Fetroja – Comparison to Sulbactam-Durlobactam

This medical response contains information in addition to that provided in the Fetroja® (cefiderocol) for injection, for intravenous use Full Prescribing Information approved by the U.S. Food and Drug Administration (FDA). Shionogi does not recommend the use of Fetroja in any manner other than as described in the Full Prescribing Information. **Please read the attached Fetroja Full Prescribing Information.**

1. SUMMARY

- There are no clinical studies directly comparing cefiderocol to sulbactam-durlobactam
- **Shortridge D et al (2023)** evaluated the *in vitro* susceptibility of cefiderocol against 2 combination agents, including sulbactam-durlobactam, against 159 carbapenem-resistant (CR) *Acinetobacter baumannii-calcoaceticus* complex isolates[1]
    - Cefiderocol susceptibility for CR *Acinetobacter baumannii-calcoaceticus* complex isolates was 96.9% and 90.6% according to Clinical and Laboratory Standards Institute (CLSI) and FDA, respectively. The minimum concentration that inhibits 50% (MIC_{50}) and 90% (MIC_{90}) of isolates was 0.25 and 1 mg/L, respectively
    - At a minimum inhibitory concentration (MIC) ≤4 mg/L, sulbactam-durlobactam inhibited 95.6% of isolates. The MIC_{50} and MIC_{90} was 2 and 4 mg/L, respectively
- **Huband et al (2023)** assessed the *in vitro* activity of sulbactam-durlobactam alone and in combination with several antibiotics, including cefiderocol, against 66 *Acinetobacter baumannii-calcoaceticus* complex isolates[2]
    - Sulbactam-durlobactam alone and cefiderocol-sulbactam-durlobactam combination inhibited 98.5% of isolates at MIC ≤4 mg/L
        - Cefiderocol alone inhibited 37.9% of isolates at MIC ≤4 mg/L
    - $MIC_{50/90}$ of sulbactam-durlobactam alone was 2 and 4 mg/L, respectively. For cefiderocol-sulbactam-durlobactam combination, $MIC_{50/90}$ was 0.5 and 1 mg/L, respectively
        - Cefiderocol alone had an MIC_{50} and MIC_{90} of 32 and >32 mg/L, respectively

2. CLINICAL STUDIES

- There are no clinical studies directly comparing cefiderocol to sulbactam-durlobactam

3. PRESCRIBING INFORMATION

Table 1. Indications and Activity for Cefiderocol and Sulbactam-Durlobactam[3,4]

	Cefiderocol		Sulbactam-durlobactam
FDA Approved Indication(s)	• cUTIs, including pyelonephritis • HABP/VABP		• Treatment of HABP/VABP
Indicated Pathogens	cUTI	• *Escherichia coli* • *Enterobacter cloacae* complex • *Klebsiella pneumoniae* • *Proteus mirabilis* • *Pseudomonas aeruginosa*	• *Acinetobacter baumannii-calcoaceticus* complex
	HABP/VABP	• *Acinetobacter baumannii* complex • *E. coli* • *E. cloacae* complex • *K. pneumoniae* • *P. aeruginosa* • *Serratia marcescens*	

Microbiology	*In vitro* activity against:
	• Enterobacterales containing:
	  ○ ESBLs (TEM, SHV, CTX-M, OXA)
	  ○ AmpC
	  ○ AmpC-type ESBL (CMY)
	  ○ Serine-carbapenemases (such as KPC, OXA-48)
	  ○ Metallo-carbapenemases (such as NDM and VIM)
	  ○ *K. pneumoniae* in the presence of porin channel deletions (OmpK35/36)
	• *P. aeruginosa* containing:
	  ○ VIM, IMP, GES, AmpC
	  ○ Porin channel deletions (OprD)
	  ○ Efflux pump up-regulation (MexAB-OprM, MexCD-OprJ, MexEF-OprN, and MexXY)
	• *A. baumannii* containing:
	  ○ OXA-23, OXA-24/40, OXA-51, OXA-58, and AmpC
	• *S. maltophilia* containing:
	  ○ Metallocarbapenemase (L1)
	  ○ Serine beta-lactamases (L2)
			In vitro activity against ABC isolates expressing serine beta-lactamases, including:
			• Ambler Class A (CTX-M-, TEM-, PER- and SHV-type ESBLs, KPC carbapenemase)
			• Class C (ADC-type)
			• Class D (OXA-type) enzymes

