METHODS

Cost of OMC loading doses was not considered in the
model, which replaced the use of empiric IV ceftriaxone plus
azithromycin as the comparator. The model was developed using TreeAge Pro 2018
version 10.5.2.0. The analysis examined the cost impact of shifting inpatient treatment (ceftriaxone plus macrolide) to
oral step-down therapy (OMC) compared to ceftriaxone plus azithromycin for adult patients with community-acquired pneumonia.

RESULTS

Inpatient treatment costs associated with each decision point were calculated for patients with CAP admitted to hospital. The analysis was performed from the payer or health system perspective. The model was structured to allow for hospitalization day 1 or 2; patients with multiple hospitalizations during the study period, only the first episode was considered.

CONCLUSIONS

Hospital LOS is an important clinical and economic consideration in the management of patients with CAP. Given the cost associated with the inpatient management of patients with suspected or documented CAP, more structured approaches are needed to facilitate a more rapid transition to hospital discharge in stable hospitalized patients. Hospitals aspiring to minimize costs without compromising care must consider cost savings, where a fluoroquinolone is unsuitable due to treatment response rates, adverse events, or the high cost of OMC compared to other step-down therapies. A decision-analytic model was created to highlight the potential cost savings from a payer or health system perspective. OMC was cost saving with a 2-day hospital LOS reduction if its average daily cost was $349.

REFERENCES

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