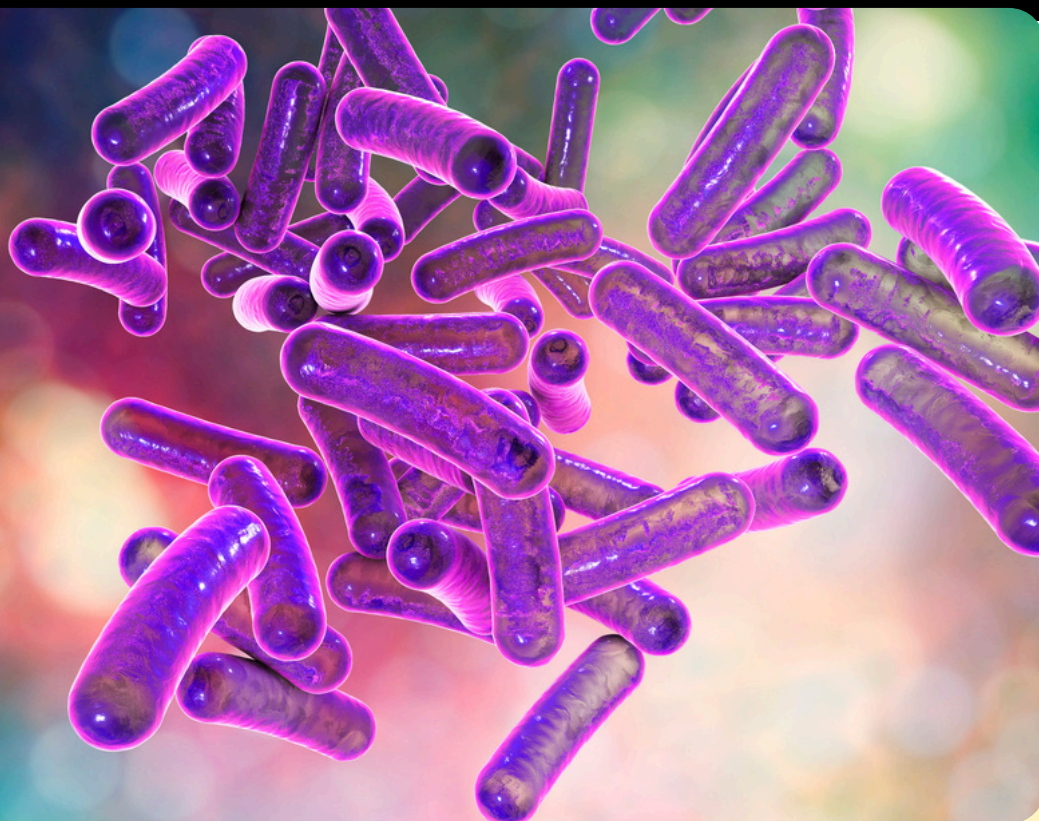


# THE ANTIMICROBIAL ADVOCATE

 **ASAP**  
NEWSLETTER

Volume 3: Issue 5/6  
May/June 2026



## In this Issue

**Tebipenem FDA approval - Page 1**

**Guidance for AS Program Leaders - Page 2**

**Review of *C. auris* - Page 3**

**Cefazolin vs. Antistaphylococcal Penicillins for MSSA Bacteremia - Page 4**

**Educational opportunities - Pages 5-6**

## New Drug Approval

On June 17, the FDA approved **Utebzi (tebipenem pivoxil)** tablets as the first oral carbapenem therapy for complicated urinary tract infections, including pyelonephritis.

The most common side effects are diarrhea, headache, nausea, abdominal pain, increased liver enzymes, and *C. difficile* infection.

[Link to FDA Approval](#)

This creates an important new option for transitioning appropriate patients out of the hospital or avoiding admission altogether.

