For the OMC scenario, no patients were assumed to develop CDI. The use of OMC in place of guideline-concordant CABP treatments would have resulted in approximately 404 fewer days of inpatient treatment for patients with DRS ≥ 6 in the OMC group, which translates to a cost savings of about $88,828 per 100,000 CABP patients with DRS ≥ 6. The findings are not unique to OMC and could be applied to any antibiotic that confers a lower risk of CDI relative to current CABP treatments.

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