Notably, Humana methods associated gender, objective treatment design, and SSTI with hospitalization. Table 3 shows unadjusted and adjusted post-index healthcare costs, by prescription fill versus reversed. The results indicate that post-index healthcare costs were significantly lower for oral linezolid than for SSTI in the oral and reversal groups (Tables 1 and 2).

**Discussion**

Discussion of the results showed that Humana members who used oral linezolid had lower hospitalization and OOP antibiotic costs compared to SSTI. This suggests that oral linezolid may be a more cost-effective option than SSTI for treating SSTI.

**Limitations**

While this study provides valuable insights into the economic impact of different treatment options, it is not without limitations. The study is observational, and while effort was made to control for confounders, residual confounding may still exist. Additionally, the cost estimates are based on healthcare costs alone, and the study does not account for potential quality-of-life impacts or patient satisfaction.

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**References**


