IDWeek 2017 Poster #1226

Cefepime-Zidebactam (WCK 5222) Activity Tested against Gram-Negative **Organisms Causing Bloodstream Infections Worldwide** HS SADER, M CASTANHEIRA, JM STREIT, LR DUNCAN, RK FLAMM JMI Laboratories, North Liberty, Iowa, USA

Abstract

Background: Zidebactam (ZID), a bicyclo-acyl hydrazide, is a β -lactam enhancer with a dual mechanism of action involving selective and high binding affinity to gramnegative (GN) PBP2 and β -lactamase inhibition. We evaluated the *in vitro* activity of cefepime (FEP) combined with ZID against GN organisms causing bloodstream infections (BSI) in hospitals worldwide.

Methods: A total of 2,094 isolates from 105 medical centers were evaluated. Isolates were collected from Europe (1,050), the US (331), Latin America (LA; 200), and the Asia-Pacific region (AP; 393) in 2015, and China (120) in 2013 by the SENTRY Program. Susceptibility (S) testing was performed by reference broth microdilution method against FEP-ZID (1:1 ratio) and comparators. The collection included 1,809 Enterobacteriaceae (ENT), 170 P. aeruginosa (PSA), and 115 Acinetobacter spp. (ASP).

Results: FEP-ZID was very active against ENT (MIC_{50/90} of $\leq 0.03/0.12 \,\mu g/mL$) with 99.9 and 100.0% of isolates inhibited at $\leq 4/4$ and $\leq 8/8 \mu g/mL$, respectively, and retained potent activity against carbapenem-resistant (CRE; n=44; MIC_{50/90}, 1/4 µg/mL), multidrug-resistant (MDR), and extensively drug-resistant (XDR) isolates (Table). Amikacin (AMK; MIC_{50/90}, 2/4 µg/mL; 97.7% S) was also very active against ENT, and collistin (COL; MIC_{50/00}, 0.12/>8 μ g/mL) inhibited only 87.3% of isolates at ≤2 µg/mL. FEP-ZID was highly active against PSA, including isolates resistant to other antipseudomonal β -lactams, MDR (MIC_{50/90}, 4/8 µg/mL), and XDR (MIC_{50/90}, 4/8 µg/mL) isolates. Among the comparators, COL (MIC_{50/90} of $\leq 0.5/1 \mu g/mL$; 100.0% S) and AMK (MIC_{50/90}, 4/16 µg/mL; 91.2% S) were the most active agents against PSA. FEP-ZID (MIC_{50/90}, 16/32 μ g/mL) was 4-fold more active than FEP against ASP.

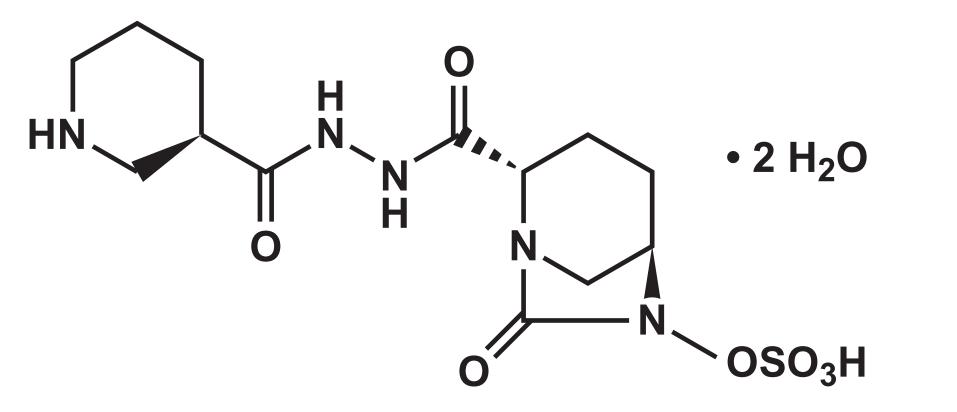
Conclusions: FEP-ZID (WCK 5222) exhibited potent *in vitro* activity against a large worldwide collection of GN isolates from BSI, including MDR and XDR isolates. These results support further clinical development of WCK 5222 for treating BSI.

