Introduction

Background: Many patients with acute skin and soft tissue infections (ABSSSI) require hospitalization for treatment with vancomycin. Since inpatient care for ABSSSI costs approximately 2-4 times more than outpatient care, patients have zero or few comorbidities and can be effectively and safely managed in the outpatient setting.

Objective: Given the costs of inpatient care, the present study examined the cost savings associated with switching inpatient vancomycin to outpatients receiving oral (PO) and IV once-daily aminomethylcycline antibiotic, Omadacycline (OMC).

Methods: Conceptual healthcare decision models were developed from the payers’ perspectives to evaluate the incremental cost-effectiveness ratio (ICER) and willingness to pay (WTP) for switching to OMC under different treatment scenarios and daily OMC costs. The key output was per patient cost differences between treatment with vancomycin and OMC.

Results: Compared to inpatient vancomycin, treatment with PO OMC was cost-saving while demonstrating no significant difference in treatment failure or re-hospitalization rates between treatment with vancomycin and OMC. The cost of IV and PO OMC treatment was varied from 0 to $1000/day to estimate the upper end of daily OMC acquisition cost that still conferred cost savings with OMC.

Conclusions: For ABSSSI patients with few comorbidities, OMC may be cost-effective and demonstrate no significant difference in treatment failure or re-hospitalization rates between vancomycin and OMC. The cost of IV and PO OMC treatment was varied from 0 to $1000/day to estimate the upper end of daily OMC acquisition cost that still conferred cost savings with OMC.