#### Alaska Medicaid

# Vancocin® (vancomycin)

Available 125mg and 250mg capsules

### **INDICATIONS**:

"VANCOCIN" HCI Capsules may be administered orally for treatment of enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains) and antibiotic-associated pseudomembranous colitis caused by *C. difficile*. Parenteral administration of vancomycin is not effective for the above indications; therefore, VANCOCIN® HCI Capsules must be given orally for these indications. **Orally administered VANCOCIN® HCI Capsules are not effective for other types of infection.**"1"

### **Criteria for Approval:**

- Documented trial and failure of metronidazole therapy or has contraindication to metronidazole; AND
- 2. The patient is being treated for enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains) or antibiotic-associated pseudomembranous colitis caused by *C. difficile*.

# **Length of Authorization:**

Prior authorization may be approved for one course of therapy. Reauthorization may be required for additional treatments.

# **Dispensing Limit:**

The dispensing limit is 80 capsules of either 125mg or 250mg per prescription.

# **References:**

< http://www.vancocin.com/~/media/Vancocin/Files/Vancocin\_Pl.ashx > Accessed 12/07/11

Vancocin criteria Version 1 Last updated 12/08/2011 Approved 1/20/2012

<sup>&</sup>lt;sup>1</sup> Vancocin® package insert is available at: