostatic hypotension (nOH)

Neurogenic Orthostatic Hypotension (nOH) Represents a Significant Unmet Need

nOH is characterized by a **sustained drop in blood pressure** that occurs **upon standing up** and is associated with the **nervous system**, specifically due to the body producing **insufficient levels of norepinephrine**



- Associated with several autonomic disorders, including Multiple System Atrophy (MSA), Parkinson's Disease (PD), and Pure Autonomic Failure (PAF)
- Orphan indication with <200k patients in US
- Symptoms include dizziness, fainting, blurred vision and weakness
- Significant impacts to QoL for both patients and family members
  - Patients limited in routine daily functions and prone to injury from falling
  - In severe cases, patients become bedridden and require caregiver support

Current Approved Therapies in Neurogenic Orthostatic Hypotension (nOH) Have Limitations

Current therapies limited in safety, efficacy, and dosing

- Only droxidopa (Northera) and midodrine are FDA-approved for nOH
- Both are synthetic exogenous NE analogues that impact disease by increasing vascular tone
- Significant unmet need remains due to limitations of current therapies:
  - Supine hypertension (high blood pressure while lying down)
  - Require dosing three times a day
  - Patients may become refractory over time or discontinue due to AEs[1]
  - Effectiveness of droxidopa beyond two weeks has not been established[2]

Opportunity exists for effective, well tolerated nOH therapies

- TD-9855, a dual norepinephrine and serotonin reuptake inhibitor (NSRI), may lead to significant benefits for patients over existing therapy

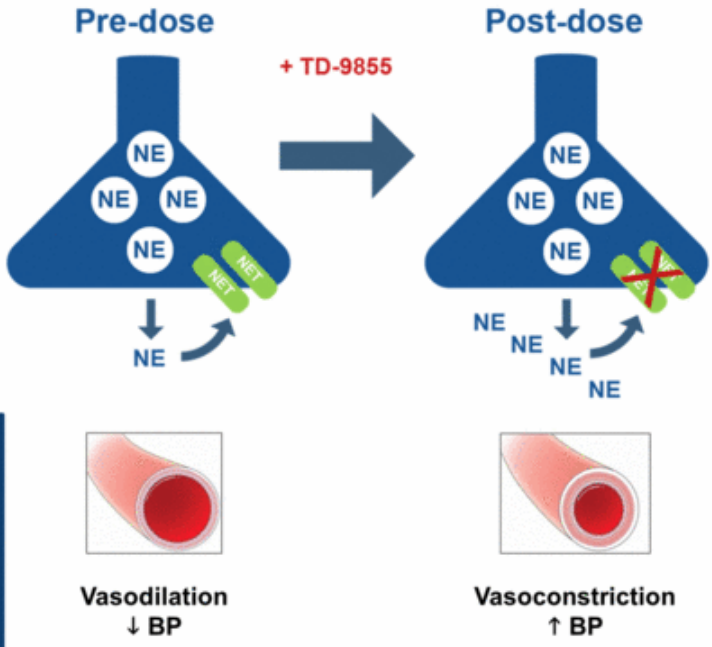
Successful nOH therapy would target reduction in symptoms and offer meaningful improvements in quality of life for patients

[1] Associated with one or both therapies noted above
[2] Northera prescribing information

NET Inhibition with TD-9855 Has Potential to Normalize Vascular Sympathetic Tone in nOH

A path to treating nOH without introducing exogenous NE

- Blockade of NET in nOH patients inhibits endogenous neuronal NE uptake
- Increased levels of NE in the synapse cause vasoconstriction and a corresponding increase in blood pressure
- Increase in blood pressure improves nOH symptoms



Rationale for 9855 in nOH

- NE dominance confirmed in humans
- QD dosing, long half-life, and metabolic profile may offer improved patient outcomes
- Favorable safety and tolerability profile established in > 500 subjects[1]

NE = Norepinephrine; NET = Norepinephrine transporter

[1] Includes Phase 1 SAD/MAD, elderly, and PET studies in healthy subjects and Phase 2a studies in fibromyalgia and ADHD patients

