

Alaska Medicaid

**Vancocin® (vancomycin)**

Available 125mg and 250mg capsules

**INDICATIONS:**

“VANCOCIN® HCl 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® HCl Capsules must be given orally for these indications. **Orally administered VANCOCIN® HCl Capsules are not effective for other types of infection.**”<sup>1</sup>

**Criteria for Approval:**

1. 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:**

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

< [http://www.vancocin.com/~media/Vancocin/Files/Vancocin\\_PI.ashx](http://www.vancocin.com/~media/Vancocin/Files/Vancocin_PI.ashx) > Accessed 12/07/11

Vancocin criteria

Version 1

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