

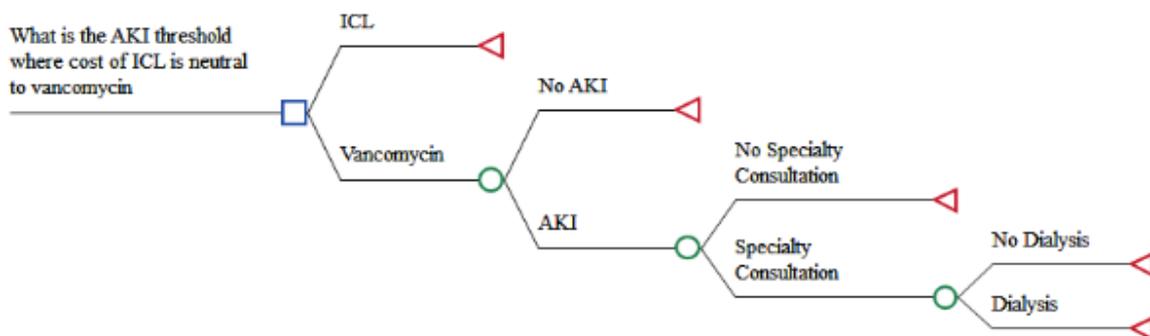
**P0283 Potential cost savings opportunities with targeted iclaprim (ICL) compared to vancomycin (VAN) among hospitalized patients with acute bacterial skin and skin structure infectious due to potential avoidance of VAN-associated acute kidney injury**

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**Background:** Vancomycin (VAN) is the most prescribed antibiotic for hospitalized adults with skin and skin structure infections (SSSIs). VAN is associated with V-A AKI. Iclaprim (ICL) is an antibiotic under development for treatment of patients with acute bacterial SSSIs (ABSSSI). In two phase 3 ABSSSI studies, ICL was not associated with AKI. This economic model sought to determine the potential cost savings opportunities with ICL compared to VAN among hospitalized patients with ABSSSI due to potential avoidance of V-A AKI.

**Materials/methods:** A cost-minimization model from the hospital perspective was developed to estimate the overall incremental cost impact of replacing empiric VAN with ICL among hospitalized adult SSSI patients. The structural model (figure) included: VAN acquisition (\$42.80/day x 7 days (RedBook)); VAN assay (\$18.58/assay x 5 in the absence of V-A AKI and 8 in the presence of V-A AKI); incidence of V-AAKI: 9.2% (V-A AKI rate observed in hospitalized patients at the Veterans Affairs Medical Center with SSSI); excess length of stay at hospital if V-A AKI occurred (\$1,585.69/day x 5 days); frequency of specialty physician consults after occurrence of V-A AKI: 25%; cost of specialty physician consults (\$485 per consult x 5 consults); probability of acute dialysis due to V-A AKI: 15%; and cost of acute dialysis (\$1590.82 x 1 session). ICL treatment duration was 7 days and ICL acquisition cost was varied to determine the upper end of the daily ICL price that still conferred cost savings with ICL relative to VAN. Duration of hospitalization for ICL was assumed to be the same as patients with no V-A AKI.



**Results:** Based on the overall rate (9.2%) of V-A AKI among SSSI patients, the neutral acquisition price threshold for ICL versus VAN was \$1210.26/regimen (\$172.89/day). Across various subpopulations where V-A AKI risk ranged between 9.3% to 16.7%, the upper end of the daily ICL acquisition cost that still conferred cost savings varied between \$150 – 300/day.

**Conclusions:** Iclaprim has the potential to reduce the economic burden of ABSSIs in hospitalized patients at risk for V-A AKI when ICL acquisition is between \$150-300/day.