

UnitedHealthcare Pharmacy - Nevada  
Clinical Pharmacy Programs

Program	Notification
Medication	Vancocin (vancomycin) oral capsules, Dificid (fidaxomicin)
Date Approved	2010
Date Revised	4/2012, 8/2014, 7/2015, 9/2016, 11/2018

**1. Background:**

Vancocin (vancomycin) oral capsules and Firvanq (vacomycin) oral solution are indicated for the treatment of *Clostridium difficile*-associated diarrhea (CDAD) and enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains). Parenteral vancomycin is not effective for these indications; therefore vancomycin must be given orally for these indications. Orally administered vancomycin is not effective for other types of infections.

Dificid is indicated in adults for the treatment of *Clostridium difficile*-associated diarrhea (CDAD). To reduce the development of drug- resistant bacteria and to maintain the effectiveness of Dificid and other antibacterial drugs, Dificid should be used only to treat infections that are proven or strongly suspected to be caused by *Clostridium difficile*.

**2. Coverage Criteria:**

**A. Initial Authorization for *Clostridium difficile***

1. Vancomycin oral capsules will be approved on **all** of the following criterion:

a. Diagnosis of *Clostridium difficile*-associated diarrhea (CDAD) also known as *C.difficile* pseudomembranous colitis

**-AND-**

b. **One** of the following:

i. Both of the following:

- a) Patient has had recurrence of infection following a course of at least 10 days of therapy with Firvanq (vancomycin) oral solution.
- b) Prescriber provides documentation showing patient still has CDAD.

**-OR-**

ii. Prescriber provides a reason or special circumstance the patient cannot use Firvanq (vancomycin) oral solution.

**Authorization will be issued for 10 days.**

2. Dificid will be approved on **all** of the following criterion:

- a. Diagnosis of *Clostridium difficile*-associated diarrhea (CDAD) also known as *C.difficile* pseudomembranous colitis

**-AND-**

b. **One** of the following:

- i. Patient has had recurrence of infection following a course of at least 10 days of therapy with Firvanq (vancomycin) oral solution.

**-OR-**

ii. Both of the following:

- a) Patient has had recurrent infection following a course of at least 10 days of vancomycin oral capsules if the prescriber provides a reason or special circumstance the patient could not use Firvanq (vancomycin) oral solution  
b) Prescriber provides documentation showing patient still has CDAD

**-OR-**

iii. For continuation of prior Dificid therapy.

**Authorization will be issued for 10 days.**

**B. Reauthorization for *Clostridium difficile***

1. Vancomycin oral capsules will be approved for recurrence of *Clostridium difficile* infection after prior treatment with Firvanq (vancomycin) oral solution.

**Authorization will be issued for 8 weeks.**

**C. Initial Authorization for enterocolitis caused by *Staphylococcus aureus***

Vancomycin oral capsules will be approved on **all** of the following criterion:

1. Diagnosis of enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains)

**-AND-**

2. **One** of the following:

<p>i. Both of the following:</p> <p>a) Patient has had recurrence of infection following a course of at least 10 days of therapy with Firvanq (vancomycin) oral solution.</p> <p>b) Prescriber provides documentation showing patient still has enterocolitis caused by <i>Staphylococcus aureus</i>.</p> <p><b>-OR-</b></p> <p>ii. Prescriber provides a reason or special circumstance the patient cannot use Firvanq (vancomycin) oral solution.</p> <p><b>Authorization will be issued for 10 days.</b></p>

**3. References:**

1. Vancocin Prescribing Information. ANI Pharmaceuticals, Inc. February 2018.
2. Dificid Prescribing Information. Merck & Co., Inc. December 2015.
3. McDonald, et al. Clinical Practice Guidelines for Clostridium difficile Infections in Adults and Children: 2017 Update by Infectious Disease Society of America (IDSA) and Society of Healthcare Epidemiology of America (SHEA), Clin Infect Dis. 2018 Mar 19; 66(7):e1-48
4. Firvanq Prescribing Information. CutisPharma, January 2018.

Program	Vancocin (vancomycin oral capsules) Notification
<b>Change Control</b>	
Date	Change
8/2014	Annual review, formatting change
7/2015	Annual review – No changes
9/2016	Annual review. No changes
8/2017	Changed authorization duration for enterocolitis due to <i>Staphylococcus aureus</i> per treatment guidelines
11/2018	Removed step through metronidazole for CDAD based on updated IDSA treatment guidelines. Added criteria for Dificid Updated CDAD authorization durations. Updated references.