| | MIC _{50/90} (% at ≤8 µg/mL) | MIC _{50/90} in μg/mL (%S) | | | | | |
|---|--------------------------------------|------------------------------------|----------------|----------------|------------------|--|--|
| Organism | FEP-ZID | FEP | CAZ | P/T | MEM | | |
| ENT (1,809) | ≤0.03/0.12 (100.0) | 0.06/32 (82.4) | 0.25/32 (81.1) | 2/32 (89.0) | 0.03/0.06 (97.3) | | |
| MDR (216) | 0.12/1 (100.0) | 32/>64 (17.6) | >32/>32 (19.0) | 32/>64 (39.8) | 0.06/>32 (77.8) | | |
| XDR (37) | 1/4 (100.0) | >64/>64 (5.4) | >32/>32 (0.0) | >64/>64 (0.0) | 32/>32 (5.4) | | |
| PSA (170) | 2/4 (98.8) | 4/32 (80.6) | 2/32 (78.2) | 4/64 (79.4) | 1/16 (69.4) | | |
| CAZ-NS (37) | 4/8 (94.6) | 16/>64 (18.9) | 32/>32 (0.0) | 64/>64 (16.2) | 16/>32 (18.9) | | |
| P/T-NS (35) | 4/8 (94.3) | 16/>64 (25.7) | 32/>32 (11.4) | 64/>64 (0.0) | 16/>32 (20.0) | | |
| MEM-NS (52) | 4/8 (96.2) | 8/>64 (50.0) | 16/>32 (42.3) | 32/>64 (46.2) | 16/>32 (0.0) | | |
| ASP (115) | 16/32 (49.6) | 64/>64 (34.8) | >32/>32 (33.0) | >64/>64 (33.3) | 32/>32 (42.6) | | |
| CAZ, ceftazidime; P/T, piperacillin/tazobactam; MEM, meropenem; NS, non susceptible | | | | | | | |

Introduction

- Zidebactam, a bicyclo-acyl hydrazide ($C_{13}H_{21}N_5O_7S$ [Figure 1]), is a non- β -lactam agent with a dual mechanism of action involving selective and high-affinity gram-negative penicillin-binding protein 2 (PBP2) binding and β-lactamase inhibition
- Due to PBP2 binding, zidebactam demonstrates antibacterial activity against various Enterobacteriaceae and Pseudomonas aeruginosa isolates
- Cefepime is a parenteral fourth-generation oxyimino-cephalosporin with broad-spectrum activity against aerobic gram-positive and gram-negative bacteria, including *P. aeruginosa*, that was initially approved by the United States Food and Drug Administration (US FDA) in 1997

Figure 1 Chemical structure of zidebactam



- bloodstream infections

Materials and Methods

Organism collection

- Acinetobacter spp. isolates
- China (120 isolates from 10 medical centers)

Susceptibility testing

- aeruginosa ATCC 27853

to amikacin; data not shown)

 Clinical indications currently approved by the US FDA for treatment with cefepime include moderate to severe pneumonia, complicated and uncomplicated urinary tract infections, complicated intra-abdominal infections, and uncomplicated skin and skin structure infections, as well as empiric therapy for febrile neutropenic patients

• Zidebactam combined with cefepime (WCK 5222) displays potent activity against several multidrug-resistant (MDR) pathogens, including P. aeruginosa and Acinetobacter baumannii

• It has been demonstrated that zidebactam driven "enhancer" action leads to rapid cidality due to binding to multiple PBPs

WCK 5222 is under clinical development for treating gram-negative infections (NCT02707107 and NCT02674347; www.clinicaltrials.gov)

• We evaluated the *in vitro* activity of cefepime combined with zidebactam against a large worldwide collection of gram-negative organisms isolated from patients hospitalized with

• 2,094 isolates were collected as part of a global surveillance program, mostly in 2015 (except those from China collected in 2013)

• The organism collection included 1,809 Enterobacteriaceae, 170 P. aeruginosa, and 115

 Isolates were consecutively collected from 105 medical institutions worldwide, including the United States (US; 331 isolates from 36 medical centers), Europe (1,050 isolates from 37 medical centers), Latin America (200 isolates from 8 medical centers), the Asia-Pacific (APAC) region (excluding China, 393 isolates from 14 medical centers), and

