

1. Natural Penicillins

MOA: Inhibit Transpeptidase PBP → Inhibit peptidoglycan crosslinking – Structure: D-Ala-D-Ala

Penicillin V - oral
Penicillin G

PK: Decreased absorp. w/ food, penetrates inflamed BBB
Spectrum: 4/7 - Narrow

- G(+) – Strep, Enterococcus(w/ AG), listeria, c. Diphtheria
- G(–) – Neisseria meningitidis
- **Anaerobes** – C. perfringes, actinomycetes
- **Spirochetes** – Treponema pallidum, B. Burgdorferi

Resistance - SNAP-IN

Beta lactamase
• Staph, Enterobacteriaceae, N. Gonorrhea, B. Fragilis

Altered PBP
• PRSP, N. Gonorrhea, MRSA
Innate
• Atypical, Gram negative, intracellular orgs
SE: Hypersensitivity reaction, seizures, renal failure

2. Penicillinase-Resistant Penicillins (anti-staph)

MOA: Inhibit Transpeptidase PBP → Inhibit peptidoglycan crosslinking – resistant to β -lactamase

Nafcillin – IV, IM - Bile excreted

Oxacillin – IV, IM

Cloxacillin – Oral, IV, IM

Dicloxacillin – Oral

PK: Decreased absorp. w/ food, penetrates BBB in inflamed
Spectrum: 1/7 – Narrow

- G(+) – Methicillin sensitive Staph Aureus (MSSA)

Resistance - SNAP-IN

Altered drug target (PBP mutation)

• MRSA

Innate

- Atypical, Gram negative, intracellular orgs

SE: Hypersensitivity reaction, seizures, Nephrotoxicity, Hepatotoxicity

3. Aminopenicillins

MOA: Inhibit Transpeptidase PBP → Inhibit peptidoglycan crosslinking

Ampicillin – IV - renal and biliary

Amoxicillin – delayed with food, Long T1/2

PK: Penetrates inflamed BBB

Spectrum: 4/7 - Narrow

- G(+) – listeria (+AG), Strep
- G(–) – Proteus, H. Pylori (w/ PPI), H. influenza, E. coli, N. Meningitis, Moraxella, Acinetobacter
- **Anaerobes** – Most except C. Difficile
- **Spirochetes** – Treponema pallidum, B. Burgdorferi

USE: URTI, UTI, Meningitis, Endocarditis, GI-infections
Resistance - Beta lactamase – always combined with β -lactamase inhibitor

SE: Hypersensitivity reaction, seizures, renal failure, superinfection

4. Antipseudomonal Penicillins

MOA: Inhibit Transpeptidase PBP → Inhibit peptidoglycan crosslinking

Ticarcillin – parenteral

Piperacillin - parenteral

PK: Penetrates inflamed BBB

Spectrum: 3/7 - Extended

- G(+) – listeria, Enterococcus, Strep, Staph
- G(–) – Most, Pseudomonas
- **Anaerobes** – Most except C. Difficile

USE: URTI, UTI, Meningitis, Endocarditis, GI-infections
Resistance - Beta lactamase – always combined with β -lactamase inhibitor (Tazobactam)

SE: Hypersensitivity reaction, seizures, renal failure, Bleeding, Neutropenia

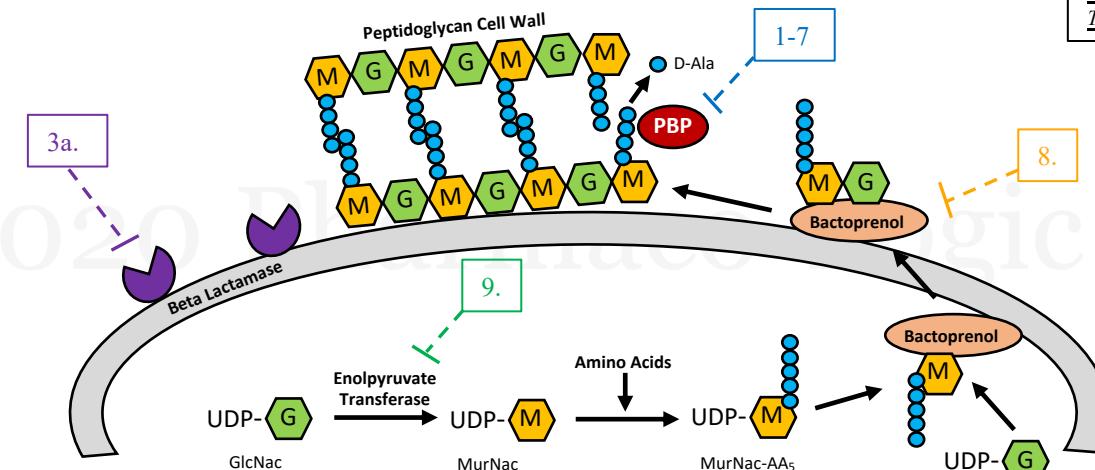
3a. Beta-Lactamase inhibitor

MOA: Binds and irreversibly inhibits β -lactamase – administered with aminopenicillin

Clavulanic acid

Sulbactam – effective against Acinetobacter

Tazobactam



6. Carbapenems

MOA: Inhibit Transpeptidase PBP → Inhibit peptidoglycan crosslinking

Imipenem – Seizures, Preg C – Administered with cilastatin

Meropenem – Combined with Vaborbactam

Ertapenem – Not effective against APE

Spectrum: Broad spectrum

- G(+) – Most – Staph, Enter, Strep, Listeria
- G(–) – Most – Enterobacter, Pseudomonas, acinetobacter
- **Anaerobes** – Most, Not C. Diff

Resistance – Spirochetes, MRSA, Atypicals, C. Diff (SMAC)

SE: Hypersensitivity reaction, Superinfections

7. Monobactams

MOA: Inhibit Transpeptidase PBP → Inhibit peptidoglycan crosslinking

Aztreonam

Spectrum: Narrow

- G(–) – Most –

Resistance – Beta Lactamase, Porin

SE: Hypersensitivity reaction, Superinfections

8. Bacitracin

MOA: Inhibits Step 2 of cell wall synthesis → Inhibits bactoprenol mediated transport

Spectrum:

- G(+) – Most –
- G(–) – Most
- **Anaerobes** – Including C. Diff

SE: Nephrotoxicity – topical use only

9. Fosfomycin

MOA: Inhibits Step 1 of cell wall synthesis → Inhibits Enolpyruvate transferase (UDP-MurNAC)

PK: penetrates Kidneys, Bladder, Prostate

Spectrum: Narrow

- G(+) and G(–)
- Enterobacteriaceae, S. Saprophyticus, Psuedomonas

SE: Diarrhea