

TECHNICAL REPORT

Microbiologic Properties of Cefixime 400mg Capsule and Cefadroxil 500mg Capsule mixed with BASSA-GEL™ against selected pathogens was assessed and the results are conveyed here.

Executive Summary: One capsule each of Cefixime 400mg and Cefadroxil 500mg (Collectively Referenced as “DRUG”) mixed with BASSA-GEL™ was tested against the identified pathogens and the results of these tests are reported as follows. Should there be only a “blue-line” reported that means the DRUG was so effective against the pathogen that the detection limit was below the assay of the experiment. BASSA-GEL™ is an over-the-counter cosmetic water-washable gel commonly used for skin hydration. Usage of BASSA-GEL™, a cosmetic moisturizer product, in conjunction with an actual DRUG can be useful as the water-washable gel can be washed off solely utilizing water without any physical debriding activity generally being required (while also keeping a DRUG in contact with the targeted area).

Methods overview: Methods for this laboratory study were adapted from Bearden *et al* and from FDA Docket No. FDA-1975-N-0012.^{1,2} All experiments were performed using the commercially available formulations. Reductions in bacterial counts between agents were determined.

Methods and Results:

Bacterial strains: Pathogens selected are defined in ATCC or CDC AR strains (Table 1, page 2).

Antimicrobial agents: Cefixime 400mg (NDC 67877-0584-50) and Cefadroxil 500mg (NDC 68190-0180-01) mixed with BASSA-GEL™

Experiment: Pre-sterilized discs were saturated with $1 \times 10^{7-8}$ CFU/mL of bacterial culture, allowed to incubate for 24 hours to mimic ex vivo wound infection, exposed to the gel/drug solution or positive control (phosphate buffer saline, PBS), and then incubated aerobically at 37°C for 24 hours. After this time, disks were washed, diluted, and then cultured onto blood agar plates for colony forming unit (CFU/mL) counts using serial dilution spread plate technique. The results are reported below (mean log CFU/mL ± standard error). As stated above in the executive summary, should there be only a “blue-line” reported that means the DRUG was so effective against the pathogen that the detection limit was below the assay of the experiment.

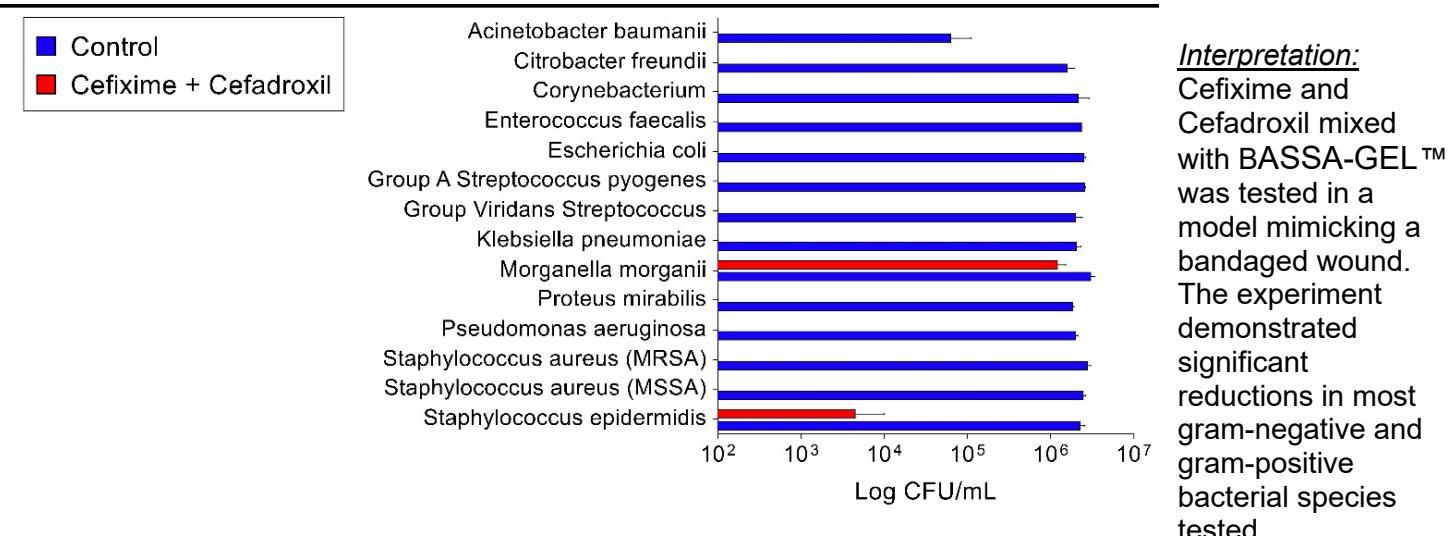


Table 1. Organisms Included in Testing

Organism	ATCC number
<i>Acinetobacter baumanii</i>	BAA747
<i>Citrobacter freundii</i>	8090
<i>Corynebacterium striatum</i>	BAA-1293
<i>Enterococcus faecalis</i>	BAA-29212
<i>Escherichia coli</i>	25922
<i>Klebsiella pneumoniae</i>	BAA-2524
<i>Streptococcus pyogenes</i>	19615
<i>Morganella morganii</i>	25830
<i>Proteus mirabilis</i>	CDC AR-29
<i>Pseudomonas aeruginosa</i>	27853
<i>Staphylococcus aureus (MSSA)</i>	29213
<i>Staphylococcus aureus (MRSA)</i>	BAA-41
<i>Staphylococcus epidermidis</i>	12228

References

1. Bearden DT, Allen GP, Christensen JM. Comparative in vitro activities of topical wound care products against community-associated methicillin-resistant *Staphylococcus aureus*. *J Antimicrob Chemother* 2008;62:769-72.
2. Huang DB, Okhuysen PC, Jiang ZD, DuPont HL. Enteropathogenic *Escherichia coli*: an emerging enteric pathogen. *Am J Gastroenterol* 2004;99:383-9.



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