**Evaluation and Analysis of Oritavancin (ORI) in an Infectious Diseases Physician Owned Infusion Center (POIC)**

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**Background:** Infections due to resistant pathogens can expand from easily treatable with hospitalization being required for the use of competing antibiotics, severe outcomes, and increased antimicrobial stewardship. However, antibiotic hospitalization is costly. There is growing literature describing a number of infections and/or emerging and changing resistance patterns. We sought to describe the use of a single antibiotic, oritavancin, in a community hospital setting.

**Methods:** This was a retrospective analysis of all infections described for the efficacy and safety of ORI at a POIC between the years of 2015 and 2016. Patients treated at the Birmingham ID and Infusion Center (ORI) were included. Primary outcome measures were identified patient data was collected using the DNP Inc. Data collection included patient demographics, comorbid conditions, gram positive and gram negative organisms, and adverse events.

**Results:** Outpatient administration of ORI reduced treatment costs compared to inpatient hospitalization for the treatment of gram positive infections. ORI along with other antibiotics showed promise for treating resistant gram positive infections and infections requiring urgent hospitalization. ORI was highly effective and well tolerated without significant adverse events. ORI's spectrum of activity, lack of dosing and administration, and cost effectiveness make it an ideal candidate for managing gram positive infections in today's evolving antibiotic resistance landscape.

**Conclusions:** ORI is a highly effective antibiotic similar in activity to vancomycin but with the advantage of having no resistance. ORI is also highly cost effective compared to hospitalization for the treatment of infections and can serve as a powerful tool in managing cost and improving health outcomes for patients.

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