The OMC demonstrates potent, broad-spectrum antimicrobial action against Gram-positive and -negative bacteria, including methicillin-resistant strains of Staphylococcus aureus and Staphylococcus epidermidis, as well as Gram-negative bacteria such as Escherichia coli and Pseudomonas aeruginosa. OMC is also active against atypical pathogens such as Mycoplasma pneumoniae and Chlamydia pneumoniae.

**Methods**

**Study Objectives**

- **Primary Objective:**
  - To compare the clinical efficacy and safety of OMC (100 mg IV q24h for 1-2 doses followed by 240 mg PO q12h) and moxifloxacin (MOX; 75 mg PO q24h) in patients with CABP.

- **Secondary Objectives:**
  - To compare the pharmacokinetics of OMC and moxifloxacin.
  - To assess the safety of OMC and moxifloxacin in adults with CABP.

**Study Population**

- **Inclusion Criteria:**
  - Patients 18 years or older with symptoms of CABP.
  - Patients with a polymicrobial infection documented by respiratory culture or blood culture.

- **Exclusion Criteria:**
  - Patients with corticosteroid-dependent asthma.
  - Patients with a history of drug allergy to the study medications.

**Treatment Arm Allocation**

- **Randomization Process:**
  - Patients were randomized to receive either OMC or moxifloxacin.

**Endpoints**

- **Primary Endpoint:**
  - Clinical response at post-treatment evaluation (PTE).

- **Secondary Endpoints:**
  - Efficacy and safety during the study period.

**Results**

- **Clinical Success:**
  - OMC demonstrated noninferiority to moxifloxacin (microITT population).

- **Safety Profile:**
  - OMC was generally safe and well-tolerated, with a lower incidence of withdrawal due to adverse events compared to moxifloxacin.

**Conclusion**

OMC is a novel once-daily oral antibiotic that demonstrates clinical efficacy and a generally safe and well-tolerated profile in adults with CABP. Its broad-spectrum activity and favorable safety profile make it a promising treatment option for this patient population.