Rx only





The MTS<sup>TM</sup> (MIC Test Strip) Omadacycline 0.002-32 µg/mL is a quantitative method intended for the in vitro determination of antimicrobial susceptibility of bacteria. MTS™ consists of specialized paper impregnated with a pre-defined concentration gradient of an antimicrobial agent, which is used to determine the minimum inhibitory concentration (MIC) in µg/mL of antimicrobial agents against bacteria as tested on agar media using overnight incubation and manual reading procedures. The MTS™ Omadacycline at concentrations of 0.002 – 32 µg/ mL should be interpreted at 16-20 hours (non-fastidious organisms) and 20-24 hours (fastidious organisms) of incubation. MTS<sup>TM</sup> OMC can be used to determine the MIC of omadacycline against the microorganisms listed in the table below:

Clinical and <i>in vitro</i>	Sinducycline Activity Accord	ing to the FDA Drug Approved Label			
Clinical and <i>m vitro</i>			<i>in vitro</i> only		
Gram-positive bacteria	Gram-negative bacteria	Gram-positive bacteria	Gram-negative bacteria		
Enterococcus faecalis Staphylococcus aureus Staphylococcus lugdunensis Streptococcus pneumoniae Streptococcus pyogenes Streptococcus anginosus group*	Enterobacter cloacae Klebsiella pneumoniae Haemophilus influenzae Haemophilus parainfluenzae	<i>Enterococcus faecium</i> (vancomycin-susceptible and -resistant isolates)	Escherichia coli Citrobacter freundii Citrobacter koseri Klebsiella (Enterobacter) aerogenes Klebsiella oxytoca		

#### **Specifications**

Antibiotic code: OMC MIC range: 0.002-32 µg/mL Antibiotic group: Aminomethylcycline

#### **Directions for Use**

Follow the MTS<sup>™</sup> package insert instructions. Procedures specific to MTS<sup>™</sup> Omadacycline:

Storage	Temperature between -20°C and +8°C			
Organism	Enterobacteriaceae, S. aureus, S. lugdunensis, E. faecalis, E. faecium	H. influenzae, H. parainfluenzae, S. pneumoniae, S. pyogenes, S. anginosus, S. constellatus		
Medium	Mueller Hinton Agar	Mueller Hinton + 5% sheep blood Agar		
Inoculum	Suspension in saline (0.85% NaCl) to 0.5 McFarland standard	Suspension in saline (0.85% NaCl) to 0.5 McFarland standard (1 if mucoid)		
Incubation	Agar plates in inverted position at $35 \pm 2$ °C for 16-20 hours in ambient atmosphere	Agar plates in inverted position at 35 $\pm$ 2°C for 20-24 hours in 5% CO <sub>2</sub>		
Reading	Interpret the MIC as 80% inhibition when trailing is seen	Interpret the MIC as 100% inhibition		

#### FDA omadacycline interpretive criteria (µg/mL)

Use the following breakpoints to categorize the result according to the interpretive criteria (i.e. susceptible or resistant). An MTS™ MIC value which falls between standard two-fold dilutions must be rounded up to the next standard upper two fold value before categorization. For example a K. pneumoniae omadacycline MIC of 0.19 µg/mL is reported as 0.25 µg/mL (see reading guide section for example pictures).

		erial Skin and Ski nfections (ABSSS		Structure Community-Acquired Pneumo Infections (CABP)		
Bacterial Species	Susceptible	Intermediate	Resistant	Susceptible	Intermediate	Resistant
Enterobacteriaceae	≤4	8	≥16	≤4	8	≥16
Enterococcus faecalis	≤0.25	0.5	≥1	-	-	-
Staphylococcus aureus	≤0.5	1	≥2	≤0.25 <sup>1</sup>	0.5 <sup>1</sup>	≥1 <sup>1</sup>
Staphylococcus lugdunensis	≤0.12	0.25	≥0.5	-	-	-
Haemophilus species <sup>2</sup>	-	-	-	≤2	4	$\geq 8$
Streptococcus pneumoniae	-	-	-	≤0.12	0.25	≥0.5
Streptococcus pyogenes	≤0.12	0.25	≥0.5	-	-	-
Streptococcus anginosus group <sup>3</sup>	≤0.12	0.25	≥0.5	-	-	-

<sup>1</sup> Methicillin-susceptible isolates only.

