

Dalbavancin Outpatient Guide for Case Management & Home Infusion

Clinical Use & Dosing

- Dalbavancin is a long-acting lipoglycopeptide antibiotic active against gram positive bacteria, including *S. aureus* (methicillin sensitive and resistant), *Streptococcus* spp., *Enterococcus* spp. (excluding Vancomycin-resistant *Enterococcus*). It is FDA approved for the treatment of skin and soft tissue infections.
- Data exist to support off-label use of dalbavancin in the treatment of bloodstream infections, infective endocarditis, and bone/joint infections, facilitating earlier hospital discharge.

Indications to avoid: CNS infections or epidural abscesses, inadequate source control, polymicrobial infections

Indications	Dose in Normal Renal Function	Dose if CrCl < 30 mL/min
7-14 days of intravenous antibiotics Uncomplicated bloodstream infections Skin and soft tissue infections	1,500 mg IV x 1 dose	1,125 mg IV x 1 dose
4-6 weeks of intravenous antibiotics Complicated bloodstream infections Infective Endocarditis Bone and Joint infections	1,500 mg IV x 1 on Day 1* 1,500 mg IV x 1 on Day 8** <i>3rd dose may be considered in discussion with ID consult team</i>	1,125 mg IV x 1 on Day 1* 1,125 mg IV x 1 on Day 8** <i>3rd dose may be considered in discussion with ID consult team</i>

Administer IV over 30 minutes. Reconstitute with Sterile Water. Dilute and flush line with D5W only. Do NOT use Normal Saline.

*Day 1 dose typically given inpatient on day of discharge

**Subsequent dose should be given within +/- 2 days

Tips for Investigating Cost & Coordinating Administration

- Dalbavancin can be costly and is not always financially feasible outpatient
- If infectious disease (ID) recommends a multiple dose regimen in consult notes, outpatient dose cost should be confirmed with home infusion (by case management) or infusion clinic (by primary team) **before ordering and administering the inpatient dose** – see below
- If dalbavancin financially feasible: primary team to send formal referral along with order for dextrose flushes pre- and post-dalbavancin infusion

Outpatient Infusion Locations

Infusion Location and Details	Insurance^			
	Medicare Plans	NC Medicaid	Commercial Plans	Uninsured
Duke Infusion Clinic Locations (e.g. Clinic 2A) • Requires scheduling coordination with clinic staff	NR		NR	NR
Home Infusion Referral DHCH preferred. Pharmacy will either: • Deliver med to patient's home & coordinate home health to place peripheral line for administration OR • Arrange for patient to receive med at infusion suite**	*			*
Other Infusion Clinic (non-Duke) • Requires primary team to coordinate with outside entity • Some clinics may not accept orders directly from Duke	Not preferred, though can be pursued with investigation by primary team			NR

NR: not recommended due to potentially high patient out-of-pocket costs; DHCH: Duke HomeCare and Hospice

^ other insurers may pay for dalbavancin but requires additional investigation by primary team

* If uninsured or Medicare without pharmacy benefit, primary team to contact pharmacy administrator on call to sponsor outpatient dose following drug replacement procedures. Coordinate with outpatient ID pharmacy technician to apply for Abbvie patient assistance program while patient is admitted.

** Does not apply to DHCH as they do not have an in-house infusion suite