

Guideline for Use of Dalbavancin for Acute Bacterial Skin/Soft Tissue Infection (abSSTI)

Dalbavancin is a long-acting second-generation bactericidal glycopeptide antibiotic with activity against gram-positive bacteria indicated for the use of acute bacterial skin & soft tissue infections. UC Davis Health is currently enrolling patients in the DOTS trial (Trial NCT04775953) for dalbavancin use in Staph aureus bacteremia. Regardless, **dalbavancin is restricted to outpatient use only (Emergency Department or AIM Clinic) with Infectious Diseases authorization.**

1. Emergency Department (ED)
 - a. Patient deemed a candidate with the following criteria:
 - I. Pre-antibiotic blood cultures must be drawn.
 - II. Require admission for IV antibiotics and does **not** qualify for oral antibiotic therapy (failed previously or unable to take PO).
 - III. Presence of cellulitis, abscess, or a wound infection associated with ≥ 75 cm² of erythema highly suspected or known to be caused by gram-positive bacteria
 - IV. Patient to be discharged to home (not to skilled nursing facility)
 - b. Discussion with ED case manager for insurance/patient funding for medication
 - c. Authorization from Infectious Diseases or Antimicrobial Stewardship
 - d. Follow-up must be setup prior to patient discharging from ED
2. Acute Infection Management (AIM) Clinic
 - a. Option for all outpatient patients, but **ONLY** option for admitted patients (unless given authorization by Infectious Diseases)
 - b. Patient with same criteria above (1a) and given Infectious Diseases authorization
 - c. AIM clinic referral sent and AIM appointment scheduled for **day after discharge** at earliest for inpatients
 - d. Approval by the Medical Director of AIM clinic or the clinic nurse manager
 - e. Follow-up must be setup prior to discharge
3. **Exclusion** criteria for dalbavancin therapy:
 - a. History of hypersensitivity reaction to lipoglycopeptide antibiotics (vancomycin, televancin, dalbavancin, oritavancin).
 - b. Patients with abSSTI infections that only require surgical drainage for cure such as superficial/simple cellulitis/erysipelas, furuncle, or simple abscess
 - c. Planned surgical or other intervention anticipated after ED care
 - d. Infection thought to be caused by gram-negative bacteria or bacteria suspected or known to be resistant to dalbavancin or vancomycin
4. Dosing of Dalbavancin
 - a. Dosing for abSSTI
 - 1,500 mg for 1 dose in patients with CrCl ≥ 30 mL/min or on HD
 - 1,125 mg for 1 dose in patients with CrCl < 30 mL/min and not on HD
 - b. For other indications, reach out to Infectious Diseases Pharmacy for guidance