Oral Vancomycin Quantity Limit Policy

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Oral Vancomycin Quantity Limit policy is to ensure safe, appropriate use of Vancocin (vancomycin oral capsules) and Firvanq (vancomycin oral solution) based on product labeling, clinical guidelines, and clinical studies.

FDA-Approved Indications

Vancocin

Vancocin capsules are indicated for the treatment of C. difficile-associated diarrhea. Vancocin capsules are also used for the treatment of enterocolitis caused by Staphylococcus aureus (including methicillin-resistant strains). Parenteral administration of vancomycin is not effective for the above infections; therefore, Vancocin capsules must be given orally for these infections.

Orally administered Vancocin is not effective for other types of infections.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Vancocin capsules and other antibacterial drugs, Vancocin capsules should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

Firvanq

Firvanq is indicated for the treatment of Clostridium difficile-associated diarrhea in adults and pediatric patients less than 18 years of age.

Firvanq is also indicated for the treatment of enterocolitis caused by Staphylococcus aureus (including methicillin-resistant strains) in adults and pediatric patients less than 18 years of age.

Limitations of Use

1. Parenteral administration of vancomycin is not effective for the above infections; therefore, vancomycin must be given orally for these infections.
2. Orally administered vancomycin hydrochloride is not effective for treatment of other types of infections.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Firvanq and other antibacterial drugs, Firvanq should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

POLICY

Quantity Limits Apply

Drug	1 Month Limit and 3 Months Limit*
Vancocin (125mg, 250mg)	80 capsules / 10 days
Firvanq (25mg/mL, 50mg/mL)	450 mL / 10 days

** This drug is indicated for short-term acute use; therefore, the mail limit will be the same as the retail limit.*

CLINICAL RATIONALE

Vancocin capsules and Firvanq powder for oral solution are both indicated for the treatment of C. difficile-associated diarrhea. Vancocin capsules and Firvanq powder for oral solution are also used for the treatment of enterocolitis caused by Staphylococcus aureus (including methicillin-resistant strains). Parenteral administration of vancomycin is not effective for the above infections; therefore, vancomycin must be given orally for these infections. Orally administered vancomycin is not effective for other types of infections. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Firvanq, Vancocin capsules, and other antibacterial drugs, Firvanq and Vancocin capsules should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

The recommended dose of Vancocin and Firvanq for adults with C. difficile-associated diarrhea is 125 mg given four times daily for ten days. The recommended total daily dosage of Vancocin and Firvanq for adults with staphylococcal enterocolitis is 500 mg to 2 grams given in three or four divided doses for seven to ten days. For both C. difficile-associated diarrhea and staphylococcal enterocolitis in pediatric patients, the usual daily dosage of Firvanq and Vancocin is 40 mg/kg given in three or four divided doses for seven to ten days. The total daily dosage should not exceed 2 grams. Vancocin 125 mg and 250 mg capsules are available as two blister packs with ten capsules each, for a total of 20 capsules per carton. Firvanq is available as 25 mg/mL reconstituted to 150 mL or 300 mL and 50 mg/mL reconstituted to 150 mL or 300 mL.

The Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) 2017 updated guidelines recommend either vancomycin or fidaxomicin over metronidazole for an initial episode of Clostridium difficile infection (CDI). For an initial CDI treated with vancomycin, the guidelines recommend a dosage for vancomycin of 125 mg taken orally four times a day for 10 days. In the event vancomycin or fidaxomicin are unavailable, SHEA/IDSA recommends treatment with metronidazole 500 mg orally three times a day for 10 days. For fulminant CDI, vancomycin administered orally is a recommended treatment of choice at a dosage of 500 mg orally four times a day. In the event of a recurrent

infection, a first recurrence recommended treatment of choice is vancomycin 125 mg to be taken four times daily for 10 days if metronidazole was used for the initial episode, or to administer a prolonged tapered and pulsed vancomycin regimen if a standard regimen was administered for the initial episode (e.g., 125 mg four times a day for 10 to 14 days, two times per day for a week, once per day for one week, and then every two or three days for two to eight weeks). In the event of a second or subsequent recurrence, a recommended treatment of choice is vancomycin administered in a tapered and pulsed regimen, or vancomycin 125 mg four times per day orally for 10 days followed by rifaximin 400 mg three times per day for 20 days.

The quantity limit will be 80 Vancocin capsules OR 450 mL Firvanq solution. The maximum dose for staphylococcal enterocolitis is 2 grams given in three or four divided doses for ten days, which equates to 80 units of the 250 mg oral capsules and 400 mL of the 50 mg/mL oral solution. The initial limit of 450 mL of Firvanq is reflective of the available package sizes for the 50 mg/mL oral solution (150 mL or 300 mL). The maximum pulse dose for CDI is 125 mg four times per day for 14 days, two times per day for a week, once per day for one week, and then every two days for eight weeks, which is equal to a total of 13,125 mg. The maximum pulse dose equates to 105 units of the 125 mg oral capsules, 262.5 mL of the 50 mg/mL oral solution or 525 mL of the 25 mg/mL oral solution. All pulse treatment courses using the 125 mg capsules or the 25 mg/mL solution can be fulfilled in two or less fills based on the initial quantity limits. A full pulse regimen can be met with one fill of the 50 mg/mL oral solution. For a maximum pulse dose using the 25 mg/mL solution or the 125 mg capsules, the quantity limit will cover at least 4 weeks of therapy before a refill is required. Since quantity limits are set at every 10 days, patients will have 2-3 weeks to obtain a refill to finish the pulse treatment.

According to the SHEA/IDSA guidelines 10%–30% of patients develop at least 1 recurrent CDI episode. The risk of recurrence increases with each successive recurrence. CDI recurrence often occurs within one week after treatment has ended but recurrence can occur up to 6–8 weeks after treatment has ended. There is a 33% increased risk of mortality at 180 days associated with recurrent CDI patients compared to patients who do not suffer a recurrent episode. Therefore, no limit has been placed on the number of fills per year.

If the patient is requesting more than the initial quantity limit, then the claim will reject with a message indicating that quantity limits are exceeded.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

REFERENCES

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5. McDonald L, Gerding D, Johnson S, et al. Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). cix1085, https://doi.org/10.1093/cid/cix1085. Accessed April 2019.

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POLICY HISTORY

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