



UnitedHealthcare Pharmacy Services - Nevada
Clinical Pharmacy Programs

Program	Prior Authorization/Notification
Medication	Vancocin (vancomycin) oral capsules
P&T Approval Date	12/2019, 12/2020
Effective Date	1/1/2020

1. Background:

Vancocin (vancomycin) oral capsules and Firvanq (vancomycin) oral solution are indicated for the treatment of *Clostridium difficile* (also called *Clostridioides difficile*) associated diarrhea (CDAD) and enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains). Parenteral administration of vancomycin is not effective for the above infections; therefore, vancomycin must be given orally for these infections.

2. Coverage Criteria:

<p>A. <u>Clostridium difficile-associated diarrhea (CDAD)</u></p> <p>1. <u>Initial Authorization</u></p> <p>a. Diagnosis of <i>Clostridium difficile</i>-associated diarrhea (CDAD)</p> <p style="text-align: center;">-AND-</p> <p>b. <u>One</u> of the following:</p> <p>i. History of failure, contraindication, or intolerance to Firvanq (vancomycin) oral solution</p> <p style="text-align: center;">-OR-</p> <p>ii. Prescriber provides a reason or special circumstance the patient cannot use Firvanq (vancomycin) oral solution</p> <p>Authorization will be issued for 10 days.</p> <p>2. <u>Reauthorization</u></p> <p>a. Recurrence of <i>Clostridium difficile</i> infection after prior treatment with vancomycin oral capsules.</p>

Authorization will be issued for 8 weeks.

B. Staphylococcal enterocolitis

- a. Diagnosis of enterocolitis caused by *Staphylococcus aureus*

-AND-

- b. **One** of the following:

- i. History of failure, contraindication, or intolerance to Firvanq (vancomycin) oral solution

-OR-

- ii. Prescriber provides a reason or special circumstance the patient cannot use Firvanq

Authorization will be issued for 10 days.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Vancocin [package insert]. Baudette, MN: ANI Pharmaceuticals, Inc.; August 2020.
2. Firvanq [package insert]. Wilmington, MA: CutisPharma,; January 2018.
3. McDonald, et al. Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA), *Clin Infect Dis.* 2018 Mar 19;66(7):e1-48.
4. Kelly C. Clostridioides (formerly Clostridium) difficile infection in adults: Treatment and prevention. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on November 11, 2020.)

Program	Vancocin (vancomycin oral capsules) Notification
Change Control	
Date	Change
11/2019	New Program
11/2020	Annual review. No changes to clinical criteria.