BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Dalbavancin

Also called: Dalvance; Xydalba; BI-397

What it is

A long-acting lipoglycopeptide antibiotic approved as Dalvance (2014) for acute bacterial skin and skin structure infections in adults and children, as a single dose or two doses a week apart.

Approval status

FDA Approved. Approved in the US as Dalvance (now AbbVie), NDA 021883, on May 23, 2014, for acute bacterial skin and skin structure infections; the indication now covers paediatric patients (Drugs@FDA via openFDA and the Dalvance label, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: adults, CrCl ≥30 mL/min or on haemodialysis **[Approved label]** Dalvance (dalbavancin) for injection US prescribing information (DailyMed set 4b4674d8, effective January 13, 2025)	1,500 mg once, or 1,000 mg then 500 mg one week later	Single or two-dose regimen	Course complete	Intravenous, over 30 minutes
Label: adults, CrCl <30 mL/min not on haemodialysis **[Approved label]** Dalvance (dalbavancin) for injection US prescribing information (DailyMed set 4b4674d8, effective January 13, 2025)	1,125 mg once, or 750 mg then 375 mg one week later	Single or two-dose regimen	Course complete	Intravenous, over 30 minutes
Label: children, CrCl ≥30 mL/min/1.73m² **[Approved label]** Dalvance (dalbavancin) for injection US prescribing information (DailyMed set 4b4674d8, effective January 13, 2025)	22.5 mg/kg (birth to <6 y) or 18 mg/kg (6 to <18 y), max 1,500 mg	Single dose	Course complete	Intravenous, over 30 minutes

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 11 human studies carded on the page (13 study cards in all):

• **DISCOVER 1 and 2: once-weekly against daily therapy** (Human, 2014). In the pooled analysis of 1,312 patients with skin infections, early clinical response was 79.7% on dalbavancin and 79.8% on vancomycin-linezolid, meeting noninferiority; with S. aureus, including MRSA, success was 90.6% against 93.8%. **PMID 24897082**

• **DOTS: Staphylococcus aureus in the bloodstream** (Human, 2025). In 200 participants, the probability of a more desirable day-70 outcome with dalbavancin against standard therapy was 47.7%; clinical efficacy was documented in 73 of 100 and 72 of 100, meeting noninferiority, with serious adverse events in 40 and 34. **PMID 40802264**

• **Kidney safety against vancomycin** (Human, 2021). Among 1,325 patients on any dalbavancin regimen, kidney toxicity occurred in 3.7%, against 9.3% of 54 patients given intravenous vancomycin for at least 10 days. **PMID 33515414**

Interactions

From the FDA label's drug-interaction section (AbbVie. DALVANCE (dalbavancin) for injection, US prescribing information, section 7. DailyMed version effective January 13, 2025, read October 3, 2026):

• With CYP450 substrates, inhibitors and inducers: no clinical drug-drug interaction studies conducted; the label states minimal potential for interaction (FDA label)

• With laboratory clotting tests (PT, aPTT): the label states dalbavancin at therapeutic concentrations does not artificially prolong them (FDA label)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Lower rates of kidney toxicity than prolonged intravenous vancomycin • Serious adverse events in 40% against 34% on standard therapy in the bloodstream-infection trial	• Hypersensitivity reactions • Infusion-related reactions • Liver effects • Clostridioides difficile-associated diarrhoea • Development of drug-resistant bacteria

Five questions to ask

1. Is Dalbavancin right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Dalbavancin? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example lower rates of kidney toxicity than prolonged intravenous vancomycin?
4. Do any of the cautions on this sheet apply to me, such as: Hypersensitivity reactions?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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