<sup>2</sup> Haemophilus species includes H. influenzae and H. parainfluenzae.

<sup>3</sup> Interpretive criteria for Streptococcus anginosus group includes S. anginosus, S. intermedius, and S. constellatus.

# US FDA Susceptibility Interpretive Criteria (STIC) Ref:

https://www.fda.gov/STIC

Quality Control range (µg/mL) (CLSI M100S Performance Standards for Antimicrobial Susceptibility Testing, 30th Edition) To check the performance of the MTS<sup>TM</sup> Omadacycline, media and procedure, test *E. coli* ATCC 25922 for non-fastidious Gram-negative bacteria, test *E. faecalis* ATCC 29212 and *S. aureus* ATCC 29213 for non-fastidious Gram-positive bacteria, test *S. pneumoniae* ATCC 49619 for fastidious Gram-positive bacteria, and test *H. influenzae* ATCC 49247 for fastidious Gram-negative bacteria according to the method as outlined in the MTS<sup>TM</sup> package insert. Results are considered satisfactory if they fall within the following ranges:

Quality Control Strain	Acceptable MIC Range (µg/mL)
Escherichia coli, ATCC <sup>®</sup> 25922	0.25 – 2
Enterococcus faecalis, ATCC® 29212	0.06 - 0.5
Staphylococcus aureus, ATCC <sup>®</sup> 29213	0.12 – 1
Streptococcus pneumoniae, ATCC <sup>®</sup> 49619	0.016 - 0.12
Haemophilus influenzae, ATCC® 49247	0.5 - 2

### Performance Characteristics

Correlation to Reference Method<sup>1</sup>

		Ν	% Essential Agreement	% Category Agreement
Non-Fastidious	Enterobacteriaceae	578	99.7	95.0
	Staphylococcus aureus (ABSSSI)	175	98.9	96.0
	Staphylococcus aureus (CABP)	175	98.9	96.6
	Staphylococcus lugdunensis <sup>2</sup>	70	100	87.1
	Enterococcus faecalis	121	98.3	84.3
	Enterococcus faecium	100	100	98.0
	Enterococcus spp.	221	99.1	90.5
Fastidious	Haemophilus influenzae	112	98.2	97.3
	Haemophilus parainfluenzae	30	100	93.3
	Streptococcus pneumoniae <sup>3</sup>	181	91.7	96.7
	Streptococcus anginosus group <sup>3,4,5</sup>	45	100	77.8
	Streptococcus pyogenes <sup>3</sup>	35	100	91.4

<sup>1</sup> For the plate inoculation procedure, one testing site utilized a plate rotator (Retro C80) to assist even distribution of inoculum. There was no difference in performance for the site using the plate rotator as compared to sites using the manual plate inoculation method.

<sup>2</sup> MTS<sup>TM</sup> Omadacycline MIC values tend to be in exact agreement or at least one double dilution higher when testing *S. lugdunensis* compared to the CLSI reference broth microdilution.

<sup>3</sup> MTS<sup>TM</sup> Omadacycline MIC values tended to be in exact agreement or at least one doubling dilution higher when testing *S. anginosus, S. constellatus, S. pneumoniae*, and *S. pyogenes* compared to the CLSI reference broth microdilution.

<sup>4</sup> Includes 27 *S. anginosus* and 18 *S. constellatus*.

<sup>5</sup> Omadacycline should be tested with *Streptococcus anginosus* and *Streptococcus constellatus* isolates only. The performance of *Streptococcus intermedius* has not been established during the clinical study.

