

Five-Year Trends in Long-Acting Lipoglycopeptide Outpatient Use: A Multicenter Study of 4,641 Patients

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KEY FINDINGS

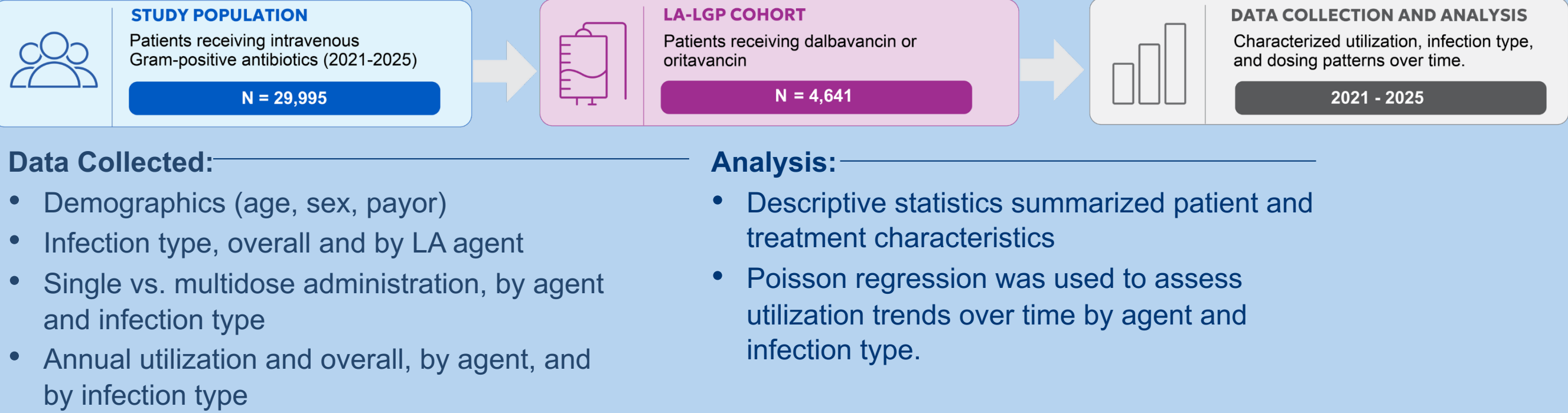
- Outpatient LA-LGP utilization increased 85% over 5 years, demonstrating substantial growth.
- Dalbavancin accounted for most of the LA-LGP use, although both agents demonstrated similar utilization across indications, primarily as single-dose regimens.
- Utilization extended beyond cSSSI to include bone and joint infections, bacteremia, and other Gram-positive infections.
- Multidose strategies were more common in invasive infections, reflecting indication-specific dosing practices.

