

Cefepime-taniborbactam superior to meropenem for complicated UTI

February 15 2024, by Elana Gotkine



For adults with complicated urinary tract infection (UTI), including acute pyelonephritis, cefepime-taniborbactam is superior to meropenem, according to a study published in the Feb. 15 issue of the *New England Journal of Medicine*.

Florian M. Wagenlehner, M.D., from Justus Liebig University in Giessen, Germany, and colleagues conducted a phase 3 randomized trial involving hospitalized adults with complicated UTI, including acute pyelonephritis. Participants were randomly assigned to receive intravenous cefepime-taniborbactam (2.5 g) or meropenem (1 g) every eight hours for seven days in a 2:1 ratio; in the case of bacteremia, this duration could be extended up to 14 days.

The researchers found that composite success (microbiologic and clinical success on trial days 19 to 23) occurred in 70.6 and 58.0 percent of patients in the cefepime-taniborbactam and meropenem groups, respectively, with cefepime-taniborbactam superior to meropenem (treatment difference, 12.6 percentage points).

At late follow-up (days 28 to 35), differences in treatment response were sustained, with higher composite success and clinical success seen for cefepime-taniborbactam. Adverse events occurred in 35.5 and 29.0 percent of patients in the cefepime-taniborbactam and meropenem groups, respectively; the two groups had a similar frequency of serious adverse events.

"Cefepime-taniborbactam was shown to be a potential [treatment](#) option for patients with complicated UTI and acute pyelonephritis caused by Enterobacterales species and *P. aeruginosa*, including antimicrobial-resistant strains," the authors write.

More information: Florian M. Wagenlehner et al, Cefepime–Taniborbactam in Complicated Urinary Tract Infection, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2304748](https://doi.org/10.1056/NEJMoa2304748)

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