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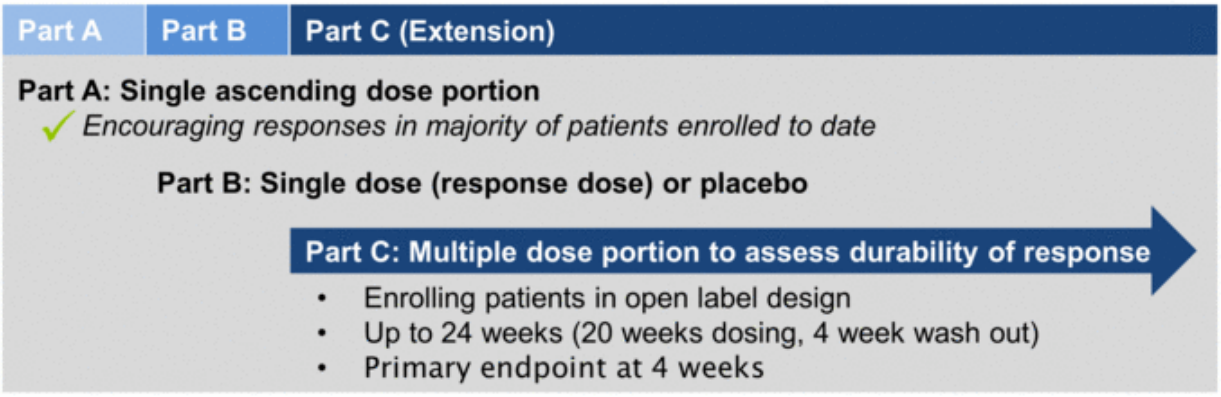
TD-9855: Phase 2a Study in nOH In Progress, Results Expected 1H 2018

- **Purpose:** Proof of concept study to evaluate the effect of TD-9855 in improving symptoms of orthostatic intolerance
- **Key endpoints:** Change from placebo in sitting and standing blood pressure, symptom reduction, and safety/tolerability



Intention to seek expedited development path

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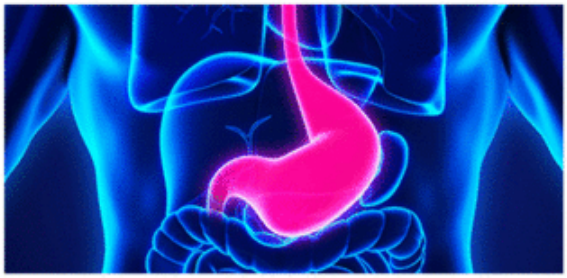
Velusetrag (TD-5108)

Highly selective 5-HT4 agonist for gastroparesis

Significant Unmet Patient Need in Gastroparesis



A Disease in Significant Need of Therapeutic Innovation

- Debilitating symptoms
- High prevalence[1]
  - Estimated 6M patients in US
  - Split between diabetic, idiopathic, other
- One approved therapy in 35 years
  - Safety risk limits use

Velusetrag in Gastroparesis

- Highly selective 5-HT4 receptor agonist with high intrinsic activity
- Partnered ex-US with Alfasigma[2]
- FDA Fast Track designation in gastroparesis
- Long term tox and carc studies complete
- Two studies complete in gastroparesis
  - ✓ Symptom improvements at 5 mg dose
  - ✓ Reduced gastric emptying time
  - ✓ Well-tolerated in > 800 subjects exposed
  - ✓ Evaluated in idiopathic and diabetic patients

[1] Rey et al., Prevalence of Hidden Gastroparesis in the Community: The Gastroparesis "Iceberg." J. Neurogastroenterol. Motil., 2012; 18:34-42.

[2] Velusetrag is being developed by Theravance Biopharma in collaboration with Alfasigma (AS). AS holds an exclusive option to certain ex-U.S. markets. TBPH retains all U.S. rights.

