



Prior Authorization Approval Criteria

Vancocin (vancomycin)

Generic name:	Vancomycin
Brand name:	Vancocin
Medication class:	Antibiotic
FDA approved uses:	For the treatment of staphylococcal enterocolitis and antibiotic-associated pseudomembranous colitis caused by <i>C. difficile</i> .
Usual dose:	500 mg to 2000 mg orally in 3 to 4 divided doses for 7 to 10 days.
Duration of therapy:	10-14 days

Criteria for use: *(bullet points below are all inclusive unless otherwise noted)*

- Failed or intolerant to metronidazole
- Clinically diagnosed staphylococcal enterocolitis

OR

- Clinically diagnosed antibiotic-associated pseudomembranous colitis caused by *C. difficile*.

Not approved if: Patient is naïve to metronidazole.

P&T Approval: _____ Date: _____

Adopted: 11/19/04