Abbreviations: ADC, Acinetobacter derived cephalosporinase; CMY, cephamycins; CTX-M, cefotaxime, first isolated at Munich.3; cUTI, complicated urinary tract infections; ESBL, extended-spectrum beta-lactamase; GES, Guiana-extended spectrum; HABP, hospital-acquired bacterial pneumonia; IMP, imipenem; KPC, *K. pneumoniae* carbapenemase; NDM, New Delhi metallo-β-lactamase; OXA, oxacillinase; PER, *Pseudomonas* extended resistant; SHV, sulfhydryl reagent variable; TEM, Temoneira; VABP, ventilator-associated bacteria pneumonia; VIM, Verona integron-encoded metallo-beta-lactamase.

4. CLINICAL DATA

Clinical Trial Data Comparison

Table 2. APEKS-NP, CREDIBLE-CR, and ATTACK Trial Comparisons[5-7]

	APEKS-NP[5]	CREDIBLE-CR[6]	ATTACK (Part A)[7]	ATTACK (Part B)[7]
Study Design	Randomized, multicenter, double-blind, parallel-group, non-inferiority, Phase 3 study	Randomized, multicenter, open-label, parallel-group, pathogen-focused, descriptive, Phase 3 study	Randomized, multicenter, parallel-group, pathogen-focused, non-inferiority, assessor-blind, Phase 3 study	Open-label, observational study
Inclusion Criteria	• HABP, VABP, or HCABP	• Evidence of CR Gram-negative infection[a] • Diagnosis of HABP, VABP, HCABP, BSI, sepsis, or cUTI	• *Acinetobacter baumannii-calcoaceticus* infections and confirmed diagnosis of HABP, VABP, ventilated pneumonia, or BSI	• *Acinetobacter baumannii-calcoaceticus* infections and confirmed diagnosis of HABP, VABP, ventilated pneumonia, bacteriemia, cUTI/acute pyelonephritis or post-traumatic wound infections which were resistant to or had documented clinical failure with polymyxin B or colistin, or known intolerance/contraindication to colistin
Treatment Assignments	Patients were randomized 1:1 to receive cefiderocol 2 g q8h as a 3 h IV infusion or meropenem 2 g q8h for 7-14 days, which could be extended up to 21 days. All patients also received linezolid 600 mg IV q12h for at least 5 days	Patients were randomized 2:1 to receive either cefiderocol 2 g q8h as a 3 h IV infusion or IV BAT for 7-14 days, which could be extended up to 21 days	Patients were randomized 1:1 to receive sulbactam-durlobactam 1g/1g q6h as a 3 h IV infusion or colistin loading dose, followed by maintenance dose q12h, for 7-14 days. All patients received imipenem-cilastatin 1g/1g q6h as a 1 h infusion	Patients received sulbactam-durlobactam1g/1g q6h as a 3 h IV infusion All patients received imipenem-cilastatin 1g/1g q6h as a 1 h infusion

	APEKS-NP[5]	CREDIBLE-CR[6]	ATTACK (Part A)[7]	ATTACK (Part B)[7]

Primary Efficacy Outcome	• ACM at day 14	• HABP/VABP/HCABP and BSI/sepsis
		  ○ TOC
		• cUTI
		  ○ Microbiological eradication rate
			• ACM at day 28	