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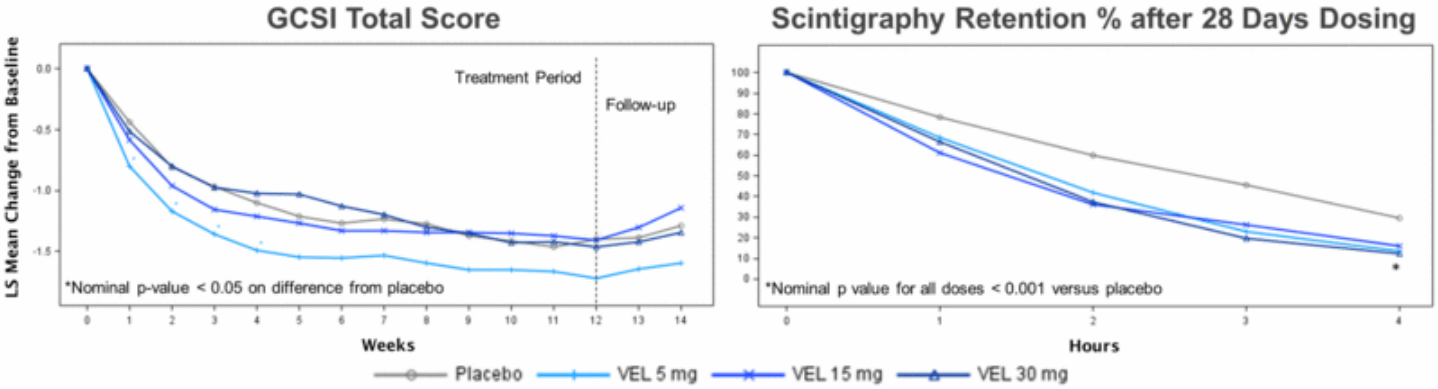
Velusetrag: Phase 2b Study Provides First Clinical Evaluation of Effect on Gastroparesis Symptoms

- 5 mg demonstrated statistically significant improvements in gastroparesis symptoms compared to placebo
  - 15 and 30 mg doses did not improve symptoms, likely due to side effects at high doses
- All doses significantly improve gastric emptying at 4 hours



Preparing to meet with US and EU regulators in first half of 2018

GCSI = Gastroparesis Core Symptom Index; GRS = Gastroparesis Ratings Scale; PRO = patient reported outcome tool

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Late Stage & Commercial Assets, Acute Care

Revefenacin (TD-4208): *Nebulized Long-Acting Muscarinic Antagonist (LAMA)*

VIBATIV® (telavancin): *Commercial, Once-Daily, Dual Mechanism Antibiotic*

Acute Care Commercial Infrastructure Positioned to Support VIBATIV® and Revefenacin

Label Expansion Strategy for VIBATIV Growth

Potential for broadest set of indications of any branded anti-MRSA antibiotic

- ✓ Approval in cSSSI and HABP/VABP[1]
- ✓ Expanded label describes use in cSSSI and HABP/VABP with concurrent bacteremia

Phase 3 registrational study in bacteremia

- ~250 patients in ~70 sites in US & ROW
- Expected to complete in 2018/2019
- Potential sNDA submission

TOUR™ patient registry study fully enrolled

- Generating "real world" data in 1,000-patient study
- Largest enrollment seen in cSSSI, osteomyelitis, bacteremia, and pneumonia
- Results to inform additional potential indications

Complementary Products to Optimize the Acute Care Organization

Opportunity to target large, addressable patient populations

- Overlap in sales calls with pulmonologists and respiratory care physicians for VIBATIV and revefenacin
- Acute care setting provides an important inflection point in patient identification
- Revefenacin collaboration with Mylan includes co-promote and profit split in the US
  - Profit split: 65% Mylan, 35% Theravance
- Combined sales infrastructures to cover hospital, outpatient and home health treatment settings
- Phase 3b PIFR (peak inspiratory flow rate) study with revefenacin designed to support commercialization; results expected Q1 2018

[1] VIBATIV is approved in the US for treatment of the following infections in adult patients caused by designated susceptible bacteria: complicated skin and skin structure infections (cSSSI), hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP) caused by susceptible isolates of *Staphylococcus aureus* when alternative treatments are not suitable.

