



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 11, 2021 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/>