• Each participating center was requested to collect consecutive bacterial isolates from bloodstream infections (1/patient) determined to be clinically significant by local criteria

 MIC values were determined using Clinical and Laboratory Standards Institute (CLSI) broth microdilution methodology as described in CLSI document M07-A10 (2015)

The combination of cefepime-zidebactam (WCK 5222; tested at ratio concentrations of 1:1), both compounds alone, and various comparator agents were tested in 96-well frozen-form panels produced by JMI Laboratories (North Liberty, Iowa, USA)

 Cefepime breakpoint for high dose (2g q8hs; CLSI), ie, ≤8 µg/mL, was applied for cefepime-zidebactam for comparison purposes only. However, a pharmacokinetic/ pharmacodynamic (PK/PD) susceptible breakpoint of ≤64 µg/mL has been proposed based on the results of phase 1 studies where 2g of cefepime plus 1g of zidebactam q8 hours provided >99% PK/PD target attainment for *Enterobacteriaceae*, *P. aeruginosa*, and *A. baumannii* isolates with cefepime-zidebactam MICs up to 64 µg/mL (Wockhardt data on file)

 Tested QC strains included Escherichia coli ATCC 25922, ATCC 35218, and NCTC 13353; Klebsiella pneumoniae ATCC 700603 and ATCC BAA 1705; and Pseudomonas

Results

 Cefepime-zidebactam was the most active combination tested against Enterobacteriaceae with MIC_{50/90} results of ≤0.03/0.12 µg/mL and 100.0% inhibited at <8/8 µg/mL (Tables 1–3 and Figure 2)

 Amikacin (MIC_{50/90}, 2/4 μg/mL; 97.7% susceptible), doripenem (MIC_{50/90}, ≤0.06/ 0.12 μg/mL; 97.4% susceptible), meropenem (MIC_{50/90}, 0.03/0.06 μg/mL; 97.3% susceptible), and imipenem (MIC_{50/90}, ≤0.12/0.5 µg/mL; 94.5% susceptible) were also very active against *Enterobacteriaceae* (Table 3), but these compounds exhibited limited activity against carbapenem-resistant Enterobacteriaceae (CRE; only 54.5% susceptible

- Cefepime-zidebactam was active against individual *Enterobacteriaceae* species (MIC₅₀, and ceftazidime-nonsusceptible *Enterobacter* spp. (MIC_{50/90}, 0.12/0.5 µg/mL; Table 1)
- Cefepime-zidebactam was very active against P. aeruginosa with MIC_{50/90} results of 2/4 μ g/mL and 98.8% of isolates inhibited at \leq 8/8 μ g/mL; highest MIC, 16/16 μ g/mL (Tables 1–3 and Figure 2)
- Among the comparators, colistin (MIC_{50/00} of $\leq 0.5/1 \mu g/mL$; 100.0% susceptible) and amikacin (MIC_{50/90}, 4/16 µg/mL; 91.2% susceptible) were the most active compounds against *P. aeruginosa* (Table 3)
- and retained potent activity against multidrug-resistant isolates (MDR; MIC_{50/90}, MIC_{50/90}, 4/8 μ g/mL; 93.3% inhibited at ≤8/8 μ g/mL; Table 1)

Table 1 Summary of cefepime-zidebactam 1:1 activity against isolates collected from patients hospitalized with bloodstream infections