Introduction

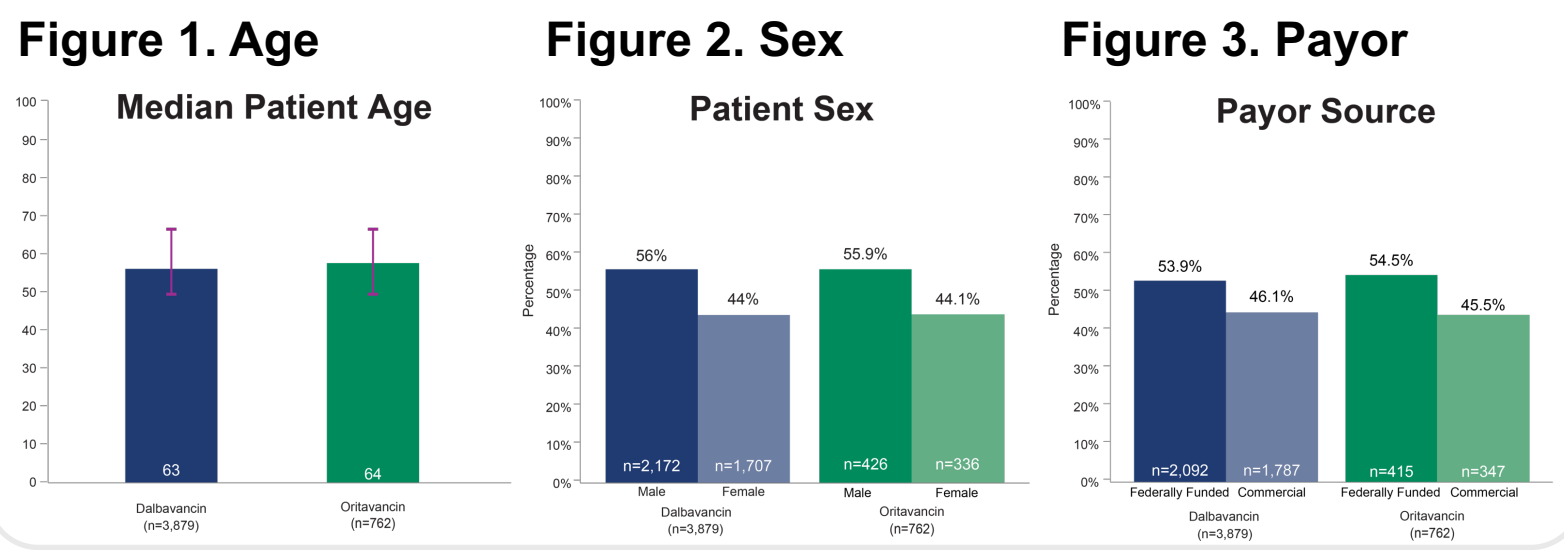
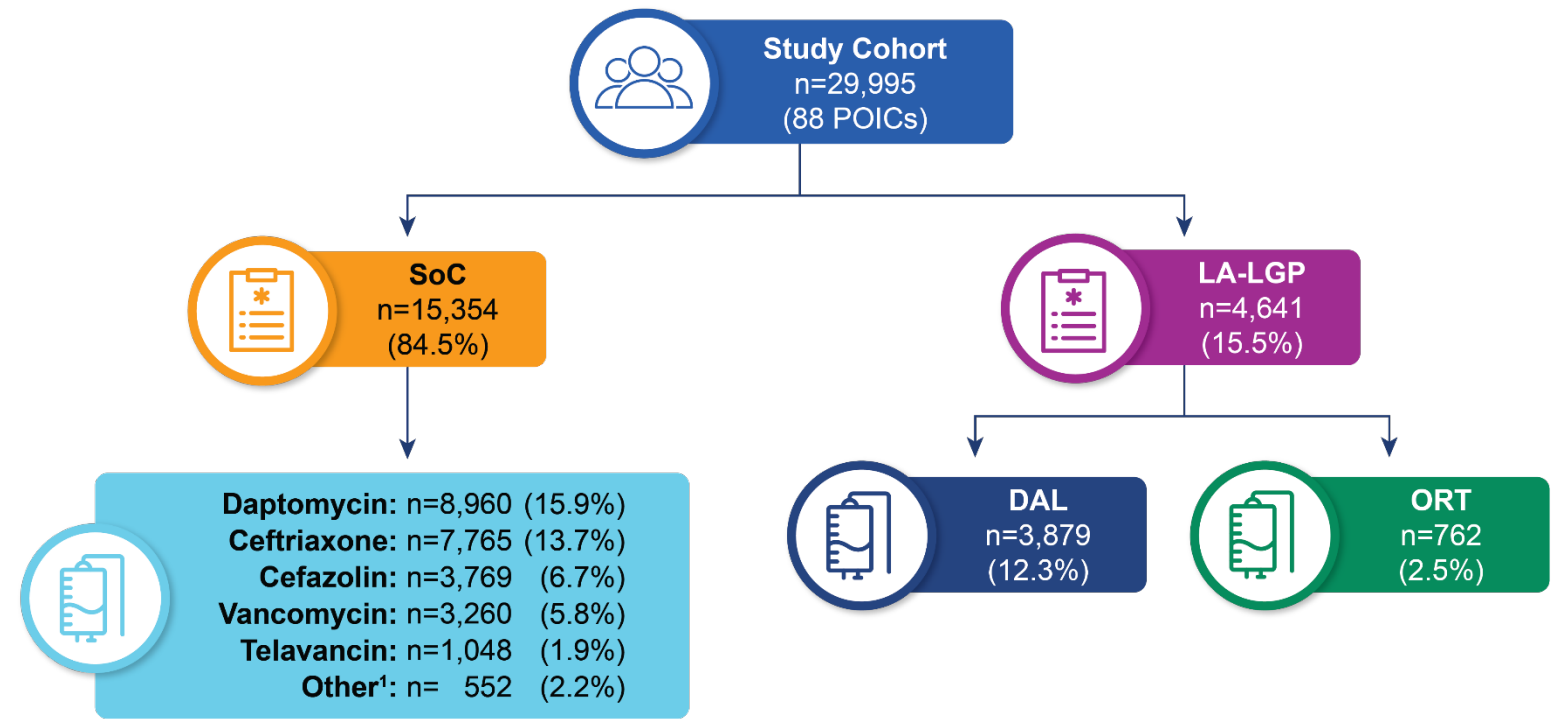
- Long-acting lipoglycopeptide (LA-LGP) use facilitates transition from inpatient to outpatient parenteral antibacterial therapy for Gram-positive infections.^{1,2}
- LA-LGP include dalbavancin and oritavancin and are approved for ABSSSI.³⁻⁵ Their prolonged half-life and weekly dosing have led to increasing off-label use for deep-seated Gram-positive infections, including bone and joint infections, bacteremia, and endocarditis.⁶⁻⁸
- Real-world utilization patterns over time for the LA-LGP remain incompletely characterized.
- This study evaluated trends in LA-LGP use across a large multicenter cohort.

