| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
|---|---|
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | January 11, 2021<br><br>June 16, 2022 |

# FIRVANQ® (vancomycin hydrochloride for oral solution)

**LENGTH OF AUTHORIZATION**: 10 DAYS

**REVIEW CRITERIA**:

- Confirmed diagnosis of *clostridium difficile*-associated diarrhea OR enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains).
- Patient must have medical documentation of a trial and failure of vancomycin capsules or rationale why capsules cannot be used (i.e., gastrostomy tube, dysphagia, etc.)

**DOSING AND ADMINISTRATION:**

- Available as powder for oral solution, equivalent to 3.75 g, 7.5 g or 15.0 g vancomycin.
- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/