Compelling Need for Once-Daily Nebulized LAMA

Enduring Patient Niche and Significant Market Opportunity

Unmet Need for Nebulized LAMA Therapy

- Once-daily LAMAs are **first-line therapy** for moderate to severe COPD[1]
- **No nebulized LAMAs available today**; only available in handheld devices
- Nebulized therapy associated with reduced hospital readmissions in low PIFR patients[2]

Enduring Patient Niche

- **>100M patient treatment days** in nebulized COPD segment[3]
- **9%** of COPD patients currently use nebulizers for ongoing maintenance therapy[4]
- **41%** of COPD patients use nebulizers at least occasionally for bronchodilator therapy[4]
- Pricing in branded LA nebulized segment ~ 2x handheld Spiriva[3]

Significant Market Opportunity

- Revefenacin may be **complementary to existing nebulized LABA** treatments
- Mylan partnership brings commercial strength in nebulized segment

[1] Global Strategy for Diagnosis, Management, and Prevention of COPD. COPD = Chronic Obstructive Pulmonary Disease. [2] Suboptimal Inspiratory Flow Rates Are Associated with COPD and All Cause Readmissions. Loh et al., Annals of ATS 2017. [3] IMS Health information service: NSP for period MAT May, 2015. Excludes nebulized SABAs. IMS expressly reserves all rights, including rights of copying, distribution and republication. [4] TBPH market research (N = 160 physicians); Refers to US COPD patients.

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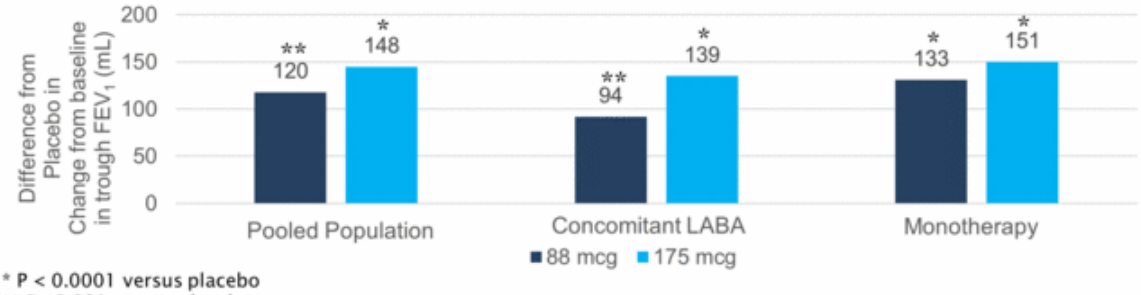
Revefenacin: NDA Submitted to FDA in November 2017 for Treatment of COPD

- NDA supported by Phase 3 efficacy and safety studies
- Primary endpoint achieved for both doses in both replicate efficacy studies
  - ✓ Robust and sustained improvements in FEV_1
  - ✓ Effective as monotherapy and as add-on to LABA or LABA/ICS
  - ✓ Generally well tolerated



* P < 0.0001 versus placebo
** P <0.001 versus placebo

- Generally well tolerated in 12-month safety study
  - ✓ No new safety issues identified
  - ✓ Rates of adverse events low and comparable to standard of treatment

FEV_1 = forced expiratory volume in one second; pooled analysis

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Opportunities for Value Creation

Upcoming Milestones

Advancing Multiple Opportunities for Value Creation

Milestones Anticipated in 2018

Managed by Theravance Biopharma:

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Revefenacin (TD-4208) Nebulized LAMA in COPD	• Potential FDA approval (NDA filed November 2017) • Results from Phase 3b study in COPD patients with low PIFR[1]
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VIBATIV® (televancin) Dual mechanism antibiotic	• Patient registry study data (TOUR™) • Phase 3 study data in bacteremia patients expected in 2018/2019

Managed by GSK and Innoviva[2]:

Trelegy Ellipta (FF/UMEC/VI) Single inhaler triple therapy	• Potential inclusion of IMPACT data in label (sNDA filed November 2017) • Completion of Phase 3 study in asthma (CAPTAIN)

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About VIBATIV® (telavancin)

VIBATIV was discovered internally in a research program dedicated to finding new antibiotics for serious infections due to *Staphylococcus aureus* and other Gram-positive bacteria, including MRSA. VIBATIV is a bactericidal, once-daily, injectable lipoglycopeptide antibiotic with in vitro potency and a dual mechanism of action whereby telavancin both inhibits bacterial cell wall synthesis and disrupts bacterial cell membrane function.

