

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Red light antimicrobial- requires Micro/ID pre-approval
- Not routinely kept in stock- ordered on the instruction of Micro/ID only (ref 1)
- See under Dose for adjustments required in Renal impairment
- Caution if known hypersensitivity to other glycopeptides as cross-sensitivity may occur
- Note: rapid administration can cause reactions including flushing of the upper body, urticaria, pruritis and/or rash. Stopping or slowing the infusion may result in cessation of these reactions

Available preparations

Xydalba 500mg vial (Europe)

Reconstitution

Water for injection

25mL per 500mg vial

- Do **NOT shake.** To avoid foaming alternate between gently swirling and inverting the vial until the powder is dissolved
- Reconstitution time may be up to 5 minutes
- Dilute further prior to administration

Infusion fluids

Glucose 5% ONLY

If giving other drugs via the same line, the line must be flushed before and after each dalbavancin infusion with Glucose 5%

Methods of intravenous administration

Intermittent intravenous infusion

 Add required dose to a suitable volume of infusion fluid to give a final concentration of 1mg/mL to 5mg/mL and administer over 30 minutes

Required Dose	Volume of reconstituted solution	Suggested volume of infusion fluid bag
1.5g (1500mg)	75mL	add 75mL to 250mL bag* see below
1g (1000mg)	50mL	250mL
750mg	37.5mL	250mL
500mg	25mL	100mL or 250mL
375mg	18.75mL	100mL or 250mL

 \ast a 1.5g dose may be added to any volume between 225mL and 1425mL (to give a concentration of 1 to 5mg/mL) so addition to a 250mL bag has been suggested

Dose in adults

Usual dose

Skin and soft tissue infection (licensed indication)

- Give 1.5g (1500mg) as a single dose OR
- Give 1g (1000mg) followed one week later by 500mg

Other infections:

• Alternative dosing regimens may be used if recommended for off-label use in other types of infection by a Microbiology or Infectious Diseases consultant

Renal impairment

- CrCl less than 30 ml/minute (not on regular haemodialysis)
 - Give 1g (1000mg) as a single dose OR
 - Give 750mg followed one week later by 375mg
- On regular intermittent haemodialysis (three times per week):
 - Dose adjustment not required

Hepatic impairment

• Caution in moderate or severe hepatic impairment (Child-Pugh B & C)- no data available to guide dosing

Storage

• Store below 25[°]C

References

SPC Xydalba 12/2022

- 1: Email on file from Antimicrobial Stewardship team, 21st Feb 2019
- 2: Email on file- now a red light antimicrobial- June 2022

Therapeutic classification

Lipoglycopeptide