

Dalbavancin

ED/Inpatient evaluation

FDA Indication: SSTI
Others: osteomyelitis, endocarditis, bloodstream infections

Inclusion Criteria

- ID consult required
- Ineligible for oral antibiotics
- Highly suspected to be caused by gram positive bacteria (*Staphylococcus aureus*, Coagulase-negative staphylococcus, *Enterococcus* spp., *Streptococcus* spp.)

Criteria for ineligible for oral antibiotics:

- History of medication adherence issues
- People without stable housing for whom medication security is a concern
- Cannot absorb oral antibiotics
- Source control is not achieved, but unable to take usual course of intravenous therapy due to patient directed discharge
- Source control is not achieved and patient is unable to be discharged to SNF or home with IV antibiotics due to psychosocial reasons such as history of substance use disorder

Exclusion Criteria

- Hypersensitivity to vancomycin, telavancin, dalbavancin, ortivancin
- Infection suspected to be caused by gram negative bacteria
- Septic shock or sepsis
- Concerns for necrotizing fasciitis
- Immunocompromised patients
- **If used for other indications:**
 - Infectious CNS events (septic emboli, ischemic or hemorrhage stroke, epidural abscess or meningitis)
 - Presence of:
 - Perivalvular abscess OR
 - Prosthetic heart valve or cardiac devices OR
 - Intravascular grafts
 - Prosthetic joint or extravascular hardware
- Infection with *Staphylococcus aureus* with vancomycin MIC ≥ 2 mcg/mL

Follow-up

- ASP pharmacists to start process for drug reimbursement or approval from insurance
- IF used for other indications:
 - 2 dose regimen is required (1500 mg on day 1 and day 8)
 - Patient must have documented contact information, preferably a reliable cell phone number.
 - Coordinate with case management for coverage of 2nd dose + infusion appointment
 - **Prior to discharge –**
 - MUST CONFIRM appointment scheduled at ETC (or at IV League Pharmacy) and 2nd dose covered by insurance or reimbursed