

revvyve™

ANTIMICROBIAL WOUND GEL

A Fresh Start for Chronic Wounds

Efficacy

- Patented coactiv+™ technology with PHMB
- Prolonged antimicrobial activity
- Surfactant-assisted autolytic debridement

Ease of Use

- Thermo-gelling pluronic surfactant
- Easy to apply, stays on the wound

Accessibility

- Fits within Medicare allowables



Main components:

- + coactiv+™ (EDTA and Citric Acid)
- + Non-ionic pluronic surfactant
- + PHMB (Preservative)

In vitro and in vivo laboratory data supports the following product characteristics:

- Safe and effective
- Non-sensitizing
- Non-irritating
- Cleansing surfactant
- pH optimized for healing
- Broad spectrum antimicrobial activity

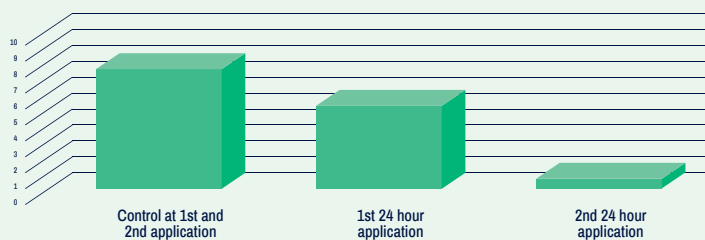
revvyve™ Antimicrobial Wound Gel is indicated for:

- Diabetic foot ulcers
- Leg ulcers
- Pressure ulcers
- 1st and 2nd degree burns
- Partial and full thickness wounds
- Large surface area wounds
- Surgical incisions

Effective wound healing

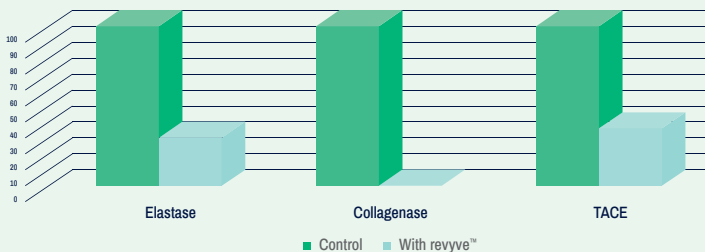
revvyve™ Antimicrobial Wound Gel maintains a moist wound environment conducive to wound healing, while its pluronic surfactant helps clean the wound and assist with autolytic debridement. In vitro laboratory data shows that revvyve™ Antimicrobial Wound Gel also disrupts the biofilm polymeric matrix enhancing the inactivation of biofilm embedded microorganisms with prolonged antibiofilm and antimicrobial activity*, and aids in inhibiting metalloprotease activity.

+ In Vitro Laboratory Data Shows S. Aureus Biofilm Inactivation



Example of standard in vitro laboratory tests which demonstrate that revvyve™ Antimicrobial Wound Gel eliminates biofilms of major wound pathogens.⁷

+ In Vitro Laboratory Data Shows Reduction in Protease Activities



Standard in vitro laboratory tests demonstrate that revvyve™ effectively inhibits metalloproteases (matrix metalloprotease and TACE).

Ease of Use with Thermo-Gelling System

- Forms a thick gel at body temperature, staying in place on the wound
- Liquifies at lower temperatures (below 60 degrees F) allowing it to be easily applied and rinsed away, making it ideal for treatment of sensitive wounds such as burns
- Is a non-greasy, fragrance-free, clear gel enabling easy visualization of the wound bed

Accessibility

Priced for accessibility for all patients. revvyve™ Antimicrobial Wound Gel will be priced at or below current Medicare allowables.

Ordering Information:

Product Sizes: 1oz and 3oz tubes
Model Numbers: CWGO30R, CWGO90R

Contact:

(877) 776-4362
customerservice@progenacare.com

Biofilm Impaired Healing – One of the largest unresolved problems in wound care

Studies have reported the prevalence of biofilms in over 78% of chronic wounds.¹ Biofilms are a glue-like substance excreted by bacteria and/or fungi to attach to surfaces.² They protect and allow bacteria to survive and thrive in hostile environments.² Biofilms make bacteria up to 1,000 times more resistant to antibiotics and antimicrobials³ and are one of the main contributors to antibiotic resistance.

Chronic wounds have a prolonged inflammatory phase which hinders the normal wound healing process. These wounds are often colonized by biofilm forming bacteria that can trigger the inflammatory process and elevate levels of matrix metalloproteases. These enzymes often cause tissue damage.⁴⁻⁶

“The best biomarker to predict that a wound will not heal is the presence of high levels of proteases.”

Gregory Schultz, PhD, Professor Emeritus of Obstetrics and Gynecology in the College of Medicine at the University of Florida, Past President of the Wound Healing Society, past member of the National Pressure Injury Advisory Panel, and Chief Scientific Officer for Kane Biotech Inc.

revvyve™ Antimicrobial Wound Gel is effective against*:

Gram-Negative Bacteria

- Escherichia coli
- Acinetobacter baumannii
- Klebsiella pneumoniae
- Pseudomonas aeruginosa

Gram-Positive Bacteria

- Staphylococcus aureus
- Methicillin Resistant Staphylococcus aureus (MRSA)
- Enterococcus faecalis
- Streptococcus pyogenes
- Cutibacterium acnes

Fungi

- Candida albicans

References: 1. Malone M, Bjarnsholt T, McBain AJ, James GA, Stoodley P, Leaper D, Tachi M, Schultz G, Swanson T, Wolcott RD. The prevalence of biofilms in chronic wounds: a systematic review and meta-analysis of published data. J Wound Care. 2017 Jan 2;26(1):20-25. doi: 10.12968/jowc.2017.26.1.20. PMID: 28103163. 2. Omar A, Wright JB, Schultz G, Burrell R, Nadworny P. Microbial Biofilms and Chronic Wounds. Microorganisms. 2017 Mar 7;5(1):9. doi: 10.3390/microorganisms5010009. PMID: 28272369; PMCID: PMC5374386. 3. Olsen I. Biofilm-specific antibiotic tolerance and resistance. Eur J Clin Microbiol Infect Dis. 2015 May;34(5):877-86. doi: 10.1007/s10096-015-2323-z. Epub 2015 Jan 29. PMID: 25630538. 4. Wolcott, Hanson, J.D. Rees, E.J. Koenig, L.D. Phillips, C.D., Wolcott, R.A., Cox, S.B., White, J.S. (2018) Wound Rep. Reg. 24: 163-174. 5. Bjarnsholt T. 2013. APMIS 121:1-51. 6. Trengove, N.J., Stacey, M.C., Fracs, D.S., Macaulay, S., Bennett, Gibson, J., Burslem, F, Murphy, G., Schultz, G. (1999) Wound Rep. Reg. 7: 442-452. 7. Römling U, Balsalobre C. Biofilm infections, their resilience to therapy and innovative treatment strategies. J Intern Med. 2012 Dec;272(6):541-61. doi: 10.1111/joim.12004. Epub 2012 Oct 29. PMID: 23025745.

*Data on file.