| Organiama | Ne | | % inhibited | | |
|--|-------|---------------|-------------|------|----------------|
| Organisms | No. | Range | 50% | 90% | at ≤8/8 µg/mL⁴ |
| Enterobacteriaceae | 1,809 | ≤0.03 to 8 | ≤0.03 | 0.12 | 100.0% |
| CRE | 44 | 0.06 to 8 | 1 | 4 | 100.0% |
| Escherichia coli | 951 | ≤0.03 to 0.5 | ≤0.03 | 0.12 | 100.0% |
| ESBL-phenotype Escherichia coli | 200 | ≤0.03 to 0.5 | 0.12 | 0.12 | 100.0% |
| Klebsiella pneumoniae | 408 | ≤0.03 to 8 | ≤0.03 | 0.5 | 100.0% |
| ESBL-phenotype | 127 | ≤0.03 to 8 | 0.25 | 2 | 100.0% |
| Meropenem-nonsusceptible (MIC, ≥2 µg/mL) | 39 | 0.12 to 8 | 1 | 4 | 100.0% |
| Colistin-nonsusceptible (MIC, ≥4 µg/mL) | 13 | 0.25 to 8 | 2 | 4 | 100.0% |
| Klebsiella oxytoca | 63 | ≤0.03 to 0.25 | ≤0.03 | 0.12 | 100.0% |
| Proteus mirabilis | 82 | ≤0.03 to 0.25 | 0.06 | 0.12 | 100.0% |
| Enterobacter spp. | 162 | ≤0.03 to 2 | 0.06 | 0.25 | 100.0% |
| Ceftazidime-nonsusceptible (MIC, ≥8 µg/mL) | 55 | ≤0.03 to 2 | 0.12 | 0.5 | 100.0% |
| Enterobacter cloacae | 136 | ≤0.03 to 0.5 | 0.06 | 0.25 | 100.0% |
| Morganella morganii | 24 | ≤0.03 to 0.25 | ≤0.03 | 0.12 | 100.0% |
| Citrobacter spp. | 40 | ≤0.03 to 0.5 | ≤0.03 | 0.06 | 100.0% |
| Serratia marcescens | 51 | ≤0.03 to 1 | 0.06 | 0.25 | 100.0% |
| Proteus vulgaris | 3 | 0.06 to 0.12 | 0.12 | | 100.0% |
| Providencia spp. | 9 | ≤0.03 to 0.12 | ≤0.03 | | 100.0% |
| Pseudomonas aeruginosa | 170 | 0.5 to 16 | 2 | 4 | 98.8% |
| Ceftazidime-nonsusceptible (MIC, ≥16 µg/mL) | 37 | 2 to 16 | 4 | 8 | 94.6% |
| Meropenem-nonsusceptible (MIC, ≥4 µg/mL) | 52 | 0.5 to 16 | 4 | 8 | 96.2% |
| Piperacillin-nonsusceptible (MIC, ≥16 µg/mL) | 35 | 2 to 16 | 4 | 8 | 94.3% |
| MDR | 45 | 0.5 to 16 | 4 | 8 | 95.6% |
| XDR | 30 | 2 to 16 | 4 | 8 | 93.3% |
| Acinetobacter spp. | 115 | 0.5 to 64 | 16 | 32 | 49.6% |

