

Vancomycin

Override(s)	Approval Duration
Prior Authorization Quantity Limit	3 months

Medications	Quantity Limit
Vancomycin (oral)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for oral vancomycin may be approved for individuals who meet the following criteria:

- I. Individual is being treated for enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains);

OR

- II. Individual is being treated for *Clostridioides difficile*-associated diarrhea (also known as *Clostridium difficile*-associated diarrhea).

Oral vancomycin may not be approved for the following:

- I. Prophylaxis of *Clostridioides difficile* infection.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 10, 2022.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Johnson S, Laverne V, Skinner AM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of *Clostridioides difficile* Infection in Adults. *Clin Infect Dis*. 2021;73(5):1029-1044.
4. Kelly CP, Lamont JT, Bakken JS. *Clostridioides difficile* infection in adults: Treatment and prevention. Updated: August 3, 2021. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: September 10, 2022.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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