CARDIOME PHARMA CORP
1441 Creekside Dr, 6th Floor
Vancouver, B.C.
V6J 4S7
Tel: 604-677-6905
Fax: 604-677-6915

FOR IMMEDIATE RELEASE NASDAQ: CRME TSX: COM

INDEPENDENT STUDY FINDS INTRAVENOUS VERNAKALANT FACILITATES ELECTRICAL CARDIOVERSION IN PATIENTS WITH CARDIOVERSION RESISTANT ATRIAL FIBRILLATION

Vancouver, Canada, June 12, 2015 -- Cardiome Pharma Corp. (NASDAQ: CRME / TSX: COM) today announced that an independent study conducted by investigators at the University of Leipzig Heart Center, Germany, found that intravenous vernakalant facilitated successful electrical cardioversion ("ECV") in patients who had failed to attain sinus rhythm ("SR") following failed electrical cardioversion ("FECV"), or who immediately returned to Atrial Fibrillation ("IRAF") after briefly attaining SR. The study, entitled "Vernakalant-facilitated electrical cardioversion: comparison of intravenous vernakalant and amiodarone for drug-enhanced electrical cardioversion of atrial fibrillation after failed electrical cardioversion" authored by Andreas Müssigbrodt *et al.*, is published in the Advanced Access section of journal Europace website (June 8, 2015). Cardiome Pharma Corp. did not fund the study, design its protocols or have any role in study implementation or analysis.

The non-randomized study examined if either of two pharmacologic converting agents, vernakalant or amiodarone, facilitated subsequent ECV in 63 patients with IRAF (n = 44; 70%) or FECV (n = 19; 30%) after consecutive ECV. Patients were assigned to receive either a single dose of vernakalant (n = 33; 52%) or amiodarone (n = 30; 48%) prior to another attempt with ECV at the discretion of the treating physician. Ten minutes after completion of the drug infusion, transthoracic ECV was attempted again with a shock that had the same energy as the previous shock. In the event of another episode of IRAF, no more attempts of ECV were repeated.

The study found that 66.7% of the patients in the vernakalant group (22 of 33 patients) were successfully electrically cardioverted after drug infusion compared to 46.7% (14 of 30 patients) of patients treated with amiodarone (P=0.109). Treatment with vernakalant was also listed as a predictor of successful, drug-facilitated ECV based upon the results of a multivariate analysis (OR 0.057, 95% CI 0.006-0.540, *P*=0.013). In addition, a subgroup analysis found that patients who had undergone previous AF ablation and who were provided vernakalant had a conversion rate of 66.7% (6 of 9 patients) compared to 11.1% (1 of 9 patients) in the same population who were provided amiodarone (*P*=0.016). The authors concluded that vernakalant "may therefore be considered as a useful agent for facilitated ECV in cardioversion resistant AF." The study did not report any major adverse events.

"We are very excited to see the results from this small non-randomized study in a resistant patient population but larger, controlled clinical studies will be necessary to confirm its findings," said Dr. Steen Juul-Möller, Cardiome's Medical Director. "These results underline the vernakalant -induced stabilizing effect on the atrial wavelets in Atrial Fibrillation, facilitating cardioversion even in patients with AF relapse after lung vein isolation ablation." In addition, Dr. Juul-Möller commented that "Taken together with the independent data published earlier this year suggesting that challenging post-surgical patients also received a benefit from vernakalant, this new data within resistant patients suggests that physicians who are using vernakalant in their clinical practice show continued high interest to explore its use by expanding scientific evidence."

About the Study[1]

Between November 2011 and May 2014, 63 patients (66.7% males) who had initially failed to attain SR with transthoracic ECV, or who failed to remain in SR after briefly converting, were infused with either

vernakalant or amiodarone prior to another attempt to electrically cardiovert the patient. The primary end-point was acute successful ECV into sinus rhythm after drug facilitated ECV.

Sixty-seven percent (66.7%) of patients provided vernakalant successfully converted with pharmacologically facilitated ECV compared to 46.7% of amiodarone treated patients. IRAF recurrence was observed in 24.2% of the vernakalant treated patients compared to 36.7% of patients treated with amiodarone (P=0.283). FECV occurred in 9.1% of vernakalant-treated patients compared with 16.7% of amiodarone-treated patients (P = 0.271). Additional results and analyses are available within the study. There were no major adverse events. Three patients (9.1%) in the vernakalant group described transient tingling paraesthesia in their upper body versus 0% in the amiodarone group. QT prolongation over 500ms or QRS widening >50% was not observed in either group. There were no incidences of atrial flutter.

