

## PRIOR AUTHORIZATION POLICY

**POLICY:** Antibiotics – Vancomycin Capsules Prior Authorization Policy

- Vancocin® (vancomycin capsules – Ani Pharmaceuticals, generic)

**REVIEW DATE:** 08/28/2024

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### OVERVIEW

Vancomycin capsules, an antimicrobial, are indicated for the following uses:<sup>1</sup>

- ***Clostridioides difficile***- (formerly known as *Clostridium difficile*) **associated diarrhea**.
- **Enterocolitis** caused by *Staphylococcus aureus* (including methicillin-resistant strains).

The usual duration of therapy for the treatment of *C. difficile*-associated diarrhea in adults is 10 days and for pediatric patients (< 18 years of age), the duration is typically 7 to 10 days.<sup>1</sup> The usual duration of therapy for the treatment of Staphylococcal enterocolitis is 7 to 10 days.

Recently, vancomycin capsules are being used in conjunction with one or more of the following topical products: clindamycin, clotrimazole, ketoconazole, or mupirocin to compound foot baths or other topical products. There are no data to support such use.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of vancomycin capsules when being prescribed in conjunction with one or more of the following: topical clindamycin products, topical clotrimazole products, topical ketoconazole products, and/or topical mupirocin products. All approvals are provided for the duration noted below.

**Automation:** This Prior Authorization policy will apply to vancomycin capsules when there is a prescription history of topical clindamycin products, topical clotrimazole products, topical ketoconazole products, and/or topical mupirocin products in the past 180 days. Prescriptions for vancomycin capsules without a claims for topical clindamycin, topical clotrimazole, topical ketoconazole, and/or topical mupirocin products in the past 180 days are excluded from the Prior Authorization policy.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of vancomycin capsules is recommended in those who meet one of the following criteria:

#### FDA-Approved Indications

1. ***Clostridioides Difficile* – Associated Diarrhea.** Approve for 2 weeks.
2. **Enterocolitis – Caused by *Staphylococcus aureus*.** Approve for 2 weeks.

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**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of vancomycin capsules is not recommended in the following situations.

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**REFERENCES**

1. Vancocin® capsules [prescribing information]. Baudette, MN: Ani Pharmaceuticals; January 2022.