VIBATIV for injection is approved in the U.S. for the treatment of adult patients for complicated skin & skin structure infections (cSSSI) caused by susceptible isolates of Gram-positive bacteria, including *Staphylococcus aureus*, both methicillin-susceptible (MSSA) and methicillin-resistant (MRSA) strains. In addition, VIBATIV telavancin is approved in the U.S. for the treatment of adult patients with hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP) caused by susceptible isolates of *Staphylococcus aureus* when alternative treatments are not suitable. In addition, VIBATIV is approved in the U.S. for the treatment of adult patients with complicated skin & skin structure infections (cSSSI) caused by susceptible isolates of Gram-positive bacteria, including S. aureus, both methicillin-susceptible (MSSA) and methicillin-resistant (MRSA) strains. The product labeling also describes the use of VIBATIV in treating patients with concurrent bacteremia (in addition to either skin infection or pneumonia).

VIBATIV is indicated in Canada and Russia for complicated skin & skin structure infections and HAP/VAP caused by Gram-positive bacteria, including MRSA.

VIBATIV is indicated in the European Union for the treatment of adults with nosocomial pneumonia (NP) including ventilator associated pneumonia (VAP), known or suspected to be caused by methicillin resistant *Staphylococcus aureus* (MRSA) and should be used only in situations where it is known or suspected that other alternatives are not suitable.

VIBATIV® (telavancin)

Important Safety Information (US)

Mortality
Patients with pre-existing moderate/severe renal impairment (CrCl ≤50 mL/min) who were treated with VIBATIV® for hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia had increased mortality observed versus vancomycin. Use of VIBATIV in patients with pre-existing moderate/severe renal impairment (CrCl ≤50 mL/min) should be considered only when the anticipated benefit to the patient outweighs the potential risk.

Nephrotoxicity
New onset or worsening renal impairment occurred in patients who received VIBATIV. Renal adverse events were more likely to occur in patients with baseline comorbidities known to predispose patients to kidney dysfunction and in patients who received concomitant medications known to affect kidney function. Monitor renal function in all patients receiving VIBATIV prior to initiation of treatment, during treatment, and at the end of therapy. If renal function decreases, the benefit of continuing VIBATIV versus discontinuing and initiating therapy with an alternative agent should be assessed.

Fetal Risk
Women of childbearing potential should have a serum pregnancy test prior to administration of VIBATIV. Avoid use of VIBATIV during pregnancy unless the potential benefit to the patient outweighs the potential risk to the fetus. Adverse developmental outcomes observed in three animal species at clinically relevant doses raise concerns about potential adverse developmental outcomes in humans. If not already pregnant, women of childbearing potential should use effective contraception during VIBATIV treatment.

Contraindication
Intravenous unfractionated heparin sodium is contraindicated with VIBATIV administration due to artificially prolonged activated partial thromboplastin time (aPTT) test results for up to 18 hours after VIBATIV administration.
VIBATIV is contraindicated in patients with a known hypersensitivity to the drug.

Hypersensitivity Reactions
Serious and potentially fatal hypersensitivity reactions, including anaphylactic reactions, may occur after first or subsequent doses. VIBATIV should be used with caution in patients with known hypersensitivity to vancomycin.

Geriatric Use
Telavancin is substantially excreted by the kidney, and the risk of adverse reactions may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection in this age group.

Infusion Related Reactions
VIBATIV is a lipoglycopeptide antibacterial agent and should be administered over a period of 60 minutes to reduce the risk of infusion-related reactions. Rapid intravenous infusions of the glycopeptide class of antimicrobial agents can cause "Red-man Syndrome" like reactions including: flushing of the upper body, urticaria, pruritus, or rash.

QTc Prolongation
Caution is warranted when prescribing VIBATIV to patients taking drugs known to prolong the QT interval. In a study involving healthy volunteers, VIBATIV prolonged the QTc interval. Use of VIBATIV should be avoided in patients with congenital long QT syndrome, known prolongation of the QTc interval, uncompensated heart failure, or severe left ventricular hypertrophy.

Most Common Adverse Reactions
The most common adverse reactions (greater than or equal to 10% of patients treated with VIBATIV) were diarrhea, taste disturbance, nausea, vomiting, and foamy urine.
Full Prescribing Information, including Boxed Warning and Medication Guide in the U.S., is available at www.VIBATIV.com.