Supplementary material:

Dalbavancin in Real Life: Economic Impact of Prescription Timing in French Hospitals

Guillaume Béraud[1], Jean-Claude Maupetit[2], Audric Darras[3], Alexandre Vimont[4], Martin Blachier[4]

1: Department of Internal Medicine and Infectious Diseases, University Hospital of Poitiers, Poitiers, France,

2: Hospital pharmacy, University Hospital of Nantes, Nantes, France,

3: UNIHA Tender, Hospital pharmacy, University Hospital of Toulouse, Toulouse, France,

4: Public Health Expertise, Paris, France

Corresponding author:

Dr. Guillaume Béraud,

University hospital of Poitiers, Poitiers, France

+33 (0)6.82.75.27.26

guillaume@beraud.pro

Dalbavancin Budget Impact Tool:
https://github.com/darkdoudou/DalbavancinBudgetImpact/blob/c819519f6f0cd0738966a7cb4a2cb4d80b72bdbd/DalbavancinBudgetImpactTool.xlsx

Supplementary Table 1: Comorbidities, pathogens and number of lines of treatment before dalbavancin. The maximum was 12500 for bone and joint infections.

	N	Diabetes	Obesity	IVDU	Cancer	Cirrhosis	Polyarthritis	Immuno depression	HTA	Other	MSSA	MRSA	Coag. neg. Staph	MRES	Streptococcus spp.	E. faecium	E. faecalis	Corynebacterium	Autre	Non identifié
Bloodstream infections	10 (6%)	30 %	-	20 %	60 %	10%	-	20%	50 %	60 %	30 %	50 %	-	10 %	10%	-	-	-	-	-
Infective endocarditis	29 (19%)	10 %	3%	17 %	14 %	7%	-	3%	31 %	38 %	31 %	14 %	17 %	14 %	3%	7%	21 %	-	10 %	3%
Bone and joint infections	86 (56%)	17 %	7%	2 %	8 %	2%	14 %	3%	38 %	50 %	23 %	14 %	9%	40 %	8%	5%	10 %	15%	15 %	1%
Soft tissue infections	10 (6%)	20 %	20 %	-	10 %	10%	-	10%	30 %	60 %	10 %	10 %	-	10 %	10%	-	-	-	30 %	40 %
Catheter-related bloodstream infections	9 (6%)	-	-	-	44 %	-	11 %	22%	33 %	22 %	11 %	-	11 %	78 %	-	-	-	-	-	-

Endovascular infections	2 (1%)	-	-	-	-	-	-	-	-	50 %	-	-	-	-	100%	-	-	-	-	-
Others	6 (4%)	-	17 %	-	17	-	-	17%	67 %	83 %	-	-	17 %	67 %	0%	17 %	17 %	-	33 %	-
Missing	2 (1%)	50 %	50	50 %	-	-	-	-	50 %	100 %	50 %	50 %	-	-	50%	-	50 %	-	50 %	-
Total	154	16 %	7%	6 %	15 %	4%	8 %	6%	38 %	49 %	23 %	15 %	10 %	33 %	8%	5%	11 %	8%	14 %	4%

Supplementary Table 2: Five antimicrobials represented 77% of the preliminary antimicrobials used alone or in combination against gram-positive cocci before dalbavancin was used in the second position. The same five antimicrobials represented 58% of the preliminary antimicrobials used alone or in combination against gram-positive cocci before dalbavancin was used in the third position.

