

## Dalbavancin

### A Viewpoint by William J. Peppard

Froedtert Hospital, Milwaukee, Wisconsin, USA

In recent years, several new antibacterials have been developed for the treatment of complicated skin and skin structure infections (cSSSIs). In a setting where simple  $\beta$ -lactam antibacterials were once sufficient, their utility has been diminished due to the emergence of methicillin resistant *Staphylococcus aureus* (MRSA), both nosocomial- and community-acquired strains. The clinical significance of MRSA has forced practitioners to consider new therapies with extended spectra of activity.

Dalbavancin, a semisynthetic glycopeptide with MRSA activity, has been evaluated for safety and efficacy for the treatment of adults with cSSSI in two clinical trials.<sup>[1,2]</sup> In both studies, dalbavancin was reported to be well tolerated and as effective as the comparator (linezolid or prospectively defined standard-of-care), thus providing practitioners with another viable treatment option for cSSSI. The long half-life of dalbavancin allows for once-weekly administration, a novel and attractive administration regimen. This, combined with the ability to infuse the drug rapidly over 30 minutes, allows for ease of administration in any setting. Despite these practical advantages, economic considerations must also be evaluated before defining its role in contemporary therapy.

Cost minimization strategies are frequently implemented when considering an agent for addition to a hospital formulary. This often results in an overall reluctance to use long-acting agents on inpatients, where mean length of stay continues to decrease. With reimbursement principles ever changing, there are clear economic disadvantages to utilizing this, and other long-acting drugs, in the inpatient setting.

The ease of administration, quick infusion and infrequent dose administration seemingly directs the role of dalbavancin to that of outpatient use and may be enough to overcome a potentially high acquisition cost. However, total treatment cost in relation to reimbursement will ultimately direct the future of this drug. While logistically ideal for the outpatient setting, its utility may be limited as long as less expensive alternatives offer similar safety and efficacy profiles. We will have to wait and see what marketing tactics are employed to promote this agent in an effort to overcome this economic obstacle. ▲

## References

1. Seltzer E, Dorr MB, Goldstein BP, et al. Once-weekly dalbavancin versus standard-of-care antimicrobial regimens for treatment of skin and soft-tissue infections. *Clin Infect Dis* 2003 Nov 15; 37 (10): 1298-303
2. Jauregui LE, Babazadeh S, Seltzer E, et al. Randomized, double-blind comparison of once-weekly dalbavancin versus twice-daily linezolid therapy for the treatment of complicated skin and skin structure infections. *Clin Infect Dis* 2005 Nov 15; 41 (10): 1407-15