medical centers

| Organiama / organiam grauna | | | | | Ν | lo. of isolates | at MIC (µg/mL | ; cumulative ^o | %) | | | | |
|-------------------------------|---------|---------|---------|---------|---------|-----------------|---------------|---------------------------|----------|----------|---------|----------|----------|
| Organisms / organism groups | 0.03 | 0.06 | 0.12 | 0.25 | 0.5 | 1 | 2 | 4 | 8 | 16 | 32 | 64 | >64 |
| Enterobacteriaceae (1,809) | | | | | | | | | | | | | |
| Cefepime-zidebactam 1:1 | 1,052 | 373 | 242 | 79 | 29 | 14 | 14 | 4 | 2 | | | | |
| (1,809) | (58.2%) | (78.8%) | (92.2%) | (96.5%) | (98.1%) | (98.9%) | (99.7%) | (99.9%) | (100.0%) | | | | |
| Cefepime (1,809) | 812 | 370 | 148 | 63 | 30 | 34 | 34 | 42 | 34 | 49 | 41 | 54 | 98 |
| | (44.9%) | (65.3%) | (73.5%) | (77.0%) | (78.7%) | (80.5%) | (82.4%) | (84.7%) | (86.6%) | (89.3%) | (91.6%) | (94.6%) | (100.0%) |
| Zidebactam (1,799) | 2 | 409 | 760 | 159 | 57 | 20 | | 11 | 10 | 11 | 16 | 31 | 302 |
| | (0.1%) | (22.8%) | (65.1%) | (73.9%) | (77.1%) | (78.2%) | (78.8%) | (79.4%) | (80.0%) | (80.6%) | (81.5%) | (83.2%) | (100.0%) |
| CRE (44) | [| | | | | | | | | | | 1 | |
| Cefepime-zidebactam 1:1 (44) | | | 5 | 9 | 6 | 8 | 9 | 4 | 2 | | | | |
| | | (2.3%) | (13.6%) | (34.1%) | (47.7%) | (65.9%) | (86.4%) | (95.5%) | (100.0%) | | | | |
| Cefepime (44) | | 1 | 0 | 0 | | 0 | | 2 | | 2 | 5 | 5 | 26 |
| | | (2.3%) | (2.3%) | (2.3%) | (4.5%) | (4.5%) | (6.8%) | (11.4%) | (13.6%) | (18.2%) | (29.5%) | (40.9%) | (100.0%) |
| Zidebactam (44) | | | 4 | 6 | 3 | 4 | 6 | 2 | 0 | | 2 | | 15 |
| | | | (9.1%) | (22.7%) | (29.5%) | (38.6%) | (52.3%) | (56.8%) | (56.8%) | (59.1%) | (63.6%) | (65.9%) | (100.0%) |
| Pseudomonas aeruginosa (170) | | | 1 | | 00 | 0.1 | 4 5 | 00 | | 2 | 1 | 1 | |
| Cefepime-zidebactam 1:1 (170) | | | | | 22 | 61 | 45 | 29 | | | | | |
| | | | | | (12.9%) | (48.8%) | (75.3%) | (92.4%) | (98.8%) | (100.0%) | | | |
| Cefepime (170) | | | | | 2 | 33 | 49 | 25 | 28 | | 6 | 4 | 8 |
| | | | | | (1.2%) | (20.6%) | (49.4%) | (64.1%) | (80.6%) | (89.4%) | (92.9%) | (95.3%) | (100.0%) |
| Zidebactam (170) | | | | | 2 | 15 | 58 | 65 | 23 | 3 | | | 2 |
| | | | | | (1.2%) | (10.0%) | (44.1%) | (82.4%) | (95.9%) | (97.6%) | (98.2%) | (98.8%) | (100.0%) |
| Acinetobacter spp. (115) | | | | | 0 | | 4.4 | 40 | 40 | 04 | 05 | 0 | |
| Cefepime-zidebactam 1:1 (115) | | | | | 3 | 5 | 14 | 16 | 19 | 31 | 25 | | |
| | | | | | (2.6%) | (7.0%) | (19.1%) | (33.0%) | (49.6%) | (76.5%) | (98.3%) | (100.0%) | 0.1 |
| Cefepime (115) | | | | | | 5 | 16 | 8 | 9 | 11 | 6 | 24 | 34 |
| | | | | | (1.7%) | (6.1%) | (20.0%) | (27.0%) | (34.8%) | (44.3%) | (49.6%) | (70.4%) | (100.0%) |
| Zidebactam (115) | | | | | | | | | | | | | 115 |
| | | | | | | | | | | | | | (100.0%) |

 ≤ 0.03 to 0.12 µg/mL and MIC₉₀, 0.12 to 0.5 µg/mL) and retained potent activity against CRE (n=44; MIC_{50/90}, 1/4 μ g/mL), colistin-nonsusceptible *K. pneumoniae* (MIC_{50/90}, 2/4 μ g/mL),

 Cefepime-zidebactam exhibited consistent activity against P. aeruginosa from all regions (from 96.0% [US] to 100.0% [Latin America, APAC, and China] inhibited at ≤8/8 µg/mL) 4/8 μ g/mL; 95.6% inhibited at ≤8/8 μ g/mL) and extensively drug-resistant isolates (XDR;

 Cefepime-zidebactam (MIC_{50/90}, 16/32 μg/mL) was 4-fold more active than cefepime against Acinetobacter spp., and the most active compounds tested against *Acinetobacter* spp. were colistin (MIC_{50/90}, ≤0.5/1 μg/mL; 95.7%S) and amikacin (MIC_{50/90}, 32/>32 µg/mL; 47.8%S; Table 3)