Percent of Patients Treated with Monotherapy vs Polymicrobial Infections	• 0% (all patients received linezolid 600 mg q12h for methicillin-resistant *Staphylococcus aureus*	• Cefiderocol group: 83% • BAT group: 29%	• 0% (All patients received concomitant therapy with imipenem-cilastatin)	

Abbreviations: ACM, All-cause mortality; BAT, best available therapy; BSI, bloodstream infection; cUTI, complicated urinary tract infections; h, hour; HABP, hospital-acquired bacterial pneumonia; HCABP, health care-associated pneumonia bacterial pneumonia; IV, intravenous; q8h, every 8 hours; q6h, every 6 hours; q12h, every 12 hours; TOC, test of cure; VABP, ventilator-associated bacteria pneumonia

Table 3. All-Cause Mortality in *Acinetobacter* Infections at Day 14, Day 28, and End of Study in APEKS-NP, CREDIBLE-CR, and ATTACK[7-9]

	APEKS-NP[8] (mITT)		CREDIBLE-CR[9] (ITT)		ATTACK (Part A)[7] (mMITT)	
	Cefiderocol (n=26)	Meropenem (n=27)	Cefiderocol (n=42)	BAT (n=17)	Sulbactam-Durlobactam (N=77)	Colistin (N=77)
Mortality						
Day 14	19%	22%	29%	18%	8%[b]	20%[b]
Day 28	32%[a]	30%	38%	18%	20%[c]	33%[c]
End of Study	36%[a]	33%	50%	18%	Not reported	Not reported

Abbreviations: ITT, intent-to-treat; mITT, modified intent-to-treat; mMITT, microbiological modified intention-to-treat.
[a]N=25 in the 14-day ACM population and at the end of study population.
[b]N=77 in the 14-day ACM population.
[c]N=76 in the 28-day ACM population.

Table 4. Clinical and Microbiological Outcomes in the *Acinetobacter* Infections at TOC in APEKS-NP, CREDIBLE-CR, and ATTACK[7-9]

	APEKS-NP[8] (mITT)		CREDIBLE-CR[9] (CR-mITT)		ATTACK (Part A)[7] (CRABC-mMITT)		ATTACK (Part B)[7] (CRABC-mMITT)
	Cefiderocol (n=18)[a]	Meropenem (n=18)[a]	Cefiderocol (n=37)	BAT (n=17)	Sulbactam-Durlobactam (n=63)	Colistin (n=62)	Sulbactam-Durlobactam (n=28)
Clinical Cure (TOC)	44%	50%	43%	53%	62%	40%	71%
Eradication (TOC)	33%	22%	27%	29%	68%[b]	42%[b]	79%[b]

Abbreviations: CR-mMITT, carbapenem-resistant microbiological modified intention-to-treat; CRABC m-MITT, carbapenem-resistant *Acinetobacter baumannii*-calcoaceticus complex microbiologically modified intent-to-treat; mITT, modified intent-to-treat; TOC, test of cure.
[a]*Acinetobacter* spp with meropenem MIC >8.
[b]Microbiological response includes eradication plus presumed eradication.

Table 5. Baseline Demographics in Overall Population in APEKS-NP, CREDIBLE-CR, and ATTACK Trials[5,7,9]