#### **Reproducibility**

100% of MTS<sup>TM</sup> Omadacycline results for non-fastidious Gram-negative bacteria (4 *E. coli,* 3 *K. pneumoniae* and 3 *E. cloacae* tested in triplicate at 3 sites on 3 days) were within a doubling dilution of reference broth microdilution results. 95.2% of MTS<sup>TM</sup> Omadacycline results for non-fastidious Gram-positive bacteria (4 *S. aureus* [2 MSSA, 2 MRSA], 4 *E. faecalis* [2 VSE, 2 VRE] and 2 *S. lugdunensis* tested in triplicate at 3 sites on 3 days) were within a doubling dilution of reference broth microdilution results. 99.3% of MTS<sup>TM</sup> Omadacycline results for fastidious Gram-negative and Gram-positive bacteria (2 *H. influenzae*, 1 *H. parainfluenzae*, 3 *S. pneumoniae*, 2 *S. pyogenes*, 2 *S. anginosus*, and 1 *S. constellatus* tested in triplicate at 3 sites on 3 days) were within a doubling dilution results

#### **Limitations**

The ability of MTS<sup>™</sup> to detect non-susceptible isolates with the following drug/bacterial species combinations is unknown because resistant isolates were either not available or an insufficient number was encountered at the time of comparative testing: Omadacycline: *Citrobacter freundii*, *H. influenzae*, *H. parainfluenzae*, *S. anginosus*, *S. constellatus* and *S. pyogenes*.

The safety and efficacy of omadacycline in treating Acute Bacterial and Skin Structure Infections (ABSSSI) infections due to Gram-negative organisms other than *K. pneumoniae* and *E. cloacae* and Gram-positive organisms other than *S. aureus* (MRSA and MSSA), *S. lugdunensis, E. faecalis S. pyogenes,* and *S. anginosus* group may or may not have been established in adequate and well-controlled clinical trials. The clinical significance of susceptibility information in such instances is unknown.

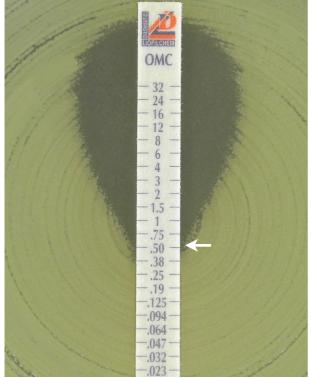
The safety and efficacy of omadacycline in treating Community-Acquired Bacterial Pneumonia (CABP) infections due to Gram-negative organisms other than *K. pneumoniae* and Gram-positive organisms other than *S. aureus* (MSSA only) and *S. pneumoniae* may or may not have been established in adequate and well-controlled clinical trials. The clinical significance of susceptibility information in such instances is unknown.

Resistance mechanism characterization was not available for all organisms at the time of comparative testing, and therefore the performance of the MTS<sup>TM</sup> Omadacycline for non-fastidious and fastidious Gram-negative bacilli and Gram-positive cocci is unknown for the following: Enterobacteriaceae [tet(B)]; *Enterococcus* species [tet(K), tet(L)]; *S. aureus* [tet(L)]; *S. preumoniae* [tet(K), tet(L), tet(M)]; *S. pyogenes* [tet(K), tet(L), tet(M)]; *S. anginosus* [tet(K), tet(L), tet(M)]; *S. constellatus* [tet(K), tet(L), tet(M)]; *H. influenzae*[tet(B)]; *H. parainfluenzae* [tet(B)].

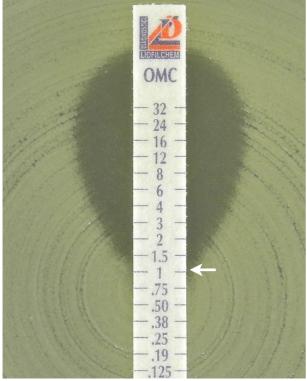
Omadacycline is not active in vitro against Morganella spp., Proteus spp., and Providencia spp.

