

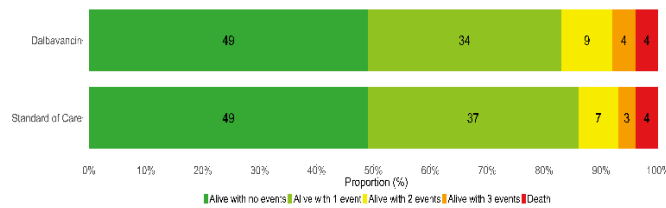
**Outpatient Parenteral Antibiotic Therapy (OPAT)**

**Context:** Prolonged outpatient parenteral antibiotic therapy (OPAT) has been the historical standard of care for severe infections but comes with numerous downsides.

**Current:** Long-acting infusion antibiotics and oral stepdown are excellent options to avoid the complications of OPAT in the right patient population.

**Cutting edge:** We need to be mindful of key patient and drug factors that need to be absent while picking the right patient population.<sup>1</sup> 90/60 rule: Treatment success is achieved in ~90% of patients with susceptible isolates, but only ~60% with resistant isolates.

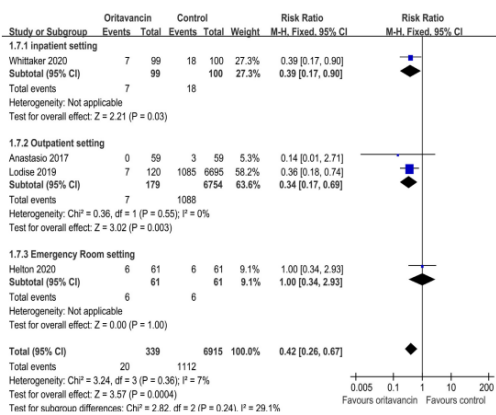
**DOTS Trial (Dalbavancin versus standard of care)<sup>2</sup>**



**Context:** Methicillin resistant Staph Aureus (MRSA) infections accounted for 323,700 cases and 10,600 deaths in 2019.

**Current:** Vancomycin and linezolid are standard of care for Methicillin resistant Staph Aureus (MRSA) infections.

**Cutting Edge:** Dalbavancin is non-inferior to standard of care along the lines of traditional clinical efficacy and had overall similar adverse event rates as compared to standard of care for MRSA bacteremia.



**Oritavancin**

**Context:** Intravenous medications for treatment of MRSA infections require inpatient stay.

**Current:** Oritavancin demonstrates comparable efficacy to vancomycin and reduced occurrence of treatment related adverse effects as compared to vancomycin.<sup>3</sup>

**Cutting Edge:** Oritavancin provides a single-dose alternative to multidose vancomycin for treatment of skin and soft tissue infections in the outpatient setting and may result in lower 30-day hospital admission rates.<sup>4</sup>

Fig. 9. Forest plots showing risk ratio with 95% confidence interval (CI) of 30-day readmission rates in a fixed-effects model.

References:

1. Kaasch AJ et al.; SABATO study group. Efficacy and safety of an early oral switch in low-risk Staphylococcus aureus bloodstream infection (SABATO): an international, open-label, parallel-group, randomised, controlled, non-inferiority trial. *Lancet Infect Dis.* 2024 May;24(5):523-534. doi: 10.1016/S1473-3099(23)00756-9. Epub 2024 Jan 17. PMID: 38244557.
2. Turner NA et al.; Antibacterial Resistance Leadership Group (ARLG). Dalbavancin as an option for treatment of S. aureus bacteremia (DOTS): study protocol for a phase 2b, multicenter, randomized, open-label clinical trial. *Trials.* 2022 May 16;23(1):407. doi: 10.1186/s13063-022-06370-1. PMID: 35578360; PMCID: PMC9109297. Allcroft H, Heiman E, Butner JL. Clinical progress note: Xylazine use and its sequelae. *J Hosp Med.* 2024 Aug;19(8):713-715. doi: 10.1002/jhm.13338. Epub 2024 Apr 1. PMID: 38561251.
3. Zhang H, Zhou W, Wang J, Cai Y. Efficacy and safety of oritavancin for the treatment of acute bacterial skin and skin-structure infections: a systematic review and meta-analysis. *J Glob Antimicrob Resist.* 2021 Jun;25:380-389. doi: 10.1016/j.jgar.2021.04.013. Epub 2021 May 11. PMID: 33989846.
4. Lodise TP, Palazzolo C, Reksic K, Packnett E, Redell M. Comparisons of 30-Day Admission and 30-Day Total Healthcare Costs Between Patients Who Were Treated With Oritavancin or Vancomycin for a Skin Infection in the Outpatient Setting. *Open Forum Infect Dis.* 2019 Nov 4;6(12):ofz475. doi: 10.1093/ofid/ofz475. PMID: 31844636; PMCID: PMC6902011.