Conclusions

- Cefepime-zidebactam (WCK 5222) was very active against this worldwide collection of gram-negative bacteria from hospitalized patients with bloodstream infection, including MDR isolates
- Importantly, cefepime-zidebactam showed potent activity against CRE, colistin-nonsusceptible K. pneumoniae, and meropenem-nonsusceptible P. aeruginosa
- Cefepime-zidebactam MIC_{an} value for Acinetobacter spp. (32 µg/mL) was 2-fold lower than the proposed PK/PD-based susceptible breakpoint of $\leq 64 \, \mu g/mL$

Figure 2 Cefepime-zidebactam MIC distributions for *Enterobacteriaceae* (n=1,809) and *P. aeruginosa* (n=170) from patients hospitalized worldwide with bloodstream infections

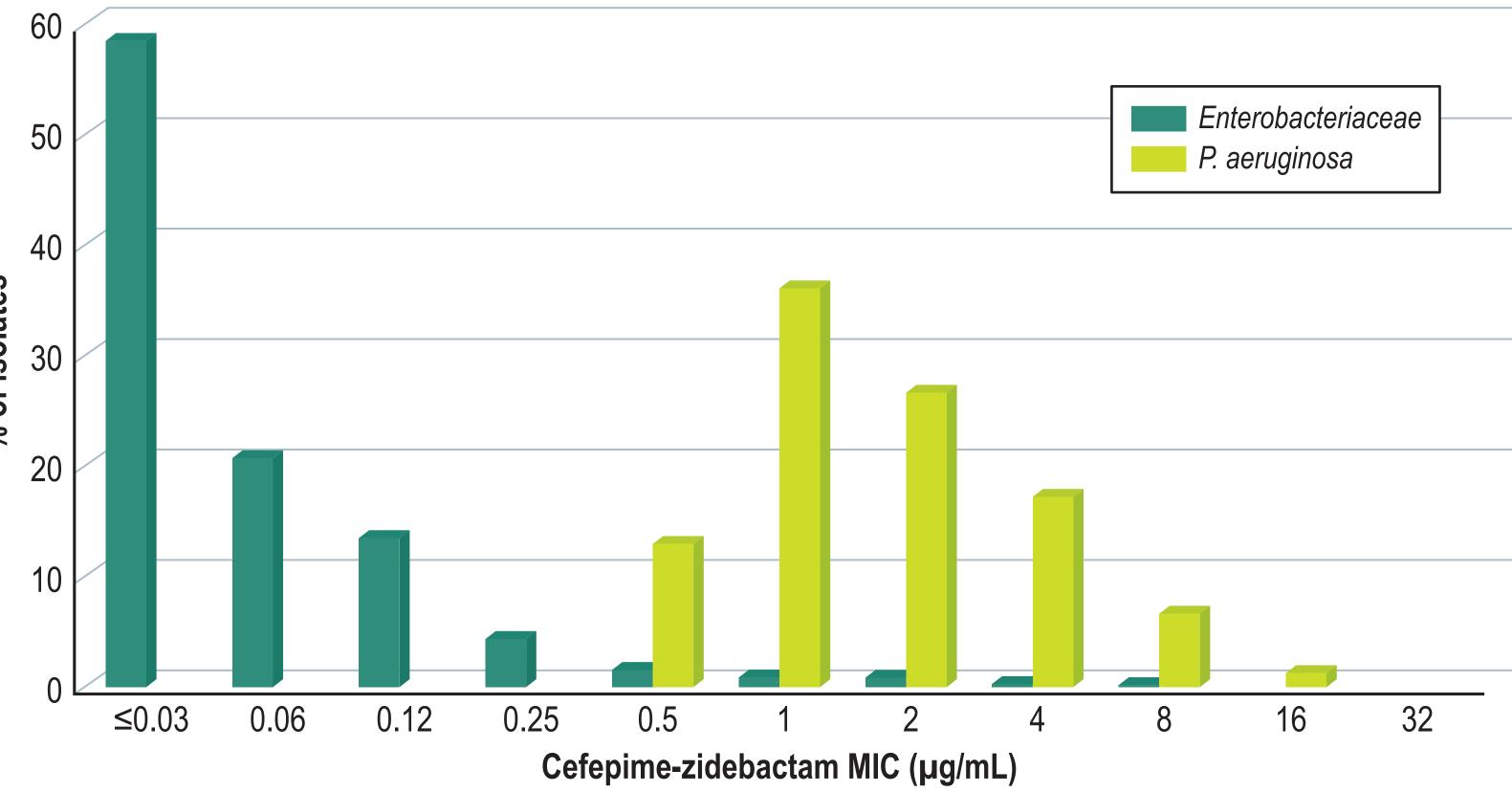


Table 2 Antimicrobial activity of cefepime-zidebactam 1:1, cefepime, and zidebactam tested against the organisms isolated from patients with bloodstream infections in US

