Dalbavancin hydrochloride (Xydalba®)

Information for clinicians

Dalbavancin is a black triangle medicine ▼ which means it is subject to additional monitoring. *Any suspected adverse reactions must be reported using the yellow card system*

Dalbavancin is a glycopeptide antibacterial with bactericidal activity against Gram +ve bacteria. Each vial contains dalbavancin 500mg

Indication
As per GHC LRTI antimicrobial guidelines during Covid-19 Pandemic

Dosing:
Adults (18 years and over)
1500 mg administered as either a single infusion of 1500 mg
Or
1000 mg as an infusion followed one week later by 500 mg

Elderly - No dose adjustment is necessary

Renal impairment - Dose adjustments are not required for patients with mild or moderate renal impairment (creatinine clearance between 30 to 79 ml/min).

Dose adjustments are not required for patients receiving regularly scheduled haemodialysis (3 times/week), and dalbavancin may be administered without regard to the timing of haemodialysis.

In patients with chronic renal impairment whose creatinine clearance is LESS THAN 30 ml/min and who are not receiving regularly scheduled haemodialysis, the recommended dose is reduced to either 1000 mg administered as a single infusion or 750 mg followed one week later by 375 mg

Hepatic impairment - No dose adjustment of dalbavancin is recommended for patients with mild hepatic impairment

moderate or severe hepatic impairment - caution should be exercised when prescribing as no data are available to determine appropriate dosing

Preparation

Dalbavancin must be reconstituted and then further diluted prior to administration by intravenous infusion over a 30 minute period. **IMPORTANT** - **dilute with Glucose 5% solution NOT Sodium chloride 0.9%**

Aseptic technique must be used for reconstitution and dilution

- The content of each vial must be reconstituted by slowly adding 25 ml of water for injections.
- **Do not shake**- to try and prevent foaming reconstitute in a drop-wise fashion, down the inside of the vial glass, rolling gently to disperse and dissolve (do not shake) until contents are completely dissolved, giving a colourless to yellow solution. This may take up to 5 minutes
- The reconstituted concentrate in the vial contains 20 mg/ml dalbavancin
- The reconstituted concentrate must be a clear, colourless to yellow solution with no visible particles
- The reconstituted concentrate must be further diluted with 5% (50mg/ml) glucose solution for infusion. To do this the appropriate volume of the 20 mg/ml concentrate must be transferred from the vial to an intravenous bag containing 5% glucose solution for infusion.
- After dilution the solution for infusion must have a final concentration of 1- 5 mg/ml dalbavancin

For example:

25 mL of the reconstituted concentrate contains 500 mg dalbavancin.

Dilute 25ml (500mg) of concentrate in 250ml Glucose 5% to give a concentration of 2mg/mL

Dilute 2 x 25ml (1g) of concentrate in 250ml Glucose 5% to give a concentration of 4mg/mL

- The solution for infusion must be clear, colourless to yellow solution with no visible particles.
- If particulate matter or discoloration is identified, the solution must be discarded.

Administration

- Administer via a pump
- Give by IV infusion over 30 minutes to minimise the risk of infusion-related reactions (red-man syndrome)
- The infusion has a low pH and may cause venous irritation and tissue damage in cases of extravasation.
- If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely using a recognised phlebitis scoring tool.
- Resite cannula at first signs of inflammation.

After administration flush with glucose 5% (incompatible with sodium chloride 0.9%)

Adverse effects

Rapid administration can cause 'red-man'-like syndrome (upper body flushing, urticaria, pruritus, rash). Other adverse effects include hypersensitivity reactions, nausea, diarrhoea and headache.
Monitor for infusion-related reactions; slow or stop the infusion if they occur.

Hypersensitivity reactions

Dalbavancin should be administered with caution in patients known to be hypersensitive to other glycopeptides since cross-hypersensitivity may occur.
If an allergic reaction to dalbavancin occurs, administration should be discontinued and appropriate therapy for the allergic reaction should be instituted.

Pregnancy and lactation

- Dalbavancin is not recommended during pregnancy unless clearly necessary.
- Not enough evidence is available to confirm if administration is safe for breast feeding mothers. Breast feeding should be discontinued during administration of dalbavancin and for 7 days after treatment

Side effects

The most common adverse reactions

- Nausea
- Diarrhoea
- Headache