The authors concluded that vernakalant may be considered as a useful agent for facilitated ECV in cardioversion resistant AF.

References:

1. Müssigbrodt A., *et al.* Vernakalant-facilitated electrical cardioversion: comparison of intravenous vernakalant and amiodarone for drug-enhanced electrical cardioversion of atrial fibrillation after failed electrical cardioversion. *Europace*. doi:10.1093/europace/euv194. First published online: June 8, 2015.

About Cardiome Pharma Corp.

Cardiome Pharma Corp. is a specialty pharmaceutical company dedicated to the development and commercialization of cardiovascular therapies that will improve the quality of life and health of patients suffering from heart disease. Cardiome has two marketed, in-hospital, cardiology products, BRINAVESS™ (vernakalant IV), approved in Europe and other territories for the rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults, and AGGRASTAT® (tirofiban HCl) a reversible GP IIb/IIIa inhibitor indicated for use in patients with acute coronary syndrome. Cardiome also commercializes Esmocard® and Esmocard Lyo® (esmolol hydrochloride), a short-acting beta-blocker used to control rapid heart rate in a number of cardiovascular indications, on behalf of their partner AOP Orphan Pharma in select European markets.

Cardiome is traded on the NASDAQ Capital Market (CRME) and the Toronto Stock Exchange (COM). For more information, please visit our web site at www.cardiome.com.

Forward-Looking Statement Disclaimer

Certain statements in this news release contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 or forward-looking information under applicable Canadian securities legislation that may not be based on historical fact, including without limitation statements containing the words "believe", "may", "plan", "will", "estimate", "continue", "anticipate", "intend", "expect" and similar expressions. Forward- looking statements may involve, but are not limited to, comments with respect to our objectives and priorities for the remainder of 2015 and beyond, our strategies or future actions, our targets, expectations for our financial condition and the results of, or outlook for, our operations, research and development and product and drug development. Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the actual results, events or developments to be materially different from any future results, events or developments expressed or implied by such forward-looking statements. Many such known risks, uncertainties and other factors are taken into account as part of our assumptions underlying these forward-looking statements and include, among others, the following: general economic and business conditions in the United States, Canada, Europe, and the other regions in which we operate; market demand; technological changes that could impact our existing products or our ability to develop and commercialize future products; competition; existing governmental legislation and regulations and changes in, or the failure to comply with, governmental legislation and regulations; availability of financial reimbursement coverage from governmental and third-party payers for products and related treatments; adverse results or unexpected delays in pre-clinical and clinical product development processes; adverse findings related to the safety and/or efficacy of our products or products; decisions, and the timing of decisions, made by health regulatory agencies regarding approval of our technology and products; the requirement for substantial funding to expand commercialization activities; and any other factors that may affect our performance. In addition, our business is subject to certain operating risks that may cause any results expressed or implied by the forward-looking statements in this presentation to differ materially from our actual results. These operating risks include: our ability to attract and retain qualified personnel; our ability to successfully complete pre-clinical and clinical development of our products; changes in our business strategy or development plans; intellectual property matters, including the unenforceability or loss of patent protection resulting from third-party challenges to our

patents; market acceptance of our technology and products; our ability to successfully manufacture, market and sell our products; the availability of capital to finance our activities; and any other factors described in detail in our filings with the Securities and Exchange Commission available at www.sec.gov and the Canadian securities regulatory authorities at www.sedar.com. Given these risks, uncertainties and factors, you are cautioned not to place undue reliance on such forward-looking statements and information, which are qualified in their entirety by this cautionary statement. All forward-looking statements and information made herein are based on our current expectations and we undertake no obligation to revise or update such forward-looking statements and information to reflect subsequent events or circumstances, except as required by law.

For Further Information:

David Dean
Cardiome Investor Relations
(604) 677-6905 ext 311 or Toll Free: 1-800-330-9928
Email: ddean@cardiome.com

###