Methods

- This was a retrospective, multicenter cohort study using centralized OPAT electronic health records from physician office infusion centers (POICs) from 2021-2025.
- Patients receiving long-acting lipoglycopeptides (LA-LGPs) (dalbavancin or oritavancin) were identified from a cohort treated with intravenous Gram-positive antibiotics.



Study Cohort



Infection Type

Table 1. Infection Type by Long-Acting Agent

Infection Type	Total Cohort N=4,641 (%)	Dalbavancin n=3,879	Oritavancin ² n=762
Complicated Skin and Skin Structure Infection	3,592 (77.4%)	2,981	700
Cellulitis	3,270	2,633	637
Abscess	199	147	52
Mastitis	56	46	10
Other (hidradenitis suppurativa, tenosynovitis, lymphangitis)	11	10	1
Bone and Joint Infection	873 (18.8%)	824	49
Osteomyelitis	668	634	34
Prosthetic Joint Infection	105	102	3
Septic Arthritis	89	78	11
Discitis	11	10	1
Bacteremia/Septicemia	111 (2.4%)	104	7
Bacteremia	95	91	4
Endocarditis	16	13	3
Genitourinary Infection	19 (0.4%)	17	2
Complicated Urinary Tract Infection	13	13	-
Other (abscess, prostatitis, epididymo-orchitis, vulvitis)	6	4	2
Respiratory Infections	18 (0.4%)	17	1
Sinusitis	8	8	-
Otitis	7	7	-
Other (pneumonia, lung abscess)	3	2	1
Intra-abdominal Infection	16 (0.3%)	14	2
Sinusitis	8	7	1
Peritonitis	6	5	1
Other (pancreatitis, diverticulitis)	2	2	-
Central Nervous System Infections	13 (0.3%)	12	1
Cranial Infection	7	6	1
Spine Infection	5	5	-
Implanted Device Infection	1	1	-

