

● NATIONAL FUNDING/ACCESS DECISIONS

Scottish Medicines Consortium (SMC) decisions

SMC No. 1105/15

The *Scottish Medicines Consortium* has advised (January 2017) that dalbavancin (*Xydalba*®) is accepted for restricted use within NHS Scotland for the treatment of acute bacterial skin and skin structure infections (ABSSSI), only if:

- used as second-line treatment, **or**
- met icillin-resistant *Staphylococcus aureus* infection is suspected, **or**
- under local microbiologist or infectious diseases specialist advice; **and**
- the patient is initially hospitalised due to ABSSSI requiring intravenous antibiotics but is eligible for early discharge as soon as their medical condition does not require further inpatient treatment.

All Wales Medicines Strategy Group (AWMSG) decisions

AWMSG No. 2001

The *All Wales Medicines Strategy Group* has advised (July 2018) that dalbavancin (*Xydalba*®) is recommended as an option for restricted use within NHS Wales for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults:

- as a second-line treatment of ABSSSI, **or**
- when met icillin-resistant *Staphylococcus aureus* (MRSA) infection is suspected, **or**
- on the advice of local microbiologists or infectious disease specialists, **and**
- the patient is at first hospitalised due to ABSSSI and needs intravenous antibiotics but is allowed early discharge as they don't need further inpatient treatment.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder for solution for infusion

- ▶ *Xydalba* (Correvio UK Ltd)

Dalbavancin (as Dalbavancin hydrochloride) 500 mg *Xydalba* 500mg powder for concentrate for solution for infusion vials | 1 vial (POM) £558.70 (Hospital only)

Teicoplanin

18-May-2020

- **DRUG ACTION** The glycopeptide antibiotic teicoplanin has bactericidal activity against aerobic and anaerobic Gram-positive bacteria including multi-resistant staphylococci. However, there are reports of *Staphylococcus aureus* with reduced susceptibility to glycopeptides and increasing reports of glycopeptide-resistant enterococci. Teicoplanin is similar to vancomycin, but has a significantly longer duration of action, allowing once daily administration after the loading dose.

● INDICATIONS AND DOSE

Clostridioides difficile infection

- ▶ BY MOUTH

- ▶ Adult: 100–200 mg twice daily for 7–14 days

Moderate diabetic foot infection | Severe diabetic foot infection | Leg ulcer infection

- ▶ BY INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Adult: Initially 6 mg/kg every 12 hours for 3 doses, then 6 mg/kg once daily

Cellulitis | Erysipelas

- ▶ BY INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION

- ▶ Adult: Initially 6 mg/kg every 12 hours for 3 doses, then 6 mg/kg once daily

Serious infections caused by Gram-positive bacteria (e.g. complicated skin and soft-tissue infections, pneumonia, complicated urinary tract infections)

- ▶ BY INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION, OR BY INTRAMUSCULAR INJECTION
- ▶ Adult: Initially 6 mg/kg every 12 hours for 3 doses, then 6 mg/kg once daily

Streptococcal or enterococcal endocarditis (in combination with another antibacterial) | Bone and joint infections

- ▶ INITIALLY BY INTRAVENOUS INJECTION, OR BY INTRAVENOUS INFUSION
- ▶ Adult: 12 mg/kg every 12 hours for 3–5 doses, then (by intravenous injection or by intravenous infusion or by intramuscular injection) 12 mg/kg once daily

Surgical prophylaxis

- ▶ BY INTRAVENOUS INJECTION
- ▶ Adult: 400 mg, to be administered up to 30 minutes before the procedure

Surgical prophylaxis in open fractures

- ▶ BY INTRAVENOUS INFUSION
- ▶ Adult: 800 mg, to be administered up to 30 minutes before skeletal stabilisation and definitive soft-tissue closure

Peritonitis associated with peritoneal dialysis (added to dialysis fluid)

- ▶ BY INTRAPERITONEAL INFUSION
- ▶ Adult: (consult local protocol)

PHARMACOKINETICS

- ▶ Teicoplanin should **not** be given by mouth for systemic infections because it is not absorbed significantly.

- **UNLICENSED USE** Not licensed for surgical prophylaxis.
- **INTERACTIONS** → Appendix 1: teicoplanin
- **SIDE-EFFECTS**
- **Common or very common** Fever · pain · skin reactions
- ▶ **Uncommon** Bronchospasm · diarrhoea · dizziness · eosinophilia · headache · hearing impairment · hypersensitivity · leucopenia · nausea · ototoxicity · thrombocytopenia · vomiting
- ▶ **Rare or very rare** Abscess · red man syndrome
- ▶ **Frequency not known** Agranulocytosis · angioedema · chills · neutropenia · overgrowth of nonsusceptible organisms · renal impairment · seizure · severe cutaneous adverse reactions (SCARs) · thrombophlebitis
- SIDE-EFFECTS, FURTHER INFORMATION** Teicoplanin is associated with a lower incidence of nephrotoxicity than vancomycin.
- **ALLERGY AND CROSS-SENSITIVITY** Caution if history of vancomycin sensitivity.
- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.
- **BREAST FEEDING** No information available.
- **RENAL IMPAIRMENT**
- Dose adjustments** Use normal dose regimen on days 1–4, then use normal maintenance dose every 48 hours if eGFR 30–80 mL/minute/1.73 m² and use normal maintenance dose every 72 hours if eGFR less than 30 mL/minute/1.73 m².
- Monitoring** Monitor renal and auditory function during prolonged treatment in renal impairment.
- **MONITORING REQUIREMENTS**
- ▶ With intramuscular use or intravenous use Manufacturer advises monitor serum-teicoplanin trough concentration at steady state after completion of loading dose and during maintenance treatment—consult product literature.
- ▶ Blood counts and liver and kidney function tests required.
- ▶ Manufacturer advises monitoring for adverse reactions when doses of 12 mg/kg twice daily are administered.