


IV antibiotic that could reduce pressure on hospitals

Xydalba™ 
 500 mg
 (dalbavancin hydrochloride)
 powder for infusion

An intravenous antibiotic that could help benefit patients and alleviate pressure on hospitals is now available in Ireland

Currently, IV antibiotic treatment for acute bacterial skin and skin structure infections (ABSSSI) can be administered in the hospital, through outpatient departments, or OPAT (Outpatient Parenteral Antimicrobial Therapy) centres. There are many health and social issues which can exclude patients from OPAT services, which can result in these patients being admitted and spending a period of time in hospital.¹

Xydalba™ (dalbavancin hydrochloride) is an IV antibiotic for the treatment of ABSSSI in adults. It is the first and only option for ABSSSI that gives a complete course of IV therapy delivered as a single 30-minute infusion and offers the opportunity for these patients to be treated and discharged home earlier.³ Xydalba can be delivered as either one 1,500mg dose or as a two-dose regimen of 1,000mg followed one week later by 500mg, each administered over 30 minutes.

Consultant microbiologist Professor Alistair Leanord, of the University of Glasgow, said Xydalba will not only free-up hospital beds, it will also make treatment much more convenient for patients. “People who might not get to a clinic every day or three times a week can be treated adequately with one dose of this drug. It will benefit people who need to be at home, not in hospital, and people with mobility problems who would find it difficult getting to an OPAT centre every day for up to a fortnight.”

He added: “Inpatients with IV lines used three or four times a day are at risk of infections like MRSA, which require expensive treatment.”

Xydalba’s clinical development programme also

The Patient Experience

A patient who benefited from treatment with Xydalba is 35-year-old David, who over the past two years has spent nearly 40 days in hospital as a result of three serious skin infections.

Once he was hospitalised for two weeks and on another two occasions more than 10 days each time, following recurring infections. However, when a serious skin infection occurred for a fourth time in June 2017, David was treated and discharged the same day, after being given Xydalba at an OPAT centre.

Explained David, who currently cares for his 79-year-old mother: “This new treatment makes a big difference. It means you can continue getting on with your day-to-day life.

“My mum had just come out of hospital when I had my last infection, so it was great that I didn’t end up having to stay in hospital for two weeks, otherwise there would have been no-one to look after her.”

demonstrated that it was as effective and as well tolerated as other intravenous antibiotics.^{2,3,4} Xydalba was also shown to be effective against MSSA and MRSA bacteria.²

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ABSSSI can be potentially life-threatening. They include conditions such as cellulitis/erysipelas, wound infections and major skin (cutaneous) abscesses. There were nearly 6,000 admissions for cellulitis into public hospitals in Ireland in 2015, with each staying a mean average of seven days as in-patients at an average cost to the hospital of €818 per day.^{5,6}

Compared to other IV antibiotics that may need to be administered for several days and often require hospitalisation, in clinical trials, Xydalba successfully treated a majority of patients as outpatients.⁴

Over 26,000 patients have already been treated with dalbavancin hydrochloride globally.⁷

Xydalba is contraindicated in patients with hypersensitivity to the active substance or to any of the excipients. Caution should be exercised in patients with known hypersensitivity to other glycopeptides due to the potential for cross-hypersensitivity and in patients who present with symptoms indicative of clostridium difficile-associated diarrhoea during treatment with Xydalba.

Caution should be exercised when treating mixed infections in which Gram-negative bacteria are suspected; patients should also be treated with an appropriate antibacterial agent(s) against Gram-negative bacteria. The use of antibiotics may promote the overgrowth of non-susceptible micro-organisms. Rapid infusions of glycopeptide agents can cause reactions that resemble "Red-Man Syndrome", including flushing of the upper body, urticaria, pruritus, and/or rash. Stopping or slowing the infusion may result in cessation of these reactions.

The most common adverse reactions occurring in $\geq 1\%$ of patients treated with dalbavancin were nausea (2.4%), diarrhoea (1.9%), and headache (1.3%) and were generally of mild or moderate severity.

For further information go to www.xydalba.co Additional information is available on request.

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