LA Dosing Characteristics

Figure 4. Single and Multi-dose LA-LGP by Drug

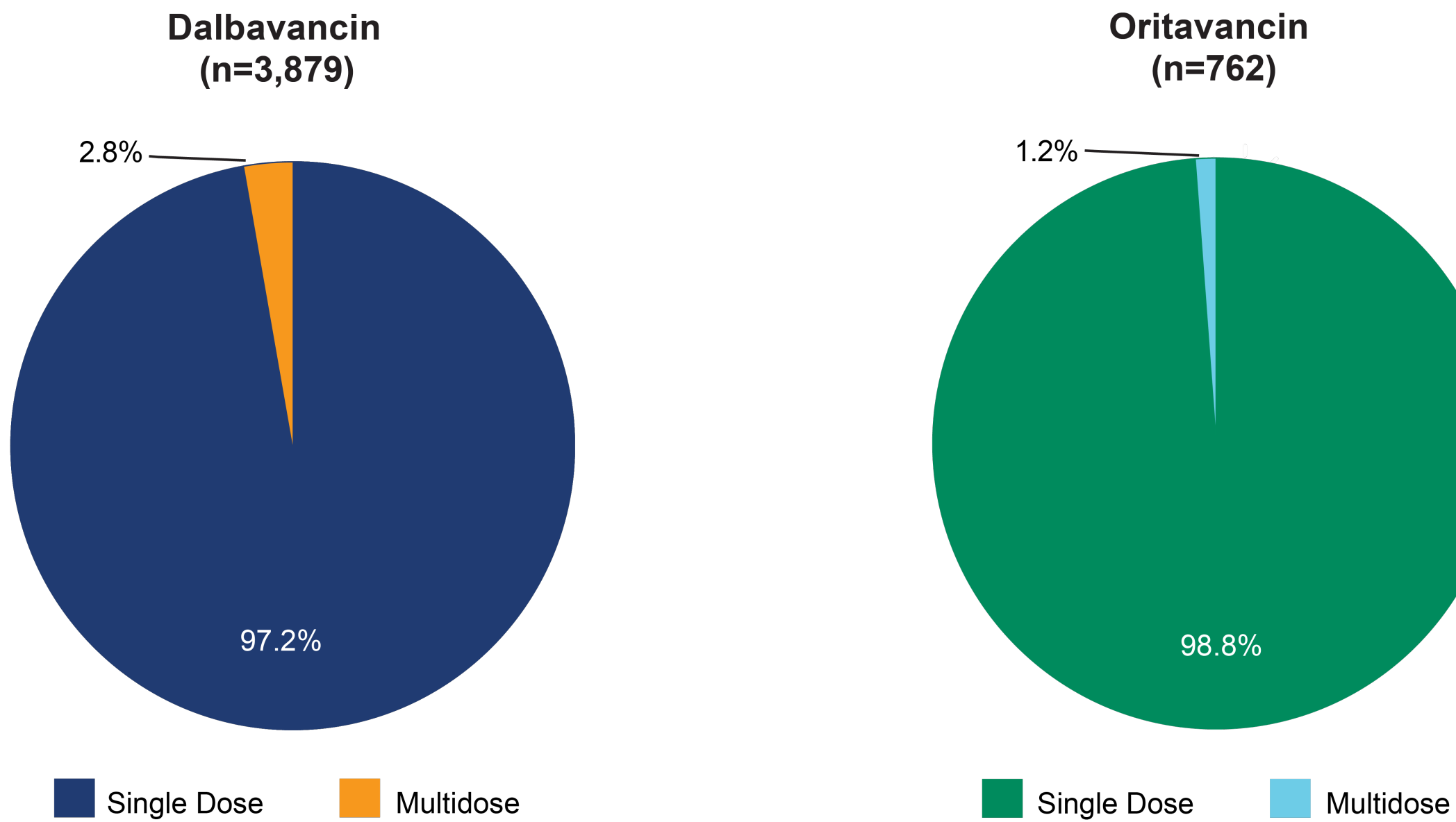
