

Dalbavancin (Dalvance®)

IV Only

Use requires formal ID Consult

Activity: Coverage against *Staphylococcus aureus* (including MSSA and MRSA), *Streptococcus pyogenes*, *Streptococcus agalactiae* (Group B Strep.) and *Streptococcus anginosus* group (including *S. anginosus*, *S. intermedius*, *S. constellatus*)

No clinical data, but activity in vitro vs. *Enterococcus faecalis* (vancomycin-susceptible strains only), *Enterococcus faecium* (vancomycin-susceptible strains only), vancomycin-intermediate *S. aureus* (not vancomycin-resistant strains)

Criteria for Use:

- Treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible gram-positive isolates
- Unable to use vancomycin (due to intolerance, MIC \geq 2mg/L, or infection unresponsive to vancomycin despite therapeutic concentrations)
- Unable to use other agents (refer to empiric therapy for ABSSSI)

Unacceptable Uses:

- Infections due to vancomycin-resistant enterococci
- Contraindicated in patients with known hypersensitivity to dalbavancin. Due to the possibility of cross-reactivity to glycopeptide, avoid in patients with previous glycopeptide hypersensitivity due to long half-life

Dosing in Adults:

- Standard dose: Administration should be over 30 minutes
 - 1 Dose Regimen: 1500mg IV once
 - 2 Dose Regimen: 1000mg IV once, then 500mg IV on day 8
- Renal dose adjustment:
 - 1 Dose Regimen CrCl <30 mL/min 1125 mg IV
 - 2 Dose Regimen CrCl <30 mL/min: 750mg IV once, then 325mg IV day 8
 - If receiving regularly scheduled hemodialysis: No dosage adjustment
- No hepatic dose adjustment anticipated

Monitoring:

- Baseline BUN/Scr, AST/ALT/bili, CBC w/ diff, infusion-related reactions

Considerations for Use:

- In clinical trials, 6 (0.9%) patients in the dalbavancin arm had ALT elevations greater than 5x ULN including 3 with ALT >10x ULN. No subjects in the comparator arm had this degree of ALT elevations

ABSSSI= acute bacterial skin and skin structure infections; ALT= Alanine aminotransferase; AST= Aspartate aminotransferase; bili= Bilirubin; BUN= Blood urea nitrogen; CBC= Complete Blood Count; CrCl= Creatinine clearance; ID= infectious diseases; IV= Intravenous; MIC= Minimum inhibitory concentration; MRSA= Methicillin-resistant *Staphylococcus aureus*; MSSA= Methicillin-susceptible *Staphylococcus aureus*; SCr= Serum creatinine; ULN= Upper Limit of Normal