Oritavancin (ORI) is a single-dose treatment that has the potential to shift care from the inpatient to the OP setting in selected patients. Data suggests that many ABSSSI patients are unnecessarily hospitalized at the time of ORI administration. Clinical and microbiologic outcomes and safety were similar to that seen in control patients. During the study period, 120 and 6695 pts who received ORI and VAN, respectively, met inclusion criteria. Groups were well balanced at baseline (Table). Patients who received ORI had a significantly lower 30 day admission rate vs. patients who received VAN (3.0% vs. 16.2%, respectively; p<0.01). Mean (SD) cost ($10,092) was significantly lower compared to ORI and VAN patients ($10,198 vs. $12,779, respectively; p<0.01).

Conclusion: Results suggest ORI provides a single-dose alternative to multi-dose VAN in treatment of ABSSSI and may result in lower 30 day hospital admission rates.

ABSTRACT

Study Design and Population

- Retrospective cohort analysis of the Truven Health MarketScan® Databases
- Two MarketScan Research Databases (MarketScan Commercial and Medicare Supplemental Databases) were used for this AHD

Inclusion criteria

- Age ≥18 yrs
- ≥ 30 days of continuous enrollment in medical/pharmacy benefits prior index day
- ≥ 60 days of continuous enrollment in medical/pharmacy benefits post index day
- Prescription or medical claim for ORI or VAN in the OP setting
- No hospitalization in previous 3 days of index day
- No hospitalization in previous 3 days after the index day

Pre-Index Measures

- Baseline demographic and clinical characteristics
- Baseline pharmacy characteristics
- Select treatment characteristics
- Any variable that is associated with outcome of interest in bivariate analysis

Post-Index Outcomes

- 30-Day Outcomes
- 60-Day Outcomes
- Retrospective cohort analysis of the Truven Health MarketScan® Databases in 2016. Inclusion criteria age ≥18 yrs prescription/medical claim for ORI or VAN in OP (days ≥60) non-diagnostic medical claim with a diagnosis of skin infection ≥7 days prior and ≥3 days after the index date. The index date was defined as ±30 days of continuous enrollment in medical/pharmacy benefits prior index day. A total of 60 days of continuous enrollment in medical/pharmacy benefits post index day. No hospitalization on the day of discharge or within 3 days of hospital discharge. No hospitalization in the 3 days prior to index date.

Methods: Retrospective cohort analysis of Truven Health MarketScan® Databases in 2016. Inclusion criteria age ≥18 yrs prescription/medical claim for ORI or VAN (days ≥60) non-diagnostic medical claim with a diagnosis of skin infection ≥7 days prior and ≥3 days after the index date. The index date was defined as ±30 days of continuous enrollment in medical/pharmacy benefits prior index day. A total of 60 days of continuous enrollment in medical/pharmacy benefits post index day. No hospitalization on the day of discharge or within 3 days of hospital discharge. No hospitalization in the 3 days prior to index date.

Predictors of 30-Day Healthcare Cost in Multivariate Analysis

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Odds Ratio</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any inpatient service during baseline</td>
<td>0.87</td>
<td>0.78</td>
<td>0.97</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>In-hospital mortality</td>
<td>0.34</td>
<td>0.08</td>
<td>1.45</td>
<td>0.17</td>
</tr>
<tr>
<td>Any non-life-threatening condition</td>
<td>0.77</td>
<td>0.64</td>
<td>0.94</td>
<td>&lt;0.01</td>
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<tr>
<td>Any life-threatening condition</td>
<td>2.53</td>
<td>2.40</td>
<td>2.66</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Any inpatient service during baseline</td>
<td>0.84</td>
<td>0.75</td>
<td>0.93</td>
<td>0.0032</td>
</tr>
<tr>
<td>In-hospital mortality</td>
<td>0.33</td>
<td>0.13</td>
<td>0.86</td>
<td>0.0284</td>
</tr>
<tr>
<td>Any non-life-threatening condition</td>
<td>0.76</td>
<td>0.67</td>
<td>0.86</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Any life-threatening condition</td>
<td>2.57</td>
<td>2.41</td>
<td>2.75</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Conclusions

- Results suggest ORI provides a single-dose alternative to multi-dose vancomycin for treatment of ABSSSI in OP and may result in lower 30 day hospital admission rates. Patients who received ORI had a significantly lower 30 day admission rate vs. patients who received vancomycin (3.0% vs. 16.2%, respectively; p<0.01). Mean (SD) cost ($10,092) was significantly lower compared to ORI and VAN patients ($10,198 vs. $12,779, respectively; p<0.01).

Limitations include those associated with administrative databases, including uncontrolled comorbid conditions and data which may not have been coded accurately or fully captured. In addition, related healthcare costs were based on paid amounts of adjudicated claims, including insurer and health plan payments as well as patient cost-sharing in the form of copayments, deductibles, and coinsurance. These costs may not reflect generalizable healthcare costs.

Future randomized multi-center comparator studies are needed to validate these findings. Specific predictors related to hospital admission and total cost should be tested prospectively.

REFERENCES