	APEKS-NP[5] (mMITT)		CREDIBLE-CR[9] (CR-mMITT)		ATTACK (Part A)[7] (CRAB-mMITT)		ATTACK (Part B)[7] (CRAB-mMITT)
	Cefiderocol (n=145)	**Meropenem (n=147)**	**Cefiderocol (n=80)**	**BAT (n=38)**	**Sulbactam-Durlobactam (n=64)**	**Colistin (n=64)**	**Sulbactam-Durlobactam (n=28)**
Age, years	65	65	63	62	62	66	59
Male	99 (68%)	101 (69%)	55 (69%)	29 (76%)	46 (72%)	49 (77%)	21 (75%)
Region							
North America	6 (4%)	6 (4%)	4 (5%)	3 (8%)	1 (2%)	0	0
Europe	99 (68%)	98 (67%)	45 (56%)	23 (61%)	31 (48%)	21 (33%)	23 (82%)
Asia Pacific[a]	40 (28%)	43 (29%)	24 (30%)	9 (24%)	23 (36%)	34 (53%)	4 (15%)
Latin/South America	0%	0%	7 (9%)	3 (8%)	9 (14%)	9 (14%)	1 (4%)
Clinical Diagnosis							
BSI	Not included	Not included	16 (20%)	8 (21%)	2 (3%)	1 (2%)	17 (61%)
HABP	59 (41%)	60 (41%)	16 (20%)	5 (13%)	24 (38%)	31 (48%)	4 (14%)
VABP	59 (41%)	64 (44%)	23 (29%)	12 (32%)	38 (59%)	30 (47%)	7 (25%)
HCABP	27 (19%)	23 (16%)	1 (1%)	2 (5%)	Not included	Not included	Not included
Ventilated Pneumonia	Not included	Not included	Not included	Not included	0	2 (3%)	0
Sepsis at Baseline	Not included	Not included	7 (9%)	6 (16%)	7 (11%)	12 (19%)	3 (11%)
APACHE II Score, mean (SD)	16 (6.1)	16.4 (6.9)	15.8 (6.4)	15.9 (6.4)	16 (5)[c]	17 (5)[c]	18 (5)[c]
SOFA Score, mean (SD)	4.7 (3)	4.9 (3.4)[b]	5.6 (4.1)	5.6 (3.9)	3 (4)[d]	4 (6)[d]	6 (20)[d]
Charleston Comorbidity Index, mean (SD)	Not included	Not included	5.6 (3)	5 (3)	5 (3)	5 (3)	3 (3)
Mechanical Ventilation	89 (61%)	86 (59%)	44 (55%)	23 (61%)	47 (73%)	50 (78%)	8 (29%)
ICU Stay	102 (70%)	97 (66%)	52 (65%)	19 (50%)	43 (67%)	45 (71%)	23 (82%)

***A. baumannii calcoaceticus* complex**							
Monomicrobial	Not reported	Not reported	Not reported	Not reported	37 (58%)	45 (70%)	23 (82%)
Polymicrobial	Not reported	Not reported	Not reported	Not reported	27 (42%)	19 (30%)	5 (18%)
Prior Antibiotics	105 (72%) (Taken 2 weeks prior to randomization)	101 (69%) (Taken 2 weeks prior to randomization)	73 (91%) (Taken 2 weeks prior to randomization)	38 (100%) (Taken 2 weeks prior to randomization)	54 (84%) (Taken within 24 h before first dose)	60 (94%) (Taken within 24 h before first dose)	24 (86%) (Taken within 24 h before first dose)
Carbapenems	11 (8%)	10 (7%)	49 (61%)	19 (50%)	21 (33%)	26 (41%)	11 (39%)
Creatinine Clearance	90 (62%) (≤80 mL/min)	86 (59%) (≤80 mL/min)	48 (61%) (≤80 mL/min)	18 (38%) (≤80 mL/min)	25 (39%) (≤90 mL/min)	26 (41%) (≤90 mL/min)	7 (25%) (≤90 mL/min)
Shock	Not included	Not included	17 (21%)	6 (16%)	Not included	Not included	Not included

Abbreviations: APACHE II, Acute Physiology and Chronic Health Evaluation II; BAT, best available therapy; BSI, bloodstream infection; CRAB-mMITT, carbapenem-resistant *Acinetobacter baumannii* complex microbiologically modified intention-to-treat; CR-mMITT, carbapenem-resistant microbiological modified intention-to-treat; HABP, hospital-acquired bacterial pneumonia; HCABP, healthcare associated bacterial pneumonia; SOFA, sequential organ failure assessment score; VABP, ventilator-associated bacterial pneumonia.