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| MIC ₅₀ | MIC ₉₀ |
|-------------------|-------------------|
| ≤0.03 | 0.12 |
| 0.06 | 32 |
| 0.12 | >64 |
| | |
| 1 | 4 |
| >64 | >64 |
| 2 | >64 |
| | - |
| 2 | 4 |
| 4 | 32 |
| 4 | 8 |
| | |
| 16 | 32 |
| 64 | >64 |
| >64 | >64 |

| Organism (no. of isolates)/ | | | CLSI ^a | | | |
|------------------------------|-------------------|-------------------|-------------------|-------------------|--|--|
| antimicrobial agent | MIC ₅₀ | MIC ₉₀ | %S | %R | | |
| Enterobacteriaceae (1,809) | | | | | | |
| Cefepime-zidebactam 1:1 | ≤0.03 | 0.12 | | | | |
| Cefepime | 0.06 | 32 | 82.4 | 13.4 ^b | | |
| Ceftazidime | 0.25 | 32 | 81.1 | 17.4 | | |
| Ceftriaxone | ≤0.06 | >8 | 76.2 | 23.3 | | |
| Piperacillin-tazobactam | 2 | 32 | 89.0 | 5.8 | | |
| Imipenem | ≤0.12 | 0.5 | 94.5 | 2.8 | | |
| Meropenem | 0.03 | 0.06 | 97.3 | 2.3 | | |
| Doripenem | ≤0.06 | 0.12 | 97.4 | 2.2 | | |
| Levofloxacin | ≤0.12 | >4 | 77.2 | 20.7 | | |
| Gentamicin | ≤1 | >8 | 85.5 | 13.6 | | |
| Amikacin | 2 | 4 | 97.7 | 1.6 | | |
| Colistin | 0.12 | >8 | | | | |
| Pseudomonas aeruginosa (170) | | | | | | |
| Cefepime-zidebactam 1:1 | 2 | 4 | | _ | | |
| Cefepime | 4 | 32 | 80.6 | 10.6 | | |
| Ceftazidime | 2 | 32 | 78.2 | 14.7 | | |
| Piperacillin-tazobactam | 4 | 64 | 79.4 | 5.9 | | |
| Imipenem | 1 | >8 | 68.2 | 28.2 | | |
| Meropenem | 1 | 16 | 69.4 | 24.7 | | |
| Levofloxacin | 0.5 | >4 | 70.0 | 23.5 | | |
| Gentamicin | 2 | >8 | 82.9 | 14.7 | | |
| Amikacin | 4 | 16 | 91.2 | 7.1 | | |
| Colistin | ≤0.5 | 1 | 100.0 | 0.0 | | |
| Acinetobacter spp. (115) | | | | | | |
| Cefepime-zidebactam 1:1 | 16 | 32 | | | | |
| Cefepime | 64 | >64 | 34.8 | 55.7 | | |
| Ceftazidime | >32 | >32 | 33.0 | 62.6 | | |
| Ampicillin-sulbactam | 32 | >32 | 38.3 | 50.4 | | |
| Piperacillin-tazobactam | >64 | >64 | 33.3 | 63.2 | | |
| Imipenem | >8 | >8 | 46.1 | 53.9 | | |
| Meropenem | 32 | >32 | 42.6 | 56.5 | | |
| Levofloxacin | >4 | >4 | 36.5 | 53.9 | | |
| Gentamicin | >8 | >8 | 41.7 | 55.7 | | |
| Amikacin | 32 | >32 | 47.8 | 47.8 | | |
| Colistin | ≤0.5 | 1 | 95.7 | 4.3 | | |

Criteria as published by CLSI M100-S27 document [201]

Acknowledgments

This study was supported by Wockhardt Bio AG.

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