# MTS<sup>TM</sup> Omadacycline Reading Guide NOTE: Interpret the MIC as 80% inhibition for non-fastidious species





Example 3: *E. cloacae*, OMC MIC = 1 µg/mL







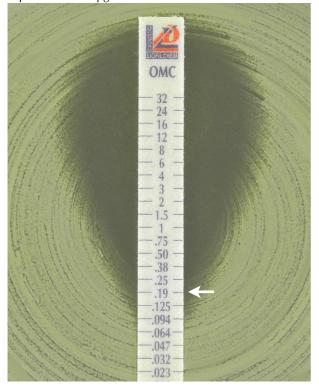
Example 4: *C. freundii*, OMC MIC = 1 μg/mL



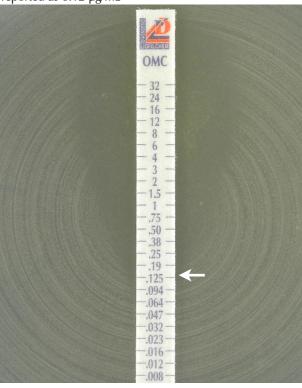
(continues on the next page)

# MTS<sup>™</sup> Omadacycline Reading Guide NOTE: Interpret the MIC as 80% inhibition for non-fastidious species

Example 5: *S. aureus,* OMC MIC = 0.19 µg/mL, reported as 0.25 µg/mL



Example 7: *E. faecalis*, OMC MIC = 0.125 µg/mL, reported as 0.12 µg/mL



Example 6: *S. lugdunensis,* OMC MIC = 0.094 µg/mL, reported as 0.12 µg/mL



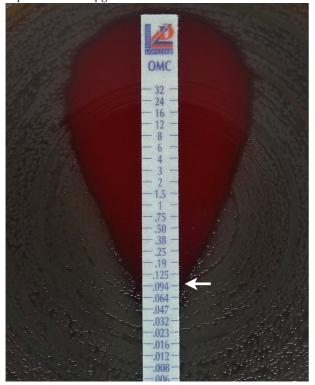
Example 8: *E. faecium*, OMC MIC = 0.125 µg/mL, reported as 0.12 µg/mL



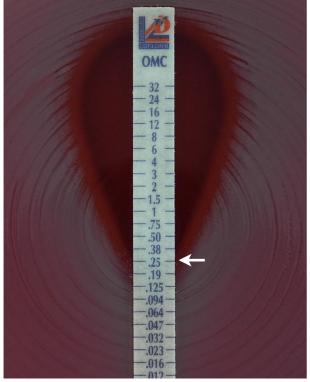
(continues on the next page)

# MTS<sup>™</sup> Omadacycline Reading Guide NOTE: Interpret the MIC as 100% inhibition for fastidious species

Example 9: S. pneumoniae, OMC MIC = 0.094 µg/mL, reported as 0.12 µg/mL



Example 11: *S. anginosus,* OMC MIC = 0.25 µg/mL



Example 10: S. pyogenes, OMC MIC = 0.38  $\mu$ g/mL, reported as 0.5  $\mu$ g/mL



Example 12: *H. influenzae,* OMC MIC = 2 µg/mL



PRESENTA	TION	µg/mL	Code	Packaging	Ref.
				10	920711
MTS™	Omadacycline	0.002 - 32	OMC	30	92071
				100	920710

This document is also available from liofilchem.com/MTS

# MTS™ (MIC Test Strip), International Patent

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For all inquiries please fill out the form at https://www.liofilchem.com/en-us/contacts.html

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### SUMMARY AND EXPLANATION OF THE TEST

The Liofilchem<sup>®</sup> MTS<sup>TM</sup> (MIC Test Strip) are gradient tests used to determine the minimum inhibitory concentration (MIC) of select bacteria to indicate appropriate patient treatment and for identifying resistance patterns. The MIC is the minimum inhibitory concentration of an antibiotic that will inhibit the growth of bacteria under standardized *in vitro* conditions. Broth and agar dilution MIC procedures based on two-fold serial dilutions of antibiotics are the reference methodologies; expected reproducibility of which is within ± 1 two-fold dilution (<sup>1</sup>).