[a]For the ATTACK trial, Asia Pacific includes China. [b]Data available for 146 patients. For ventilated patients, data were available for 89 patients assigned to cefiderocol and 85 patients assigned meropenem (missing baseline value for one patient); for non-ventilated patients, data were available for 56 patients assigned to cefiderocol and 61 assigned to meropenem. [c]APACHE II scores were available for 116 of 128 patients in part A and 27 of 28 patients in part B. [d]SOFA scores were available for 19 patients in part A and 17 patients in part B.

Table 6. Baseline Demographics in *Acinetobacter* Infections in CREDIBLE-CR and ATTACK[7,9]

	CREDIBLE-CR[9] (ITT Population)		ATTACK (Part A)[7] (ITT Population)	
	Cefiderocol (N=42)	**BAT (N=17)**	**Sulbactam-Durlobactam (N=92)**	**Colistin (N=89)**
Clinical Diagnosis				
HABP/VABP/HCABP (or ventilated pneumonia)	29 (69%)	10 (59%)	89 (97%)	98 (98%)
BSI/Sepsis	12 (29%)	7 (41%)	12 (13%)	14 (16%)
cUTI	1 (2%)	0	Not included	Not included

Abbreviations: BAT, best available therapy; BSI, bloodstream infection; cUTI, complicated urinary tract infection; HABP, hospital-acquired bacterial pneumonia; HCAP, healthcare associated pneumonia; ITT, intention-to-treat; VABP, ventilator-associated bacterial pneumonia.

5. SURVEILLANCE DATA

Shortridge D et al (2023) evaluated the *in-vitro* activity of cefiderocol susceptibility against 2 combination agents, including sulbactam-durlobactam, against 159 CR *Acinetobacter baumannii-calcoaceticus* complex isolates. Isolates were collected, as part of the SENTRY Antimicrobial Surveillance Program, between 2019-2021 from 25 countries. CLSI and US FDA breakpoints (2022) were applied for cefiderocol susceptibility testing; however, at the time of this analysis, CLSI breakpoints were not available for sulbactam-durlobactam.[1]

Results

- Susceptibility of CR *Acinetobacter baumannii-calcoaceticus* complex isolates to cefiderocol was 96.9% (CLSI) and 90.6% (FDA), see **Table 7**[1]
- Cefiderocol MIC_{50} and MIC_{90} was 0.25 and 1 mg/L, respectively[1]
- Sulbactam-durlobactam inhibited 95.6% of isolates at MIC ≤4 mg/L (FDA breakpoint). The MIC_{50} and MIC_{90} was 2 and 4 mg/L, respectively. Please see **Table 8** for MIC distributions of cefiderocol and sulbactam-durlobactam for CR *Acinetobacter baumannii-calcoaceticus* complex[1]

Table 7. Susceptibilities of Cefiderocol, Sulbactam-Durlobactam, and Comparator Agents Tested against CR *Acinetobacter baumannii-calcoaceticus* Complex[1]

Antimicrobial agent	No. of isolates	MIC_{50} (mg/L)	MIC_{90} (mg/L)	%S CLSI[a]	%S US FDA[a]
Cefiderocol	159	0.25	1	96.9	90.6
Sulbactam-durlobactam	159	2	4	NA	95.6[b]
Cefepime	159	>32	>32	1.9[c]	
Piperacillin-tazobactam	159	>128	>128	0.0	0.0
Meropenem	159	>32	>32	0.0	0.0
Ampicillin-sulbactam	159	64	>64	2.5	2.5

Abbreviations: CLSI, Clinical and Laboratory Standards Institute; FDA, Food and Drug Administration; MIC, minimum inhibitory concentration; S, susceptibility.
[a]Susceptibility (%S) criteria as published by CLSI (2022), EUCAST (2022), and US FDA (2022).
[b]MIC ≤4 mg/L.
[c]CLSI susceptible-dose dependent (SDD) is shown as susceptible.

Table 8. Cefiderocol and Sulbactam-Durlobactam MIC Distributions for CR *Acinetobacter baumannii-calcoaceticus* Complex (n=159)[1]

Antimicrobial agent	Number of isolates and cumulative % inhibited at MIC (mg/L)												MIC_{50}	MIC_{90}
	≤0.03	0.06	0.12	0.25	0.5	1	2	4	8	16	32	>[a]		
Cefiderocol	1 0.6%	14 9.4%	45 37.7%	29 56.0%	34 77.4%	21 90.6%	8 95.6%	2 96.9%	2 98.1%	3 100%			0.25	1
Sulbactam-durlobactam			0 0.0%	2 1.3%	12 8.8%	39 33.3%	70 77.4%	29 95.6%	4 98.1%	1 98.7%	1 99.4%	1 100%	2	4

Boxed shaded in green depicts the MIC90.
Abbreviations: MIC, minimum inhibitory concentration.
[a]Greater than highest concentration tested.

Huband et al (2023) evaluated the *in vitro* activity of sulbactam-durlobactam alone and in combination with several antibiotics, including cefiderocol, against 66 *A. baumannii-calcoaceticus* complex isolates[2]

- Susceptibility testing of cefiderocol was performed in Chelex-treated Mueller-Hinton broth and according to CLSI guidelines
- There were 41 isolates from the Centers for Disease Control and Prevention (CDC) and 25 cefiderocol-resistant isolates from the SENTRY Antimicrobial Surveillance Program

Results

- The combination of cefiderocol-sulbactam-durlobactam inhibited 98.5% of isolates at a MIC of 4 mg/L with a $MIC_{50/90}$ of 0.5/1 mg/L, respectively[2]
  - Sulbactam-durlobactam inhibited 98.5% of isolates at a MIC of 4 mg/L
  - Cefiderocol alone inhibited 37.9% of isolates at MIC ≤4 mg/L
- The full susceptibility profiles of sulbactam-durlobactam, and its combinations with cefiderocol against *A. baumannii calcoaceticus* complex isolates are shown in **Table 9**[2]

Table 9. Cumulative Antimicrobial Susceptibility Testing Results of Sulbactam-Durlobactam in Combination with Cefiderocol against *A. baumannii calcoaceticus* Complex Isolates (n=66)[2]

Antimicrobial Agent	No. and Cumulative % of Isolates Inhibited at MIC (mg/L) of:												MIC_{50}	MIC_{90}
	≤0.03	0.06	0.12	0.25	0.5	1	2	4	8	16	32	>[a]		
Cefiderocol[b]	0 (0)	1 (1.5)	5 (9.1)	5 (16.7)	7 (27.3)	2 (30.3)	1 (31.8)	4 (37.9)	1 (39.4)	4 (45.5)	5 (53.0)	31 (100)	32	>32
Sulbactam-durlobactam (fixed 4 mg/L)			0 (0)	1 (1.5)	3 (6.1)	24 (42.4)	28 (84.8)	9 (98.5)	0 (98.5)	1 (100)			2	4
Cefiderocol-durlobactam (fixed 4 mg/L)	1 (1.5)	1 (3.0)	5 (10.6)	10 (25.8)	17 (51.5)	17 (77.3)	4 (83.3)	2 (86.4)	1 (87.9)	4 (93.9)	4 (100)		0.5	16
Cefiderocol-sulbactam (1:1)		0 (0)	3 (4.5)	2 (7.6)	3 (12.1)	2 (15.2)	0 (15.2)	5 (22.7)	3 (27.3)	10 (42.4)	19 (71.2)	19 (100)	32	>32
Cefiderocol-sulbactam-durlobactam (1:1/fixed 4 mg/L)	1 (1.5)	1 (3.0)	10 (18.2)	13 (37.9)	26 (77.3)	11 (93.9)	3 (98.5)	0 (98.5)	1 (100)				0.5	1

Abbreviations: MIC, minimum inhibitory concentration; MIC_{50}, minimum inhibitory concentration at which growth is inhibited in 50% of isolates; MIC_{90}, minimum inhibitory concentration at which growth is inhibited in 90% of isolates.