**From a stewardship perspective, balancing benefits of reduced IV carbapenem use and shorter length of stay against the risk of overuse of a broad-spectrum oral agent is important. Enforcing strict indication criteria, culture-directed step-down, and outpatient prescribing oversight will help.**

[Link: Tebipenem vs Imipenem: Results from the Phase 3 PIVOT-PO study](#)

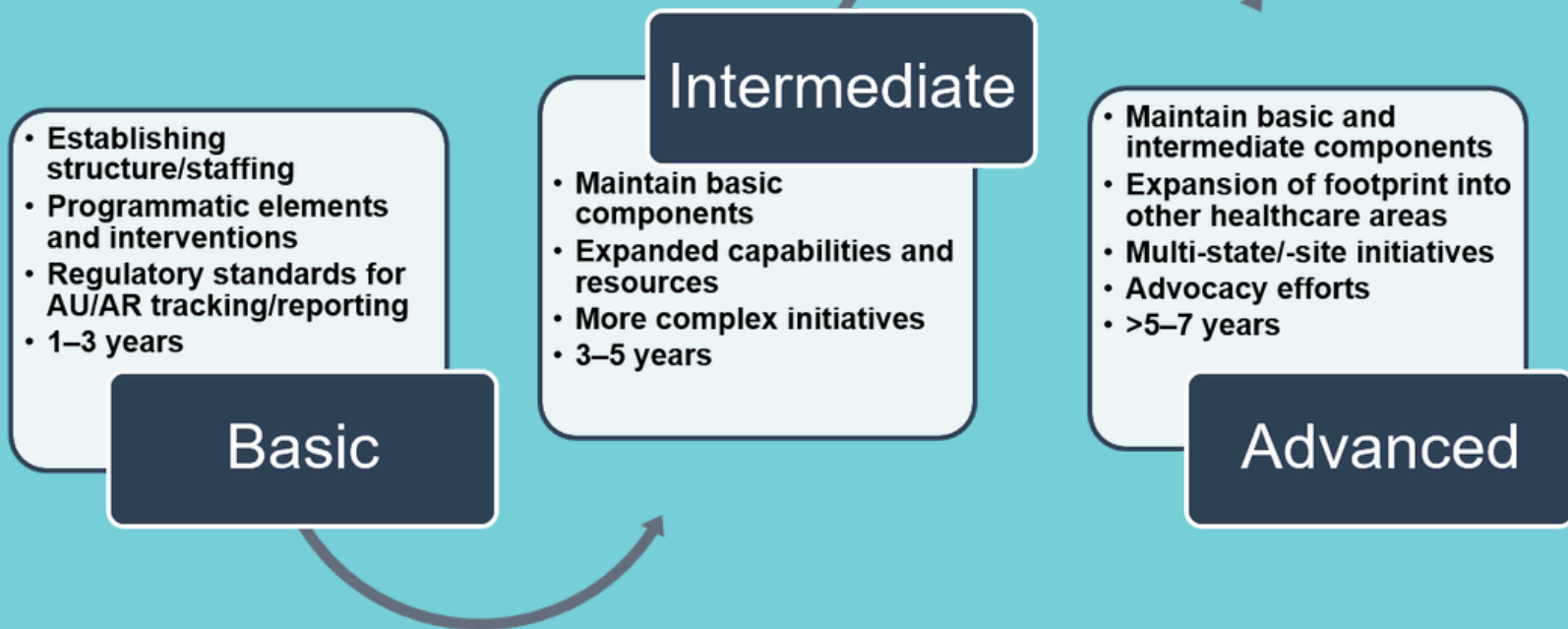
# Knowledge and Skills for Antibiotic Stewardship Leaders

This guidance from SHEA, IDSA, PIDS, and SIDP outlines the knowledge and skills necessary to lead ASPs, organized by **basic, intermediate, and advanced skills** recommended for stewards practicing in **acute care, outpatient care, and long-term care settings**.