### PRINCIPLE OF THE METHOD

MTS<sup>TM</sup> are made of special high quality paper impregnated with a predefined concentration gradient of antibiotic, across 15 two-fold dilutions like those of a conventional MIC method. When the MTS<sup>TM</sup> is applied onto an inoculated agar surface, the preformed exponential gradient of antimicrobial agent diffuses into the agar for over an hour. After incubation, a symmetrical inhibition ellipse centered along the strip is formed. The MIC is read directly from the scale in terms of  $\mu$ g/mL at the point where the edge of the inhibition ellipse intersects the strip MTS<sup>TM</sup>.

#### REAGENTS

MTS<sup>™</sup> is supplied in 3 different packaging options (no additional reagents are included):

- The 10-test box contains 10 strips individually packed in desiccant envelops and an instruction sheet.
- The 30-test box contains 30 strips individually packed in desiccant envelops and an instruction sheet.
- The 100-test box contains 10 desiccant envelops, each containing 10 strips, and an instruction sheet. The 100-test pack also contains a storage tube.

#### DIRECTIONS FOR USE

#### Storage

<u>Unopened foil packages</u>: On receipt, store MTS<sup>TM</sup> at  $-20^{\circ}$ C to  $+8^{\circ}$ C until the given expiry date. Some MTS<sup>TM</sup> (e.g. carbapenems) should be stored frozen at  $-20^{\circ}$ C. Check the drug-specific MTS<sup>TM</sup> supplement for the specific storage temperature.

<u>Opened foil packages</u>: Leftover MTS<sup>TM</sup> from an opened foil package (valid for 100 strip pack only, as the 10 and 30 strip packs contain individually packed strips) must be stored at 2-8°C in the airtight tube, containing desiccant, provided in the pack for no more than 7 days. Do not store near sources of heat and do not expose to excessive temperature variations.

#### Handling

Before using the MTS<sup>TM</sup> from an unopened package, visually inspect to ensure the package is intact. Do not use the strips if the package has been damaged. When removed from the refrigerator, allow the package or storage container to reach room temperature for about 30 minutes. Moisture condensing on the outer surface must evaporate completely before opening the package.

#### Precautions

The MTS<sup>TM</sup> is not classified as being hazardous according to current regulations. The MTS<sup>TM</sup> is a disposable product. The MTS<sup>TM</sup> is only for diagnostic *in vitro* use and is intended for professional use. They must be used in the laboratory by properly trained operators using approved aseptic and safety methods for pathogenic agents.

Per the FDA-Recognized Susceptibility Test Interpretive Criteria website, the safety and efficacy of antimicrobial drugs, for which antimicrobial susceptibility is tested by this AST device, may or may not have been established in adequate and well-controlled clinical trials for treating clinical infections due to microorganisms outside of those found in the indications and usage in the drug label. The clinical significance of susceptibility information in those instances is unknown. The approved labeling for specific antimicrobial drugs provides the uses for which the antimicrobial drug is approved.

#### Materials Required but Not Provided:

- Agar plate medium (validated by the media manufacturer for use with antimicrobial susceptibility testing, 90 or 150 mm plates)
- Suspension medium
- McFarland turbidity standard

(The medium to be used as well as the inoculum suspension will depend on the organism under investigation, see the MTS<sup>™</sup> Supplement for more information)

- Sterile loops, swabs (not too tightly spun), test tubes, pipettes and scissors
- Forceps
- Incubator  $(35 \pm 2^{\circ}C)$
- Quality control organismsAdditional technical information from
- www.liofilchem.com

# **Inoculum Preparation**

Suspend well-isolated colonies from an overnight agar plate into the suspension medium to achieve the turbidity of the recommended McFarland standard. If the inoculum concentration is correct, a confluent lawn of growth will be obtained after incubation. If insufficient growth occurs, the testing should be repeated. In order to verify that your procedure gives the correct inoculum density in terms of CFU/mL performing regular colony counts is recommended. An acceptable inoculum should give approximately 1-2 x 10<sup>8</sup> CFU/mL.