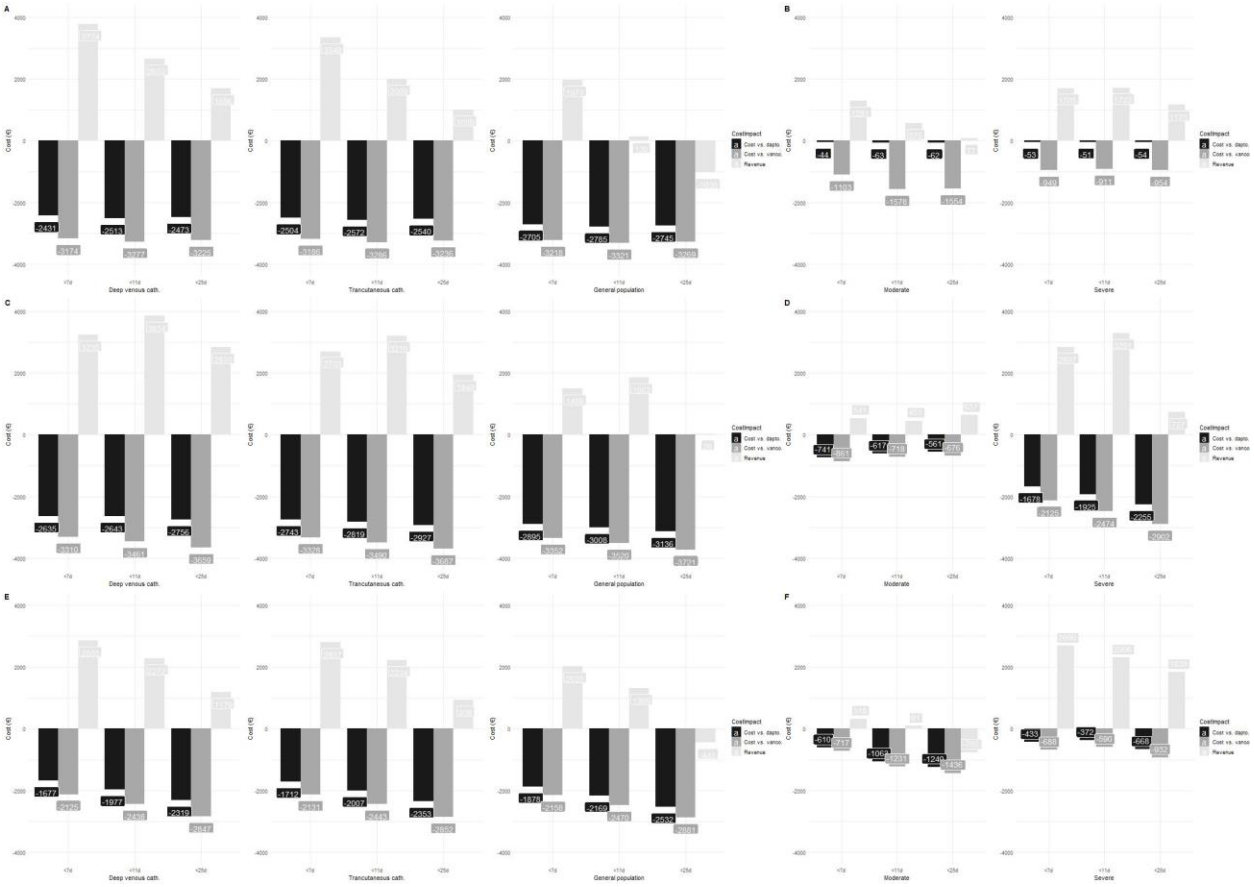
	N	L1	L2	Post DAP	Post VAN	Post LZD	Post AMX	Post TEC	L3	Post DAP	Post VAN	Post LZD	Post AMX	Post TEC
Infective endocarditis	29	1	10	1	1	1	3	0	13	7	1	3	5	1
Bone and joint infections	86	12	39	13	3	9	5	1	23	9	3	6	3	2
Soft tissue infections	10	0	7	1	1	0	3	0	3	0	0	3	2	0
Total	125	13 (10%)	56 (45%)	15 (27% out of L2)	5 (9% L2)	10 (18% L2)	12 (21% L2)	1 (2% L2)	39 (31%)	16 (21%)	4 (5%)	12 (15%)	10 (13%)	3 (4%)

Supplementary Table 3: Comparison with Dinh et al

Characteristics of patients treated by dalbavancin	DINH et al. (2017-2018)	BERAUD et al. (2019)	p
N	75	154	
Age (mean)(SD)	63.1(17)	63.8(19.5)	0.54
Age (median, Min-Max)		69 (15-94)	
IMC (median, Min-Max)		26 (14-56)	
Ratio (M/F)	2.26	2.14	0.9801
Number of participating centres	29	24	
Comorbidities (mean)(SD)	-	4.7(6.7)	
Previous antibiotic treatment: number of lines (mean)(SD)	2.3(1.2)	1.6(1,3)	**<.0001**
Previous antibiotic treatment: duration (days) (median)[min-max]	22.5[14.3 - 39.8]	11[4.0 - 24.0]	**0.0002**
Documented infections, n (%)	72 (96)	154 (100)	
Polymicrobial infections, n (%)	25 (35)	39 (25)	0.8382
Staph. sp. (=S.aureus + CoNS+ S.p), n (%)	69 (96)	137 (89)	0.7324
S. aureus (=MSSA + MRSA), n (%)	37 (51)	59 (38)	0.7888
MSSA, n (%)	23 (32)	35 (23)	0.8479
MRSA, n (%)	14 (19)	23 (15)	0.9106
CoNS (total cons epi serm), n (%)	32 (44)	66 (43)	0.9768
S. epi, n (%)	24 (33)	-	
SERM, n (%)	15 (21)	51 (51)	0.764

			5
Staph. spp., n (%)	-	12 (8)	
E. faecalis, n (%)	5 (7)	17 (11)	0.8732
E. faecium, n (%)	0 (0)	8 (5)	
Corynebacterium spp., n (%)	5 (7)	12 (8)	0.9669
autre ou NI, n (%)	-	28 (18)	
BJI, n (%)	48 (64)	86 (56)	0.8184
EI, n (%)	19 (25)	29 (19)	0.8638
SSTI, n (%)	13 (17)	10 (6)	0.7637
Vascular infection, n (%)	5 (7)	2 (1)	0.8242
Catheter line infection, n (%)	4 (5)	9 (6)	0.9899
Bloodstream infection, n (%)	3 (4)	9 (6)	0.9331
Mediastinitis, n (%)	2 (3)	2 (1)	0.9283
Autre, n (%)	0 (0)	5 (3)	

Supplementary figure 1: Establishments participating in the UNIHA 2019 cohort.



Supplementary figure 2: Cost and revenue provided by the use of dalbavancin instead of daptomycin or vancomycin according to infection site (A-B:
Bone joint and infections, C-D: Infectious endocarditis, E-F: Acute bacterial skin and skin structure infections), catheter type (A, C, E) and severity (B,
D, F).