

Product Data Sheet

Fosfomycin calcium

Cat. No.: HY-B1075

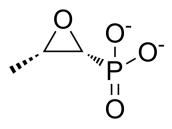
CAS No.: 26016-98-8

Molecular Formula: $C_3H_sCaO_4P$ Molecular Weight: 176.12

Target: Bacterial; Antibiotic
Pathway: Anti-infection

Storage: 4°C, sealed storage, away from moisture

* In solvent: -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture)



Ca²⁺

SOLVENT & SOLUBILITY

In Vitro

 H_2O : 50 mg/mL (283.90 mM; ultrasonic and adjust pH to 2 with HCl) DMSO: < 1 mg/mL (insoluble or slightly soluble)

Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
	1 mM	5.6779 mL	28.3897 mL	56.7795 mL
	5 mM	1.1356 mL	5.6779 mL	11.3559 mL
	10 mM	0.5678 mL	2.8390 mL	5.6779 mL

Please refer to the solubility information to select the appropriate solvent.

Pharmacokinetic of Fosfomycin calcium in ${\sf Rats}^{[4]}$

BIOLOGICAL ACTIVITY

Description	Fosfomycin (MK-0955) calcium is a blood-brain barrier penetrating, broad-spectrum antibiotic by irreversibly inhibiting an early stage in cell wall synthesis. Fosfomycin calcium shows both in vivo and in vitro activity against a wide range of bacteria, including multidrug-resistant (MDR), extensively drug-resistant (XDR), and pan-drug-resistant (PDR) bacteria ^{[1][2]} .
In Vitro	Fosfomycin calcium is an epoxy antibacterial agent. Compared with other antibacterial agents, it acts by inhibiting the early process of cell wall synthesis ^[1] . Fosfomycin calcium has bactericidal activity against a variety of gram-negative and gram-positive pathogens, including broad-spectrum production β -Bacteria of lactamase and carbapenemase, and against S. aureus strains with an inhibition rate of $90\%^{[1]}$. Fosfomycin calcium displays extensive tissue penetration, can be used to research of infections of the CNS, soft tissues, bone, lungs, and abscesses ^[2] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.
In Vivo	Fosfomycin calcium (80 mg/kg; i.vi.v. or i.vp.o.) displays the protective effect on the nephrotoxicity of double beckacin, and is not affected by different administration routes ^[3] .

Dibekacin Dose (mg)	V _{dss} (l/kg)	β (min ⁻¹⁾	T _{1/2} (min)	Urinary recovery (%)
30	0.261	0.0244	28.4	85
MCF has not independently	confirmed the accura	cy of these methods. The	v are for reference only	٧.

Animal Model:	Fischer 344 rats ^[3]		
Dosage:	320 mg/kg		
Administration:	Intramuscular injection, 5 schedules: 1 h, 0.5 h earlier than dibekacin, concomitantly, 0.5 h later and 1 h later; 11 days		
Result:	Reduced polyuria, proteinuria, enzymes and cytosine caused by dibecacin (40 mg/kg), followed by the previous treatment.		
Animal Model:	Dehydrated Wistar rat with acute renal failure (8-week-old) ^[4]		
Dosage:	120 mg/kg		
Administration:	Intravenous injection; once		
Result:	Recovered the exclusion rate of rats basically to normal, and improved the nephrotoxicity parameters. Protects proximal tubular lysosomes from aminoglycosides by inhibiting myeloid formation and protecting the integrity of lysosomal membrane of rats treated with double bekacin.		

CUSTOMER VALIDATION

- Nat Commun. 2022 Mar 2;13(1):1116.
- Front Cell Infect Microbiol. 2019 Jul 15;9:253.
- Antibiotics (Basel). 2021 Sep 14;10(9):1110.
- J Med Microbiol. 2019 Mar;68(3):493-502.

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REFERENCES

- [1]. Falagas ME, et al. Fosfomycin. Clin Microbiol Rev. 2016 Apr. 29(2):321-47.
- [2]. In ouye S, et al. Protective effect of fosfomyc in on the experimental nephrotoxicity induced by dibekacin. J Pharmacobiodyn. 1982 Sep. 5(9):659-69.
- [3]. Inouye S, et al. Mode of protective action of fosfomycin against dibekacin-induced nephrotoxicity in the dehydrated rats. J Pharmacobiodyn. 1982 Dec. 5(12):941-50.
- [4]. Dijkmans AC, et al. Fosfomycin: Pharmacological, Clinical and Future Perspectives. Antibiotics (Basel). 2017 Oct 31;6(4). pii: E24.

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