#### Inoculation

Dip a sterile swab in the broth culture or in a diluted form thereof and squeeze it on the wall of the test tube to eliminate excess liquid. Streak the swab over the entire sterile agar surface. Repeat this procedure by streaking 2 more times, rotating the plate approximately 60 degrees each time to ensure an even distribution of inoculum. Allow excess moisture to be absorbed so that the surface is completely dry before applying MTS<sup>TM</sup>.

## Application

Apply the strip to the agar surface with the scale facing upwards and code of the strip to the outside of the plate, pressing it with sterile forceps on the surface of the agar and ensure that whole length of the antibiotic gradient is in complete contact with the agar surface. Once applied, do not move the strip.

#### Incubation

Incubate the agar plates in an inverted position at the appropriate temperature, atmosphere and time. Refer to the drug-specific MTS<sup>TM</sup> Supplement for specific incubation instructions.

# **Eliminating Used Material**

After use, MTS<sup>TM</sup> and the material that comes into contact with the sample must be decontaminated and disposed of in accordance with current laboratory techniques for the decontamination and disposal of potentially infected material.

### **Reading the MIC**

Observe where the relevant inhibition ellipse intersects the strip and read the MIC at complete inhibition (unless otherwise instructed in the drug-specific MTS<sup>TM</sup> Supplement). Growth along the entire gradient i.e. no inhibition ellipse indicates that the value is greater than or equal to  $(\geq)$  the highest value on the scale. An inhibition ellipse that intersects below the lower end of the scale is read as less than (<) the lowest value. Intersection between two scale segments should be rounded up to the higher value. In the case of uneven MIC intersections, read the higher value. Repeat the test if the discrepancy is >1 dilution. An MIC of 0.125 µg/mL is considered the same as 0.12 µg/mL for reporting purposes. See the appropriate MTS<sup>TM</sup> product supplements for example specific drug/organism photographs. Also consult the MTS<sup>TM</sup> Photographic Guide.

# **Result Interpretation**

To categorize the result according to the interpretive criteria, refer to the appropriate  $MTS^{TM}$  product supplement for the specific antimicrobial agent interpretive criteria. Since  $MTS^{TM}$  generates MIC values which fall between two-fold dilutions for interpretation, an  $MTS^{TM}$  MIC value which falls between standard two-fold dilutions must be rounded up to the next standard upper two-fold value before categorization. For example a *S. aureus* vancomycin MIC of 1.5 µg/mL is reported as 2 µg/mL.

# QUALITY CONTROL

To check the performance of the MTS<sup>TM</sup> result, test the quality control strain(s) as shown in the appropriate MTS<sup>TM</sup> product supplement. Patient isolate results are considered satisfactory if the quality control result(s) fall within the expected range(s). Patient isolate results should not be reported if the quality control results are outside of this stated QC range. MIC results for a QC strain that fall a half dilution below the lower QC limit should be rounded up to the next upper two-fold value which would establish QC compliance. MIC results that are a half dilution above the upper limit would be rounded up to the next upper two-fold value which would result in non-QC compliance.

#### LIMITATIONS

Refer to the drug-specific MTS<sup>™</sup> Supplement.

# **EXPECTED VALUES**

Expected results for susceptibility tests will vary based on location and institution. Organism resistance patterns will be directly related to the population of organisms at each site.

# PERFORMANCE CHARACTERISTICS

Refer to the drug specific MTS<sup>™</sup> Supplement.

# REFERENCES

1. CLSI. *Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically*. 11th ed. CLSI standard M07. Wayne, PA: Clinical and Laboratory Standards Institute; 2018.

# **GLOSSARY OF TERMS**



#### MTS™ (MIC Test Strip), International Patent

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