Abstract

Background: Dalbavancin (DAL) is a lipoglycopeptide approved to treat skin and skin structure infections (SSTIs) and postoperative infections. DAL is a single intravenous (IV) infusion regimen with a once-weekly dosing schedule. A recent meta-analysis of clinical trials demonstrated a reduced stay and associated costs for both DAL and comparator therapies, potentially improving patient care and reducing hospitalization costs. However, the effect of DAL on readmission rates and healthcare utilization is not well characterized. The current study assessed inpatient costs and reutilization rates due to adverse drug reactions (ADRs) after one-week inpatient therapy with DAL.

Methods: A retrospective study was conducted to evaluate inpatient hospitalization and reutilization rates due to ADRs in patients receiving DAL therapy. DAL ADRs were identified via the National Adverse Drug Event Reporting System (NADERS). The study included patients treated with DAL for SSTIs or postoperative infections. The primary endpoint was iLOS during the DAL infusion stay. The secondary endpoints were total hospitalization cost, treatment hospitalization cost, and rehospitalization due to ADRs following DAL administration.

Results: DAL ADRs were identified in 14 of 124 (11%) patients (63 ADRs). The most common ADRs were urticaria (36%), skin rash (21%), and cellulitis (9%). The median iLOS during the hospital stay due to DAL ADR was 4.6±2.1 days for DAL study pts and 30.4±24.4 days for DAL study pts and national average estimates. The mean overall iLOS for was 3.4 days for DAL study pts vs. 5.3 days national average estimates. The DAL ADR cost was $23,337 for DAL study pts and $200K for DAL study pts and national average estimates.

Discussion

We investigated the impact of outpatient use of DAL on utilization of healthcare resources in high-risk patients. DAL administration decreased hospitalization costs for DAL study pts and national average estimates. DAL ADRs were not statistically significant. DAL was associated with a lower cost of DAL study pts and national average estimates compared to other modalities. DAL ADRs were not statistically significant. DAL was associated with a lower cost of DAL study pts and national average estimates compared to other modalities. DAL ADRs were not statistically significant. DAL was associated with a lower cost of DAL study pts and national average estimates compared to other modalities. DAL ADRs were not statistically significant. DAL was associated with a lower cost of DAL study pts and national average estimates compared to other modalities.

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