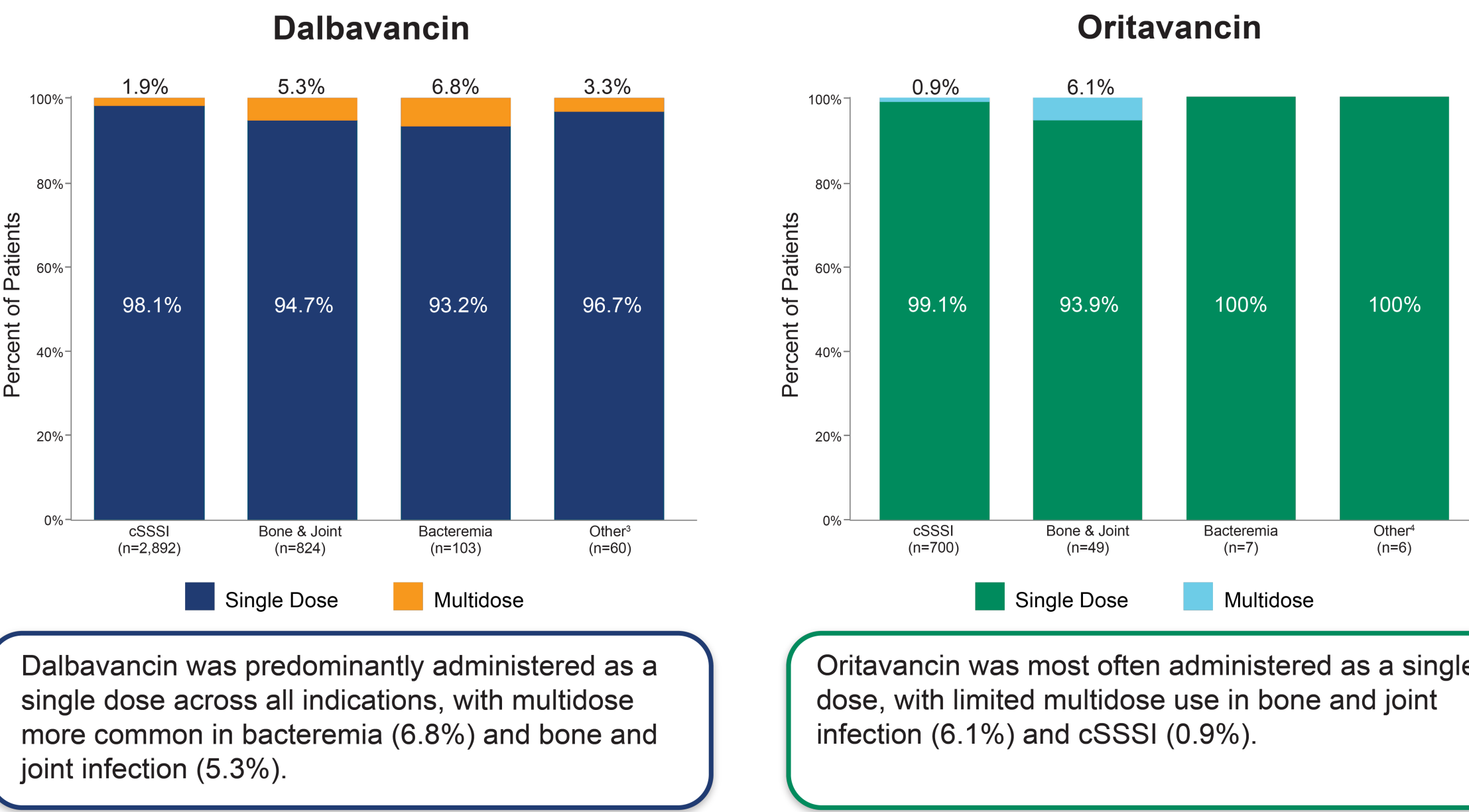
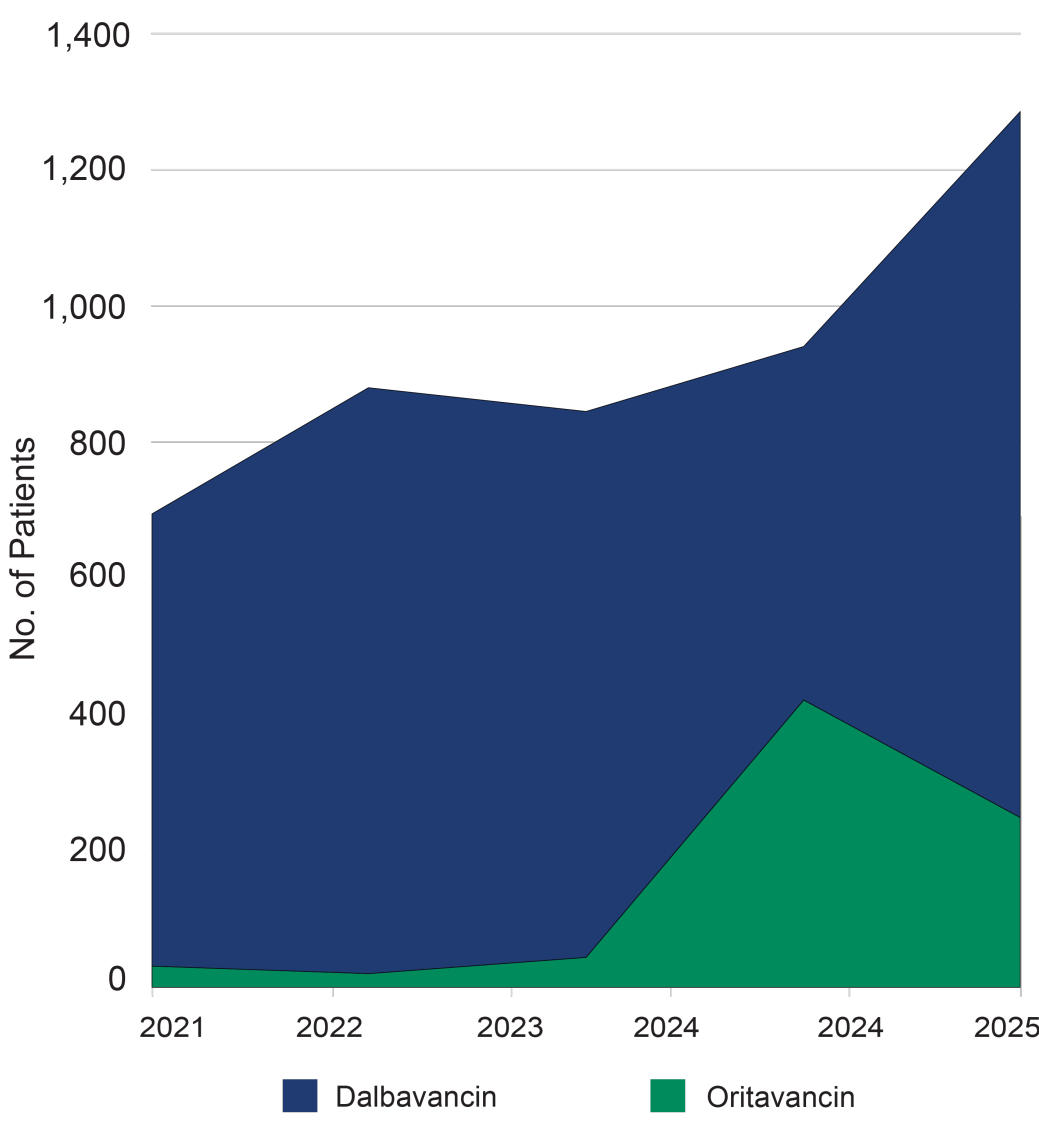