*Use the table to complete the gap analysis in the article supplement to structure both a personal and program development plan.*



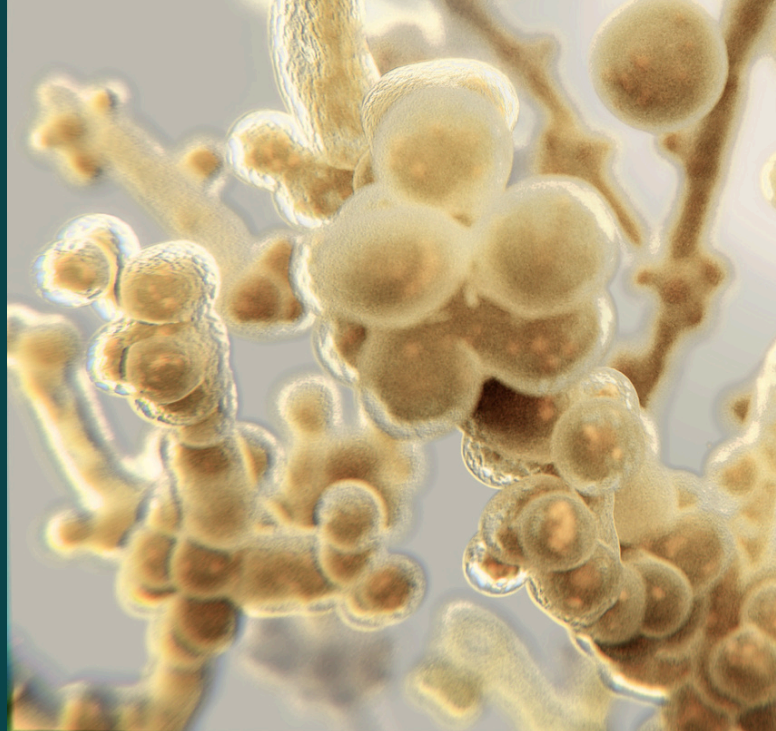
## Link to the Guidance



## Key Points

- Clinical expertise ≠ stewardship leadership readiness
- Skill gaps differ by practice setting
- Structured development plans accelerate success
- The gap analysis can be completed on a regular basis (annually) to track progress and reinforce the importance of intentional leadership development.

# Comprehensive Review of *Candidozyma* (*Candida*) *auris* Management: Insights From the Society of Infectious Diseases Pharmacists



[Click Here for the Full Article](#)

## Summary ↴↴

- *Candidozyma (Candida) auris* has emerged as a health threat due to its multi-drug resistance, persistence in healthcare environments, and rapid spread.
- Its ability to tolerate heat, salinity, and disinfectants and form biofilm allows long-term survival on surfaces and medical devices, facilitating transmission.
- Clinical presentations range from asymptomatic colonization to invasive infections, with mortality rates approaching 50%.



## Treatment Considerations

Echinocandins remain an important first-line treatment option, but their fungistatic activity, limited tissue penetration, and emerging resistance contribute to suboptimal outcomes, highlighting the need for new agents and optimized dosing strategies.

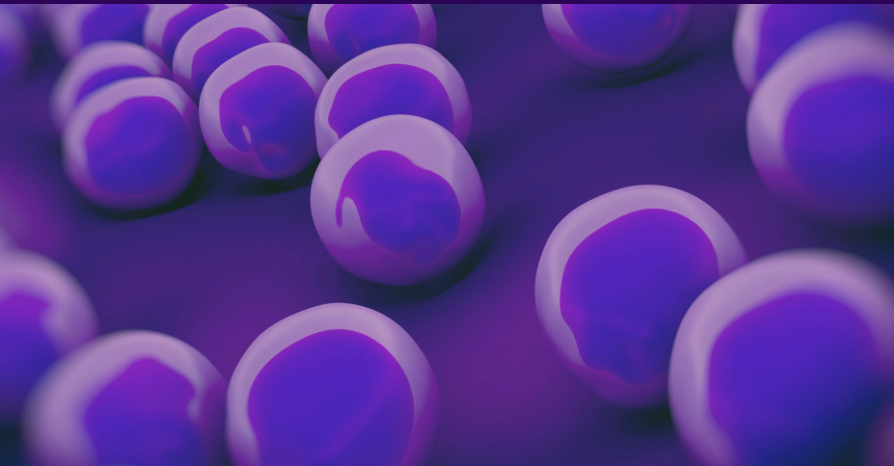
Triazoles and amphotericin B are significantly limited by resistance and toxicities, while newer agents such as ibrexafungerp, fosmanogepix, and rezafungin show promising in vitro activity but lack substantial supporting clinical data.