[a]Greater than the highest concentration tested.

[b]2023 CLSI breakpoint interpretive criteria applied, green=susceptible; yellow=intermediate; grey=resistant.

6. RELEVANT PRESCRIBING INFORMATION

Fetroja® is indicated in patients 18 years of age or older for the treatment of:[3]

- Complicated urinary tract infections (cUTIs), including pyelonephritis caused by the following susceptible Gram-negative microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Pseudomonas aeruginosa*, and *Enterobacter cloacae* complex

- Hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia (HABP/VABP), caused by the following susceptible Gram-negative microorganisms: *Acinetobacter baumannii* complex, *Escherichia coli*, *Enterobacter cloacae* complex, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, and *Serratia marcescens*

Fetroja is contraindicated in:[3]

- Patients with a known history of severe hypersensitivity to cefiderocol or other beta-lactam antibacterial drugs, or any other component of Fetroja

Please read the attached Fetroja **Full Prescribing Information**.

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7. LITERATURE SEARCH

As of December 2025, a computerized search of the published medical literature using internal and external databases (ie, Medline® and Embase®) has identified additional relevant references regarding a comparison of cefiderocol and sulbactam-durlobactam. Please keep in mind that medical literature databases, while considered a major source of biomedical information, are selective in their sources, and the information derived from it should not be considered all-inclusive.

Palavecino EL, Kilic A. *In vitro* activity of cefiderocol and sulbactam-durlobactam against carbapenem-resistant *Acinetobacter baumannii* clinical isolates collected between 2019 and 2024. *Infect Dis (Lond)*. 2025;1-6. doi:10.1080/23744235.2025.2597465.

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Buyukyanbolu E, Argotsinger J, Beck ET, et al. Activity of ampicillin-sulbactam, sulbactam-durlobactam, and comparators against *Acinetobacter baumannii-calcoaceticus* complex strains isolated from respiratory and bloodstream sources: results from ACNBio study. *Antimicrob Agents Chemother*. 2025; e00379-25. doi:10.1128/aac.00379-25.

Boutin S, Toan NQ, Mai Pham TA, et al. Susceptibility toward cefiderocol and sulbactam-durlobactam in extensively drug-resistant *Acinetobacter baumannii* detected from ICU admission screening in Hanoi, Vietnam, 2023. *Microbiol Spectr*. 2025;13(7):e00832-25. doi:10.1128/spectrum.00832-25

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2. Huband MD, Mendes RE, Morgan GM, Huynh H, Castanheira M. Activity of sulbactam-durlobactam, antibacterial combinations, and comparators against a challenge set of 66 *Acinetobacter baumannii-calcoaceticus* species complex isolates. Poster presented at: IDWeek 2023; October 11 - 15, 2023; Boston, MA.
3. Fetroja® (cefiderocol) for injection, for intravenous use [Prescribing Information]. Shionogi Inc.
4. Xacduro® (sulbactam for injection; durlobactam for injection), co-packaged for intravenous use [Prescribing Information]. Entasis Therapeutics Ltd.
5. Wunderink RG, Matsunaga Y, Ariyasu M, et al. Cefiderocol versus high-dose, extended-infusion meropenem for the treatment of Gram-negative nosocomial pneumonia (APEKS-NP): a randomised, double-blind, phase 3, non-inferiority trial. *Lancet Infect Dis*. 2021;21(2):213-225. doi:10.1016/s1473-3099(20)30731-3
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Fetroja® (cefiderocol) for injection, for intravenous use [Prescribing Information]. Shionogi Inc.

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