Figure 5. Single Dose and Multidose LA-LGP Stratified by Drug and Diagnosis



Patterns of Use over Time

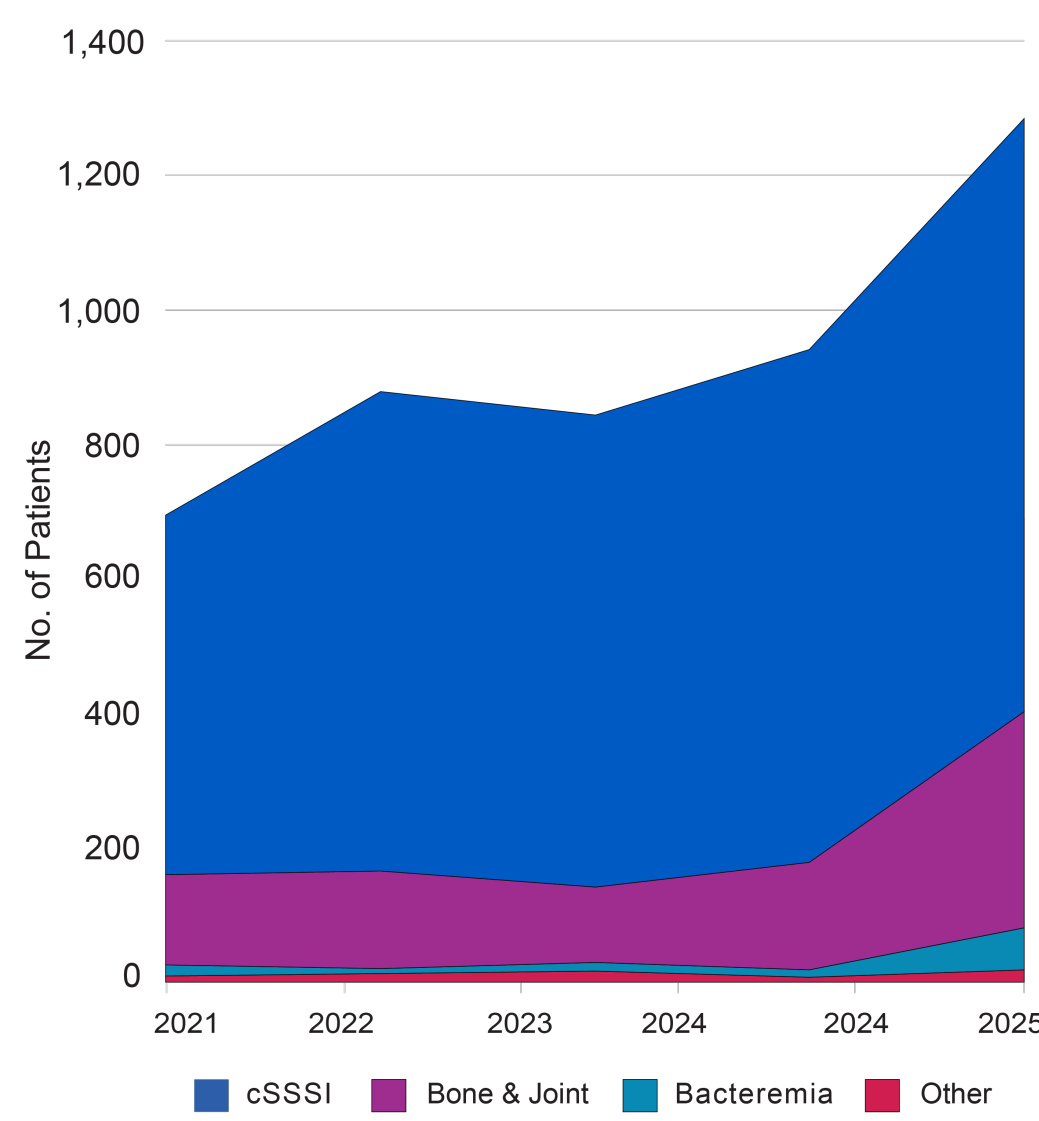
Figure 6. LA-LGP Use over 5 Years



LA-LGP Usage by Year

Year	Dalbavancin	Oritavancin
2021	663	31
2022	860	19
2023	800	44
2024	520	420
2025	1,036	248

Figure 7. Disease Treatment over 5 Years



Overall Usage by Year by Diagnosis

Year	cSSSI	Bone & Joint	Bacteremia	Other
2021	534	134	16	10
2022	714	145	7	13
2023	702	112	13	17
2024	761	160	12	7
2025	881	322	62	19

Discussion

- LA-LGP utilization increased substantially over 5 years, demonstrating increasing use of long-acting agents in outpatient management of Gram-positive infections.
- Increasing use in bone and joint infections and bacteremia reflects application beyond the approved ABSSSI indication.
- Although single-dose administration predominated, multidose regimens were proportionally more frequent in invasive infections, reflecting differing treatment strategies.
- Agent-specific utilization fluctuated, particularly in 2024, despite an overall upward trend.
- Recent generic availability of dalbavancin may further influence the accessibility and utilization of LA-LGPs in outpatient practice.
- Limitations: This was a retrospective analysis; clinical outcomes, adverse events, and factors influencing agent selection and dosing strategies were not evaluated.

Abbreviations

Abbreviations: ABSSSI, acute bacterial skin and skin structure infection; CSSSI, complicated skin and skin structure infections; DAL, dalbavancin; EHR, electronic health record; IQR, interquartile range; LA, long-acting; LA-LGP, long-acting lipoglycopeptide; OPAT, outpatient parenteral antimicrobial therapy; ORT, oritavancin; POIC, physician office infusion center; SoC, standard of care

Footnotes

- ¹Other included nafcillin (n=187), ceftaroline (n=169), oxacillin (n=86), cefoxitin (n=55), linezolid (n=28), doxycycline (n=26), tedizolid (n=1)
²Oritavancin use consisted of Kimyrsa® (n=716) and Orbactiv® (n=46)
³Other included genitourinary infection (n=17), respiratory infection (n=17), intra-abdominal infection (n=14), and central nervous system infection (n=12)
⁴Other included genitourinary infection (n=2), respiratory infection (n=1), intra-abdominal infection (n=2), and central nervous system infection (n=1)
⁵Other included genitourinary infection, respiratory infection, intra-abdominal infection, and central nervous system infection

References

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