Combination therapy may also offer potential benefit, though supporting evidence is sparse.

Table 2 contains therapy considerations by site of infection.

Ongoing efforts to refine antifungal therapy, improve rapid diagnostics, and strengthen infection control are essential to mitigating spread and optimizing outcomes for patients.

# Cefazolin vs. Antistaphylococcal Penicillins for MSSA Bacteremia



For years, clinicians have debated cefazolin vs. antistaphylococcal penicillins for methicillin-susceptible *Staphylococcus aureus* (MSSA) bacteremia. A major randomized controlled trial from the SNAP trial group was published in NEJM that provides practice-changing evidence.

## [Link to the Article](#)

Cefazolin was noninferior for 90-day mortality: 15% vs. 17% with flucloxacillin/cloxacillin

Cefazolin had less acute kidney injury: 13.9% vs 19.6%

Fewer serious adverse reactions and fewer treatment discontinuations were seen with cefazolin

- This trial provides strong evidence supporting cefazolin as an effective option for MSSA bacteremia that is safer for kidney function.
- **Cefazolin should be considered a first-line treatment for MSSA bacteremia over nafcillin or oxacillin, when clinically appropriate.**



# EDUCATIONAL OPPORTUNITIES



**SAVE  
THE  
DATE** >>>>

## NEBRASKA INFECTIOUS DISEASES CONFERENCE

**Friday,  
August  
28,  
2026**

Beardmore  
Event Center,  
Bellevue,  
Nebraska

New this year! Join us for a co-hosted event by the Nebraska Infectious Diseases Society and Nebraska ASAP. This conference combines the NIDS annual meeting with the Nebraska Antimicrobial Stewardship Summit. More details to follow!



**ID Nebraska**



**ASAP**



**ID Nebraska**

The Nebraska Infectious Diseases Society will be hosting their next **Ask the Expert Webinar**

Date: July 28th , from 12 - 1 PM

Title: Shorter is Often Better – Optimizing Antibiotic Durations for Common Outpatient Infections

Dr. Mackenzie Keintz will be giving a practical and informative talk on optimizing antibiotic durations for common outpatient infections. CME credit is available.

**[Click here to register!](#)**

# EDUCATIONAL OPPORTUNITIES



## MIDWEST ANTIMICROBIAL STEWARDSHIP COLLABORATIVE

The Midwest Antimicrobial Stewardship Collaborative (MASC) is a regional forum that brings together clinicians, leaders, industry representatives, and other partners to advance antimicrobial and diagnostic stewardship. Its mission is to improve patient care through education and the promotion of best practices. MASC hosts quarterly virtual meetings to facilitate the exchange of ideas and share practical approaches across healthcare settings.

The next MASC meeting will take place on **Thursday, August 13<sup>th</sup>, from 1200-1300**, and will feature the theme ***Sleepless in Stewardship: The Issues We Can't Ignore***. This moderated session will begin with brief presentations to introduce key topics, then expand into a broader, interactive discussion. Attendees will be invited to share current and emerging challenges from their own institutions and care settings. The goal is for participants to leave informed, engaged, and equipped with insights that can meaningfully influence practice. **This is a session you won't want to miss!**

[Click here to join the Zoom meeting](#)

Presentation Title	Presenter(s)	Kick-off Topic
Sleepless in Stewardship: The Issues We Can't Ignore	Julie Ann Justo, PharmD, MS Dartmouth Hitchcock Medical Center Lebanon, NH	AI and Stewardship
	Jason Gallagher, PharmD Temple University Philadelphia, PA	De-escalate Your Expectations

For questions or to receive future invitations to your email, please email: [MidwestASC@gmail.com](mailto:MidwestASC@gmail.com)