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

Approved by UCDHS Pharmacy & Therapeutics Committee: December of 2021