

ESTIMATED INPATIENT ANTIMICROBIAL DAILY COSTS AT UCLA RRMC

Beta-Lactams	Cost
Penicillin	\$\$
Ampicillin	\$\$
Ampicillin-sul	\$\$
Piperacillin-tazo	\$\$
Oxacillin	\$\$\$
Cefazolin	\$
Cefoxitin	\$\$\$
Ceftriaxone	\$-\$\$
Ceftazidime	\$
Cefepime	\$\$-\$\$\$
Meropenem	\$\$
Ertapenem	\$\$\$
Aztreonam	\$\$\$\$

Oral/IV ^a	Cost ^b
Ciprofloxacin	c/\$
Levofloxacin	c/\$
Metronidazole	c/c
TMP-SMX	c/\$\$\$
Doxycycline	c/\$\$
Linezolid	\$/\$\$
Azithromycin ^c	c/\$

Oral Antibiotics	Cost
Amoxicillin Amox-clav Dicloxacillin Cephalexin Nitrofurantoin PO vanc	c
Cefpodoxime Clarithro	\$
Fosfomycin ^d	\$-\$\$
Fidaxomicin	\$\$\$\$

Resistant Gram (+)	Cost
Vancomycin	\$
Linezolid ^b	\$/\$\$
Daptomycin	\$\$\$
Tigecycline	\$\$\$\$
Eravacycline	\$\$\$\$
Omadacycline PO	\$360
Omadacycline IV	\$320
Ceftaroline	\$360

Resistant Gram (-)	Cost
Gentamicin	\$
Amikacin	\$
Tobramycin	\$
Colistin (CBA)	\$\$\$
Ceftolozane-tazo	\$\$\$
Ceftazidime-avi	\$\$\$\$
Cefiderocol	\$\$\$\$
Meropenem-vabor	\$920

Antifungal Agents	Cost
Fluconazole PO/IV	c
Caspofungin	\$\$\$
Voriconazole PO	\$\$
Voriconazole IV	\$\$\$
Posaconazole tabs	\$\$\$
Posaconazole susp ^e	\$\$\$\$
Posaconazole IV	\$320
Isavuconazole PO	\$\$\$\$
Isavuconazole IV	\$230
Nonlipid Ampho	\$\$
Liposomal Ampho	\$320

Prolonged Courses ^f	Cost
MSSA endocarditis 6-wk	
Cefazolin 2 g q8	\$750
Oxacillin 12 g continuous	\$2400
MRSA endocarditis 6-wk	
Vanco 1.5 g q12	\$800
Daptomycin 500 mg q24	\$2500
GI coverage 4-wk	
PO Cipro+metro	\$50
IV Ceftriaxone+metro	\$650
IV Pip-tazo	\$825
IV Ertapenem	\$1700
Antifungal 3-month PO	
Fluconazole	\$270
Voriconazole	\$3800
Posaconazole	\$8000
Isavuconazole	\$12000

Legend	
<\$5	c
\$5-20	\$
\$20-50	\$\$
\$50-100	\$\$\$
\$100-200	\$\$\$\$
\$200-500	
>\$500	

Cost estimates are based on typical dosing. In cases where multiple doses are used, a range is provided if dosing alters cost category. 70 kg was used for weight-based dosing.

Costs were compiled 9/2020 and are based on inpatient RRMC purchasing price with administrative costs.

Cost to RRMC is negotiated, subject to change and does not reflect cost at other institutions or OPAT. SMH costs are similar.

^a High bioavailability, clinically equivalent (if functional GI)

^b Provided as oral cost/IV cost

^c Bioavailability ~40%, but clinically equivalent

^d Depending on frequency (x1 vs q3d repeat doses)

^e Difficult to obtain reliable levels with suspension, typically avoided

^f Head-to-head comparison of common prolonged antibiotic courses to illustrate cost differences. Do NOT reflect costs outside hospital.