To the Editor—As a clinician in the front lines, taking care of elderly patients with severe and recurrent Clostridium difficile disease (CDI), I read with great interest Gerding and Johnson’s review, “Management of Clostridium difficile Infection: Thinking Inside and Outside the Box” [1]. I would like to point out the “elephant in the room” with respect to “in the box” management of CDI. Although vancomycin has been shown to be superior to metronidazole and remains the only US Food and Drug Administration (FDA)–approved antimicrobial for this serious infection, many of my patients’ outpatient vancomycin prescriptions are denied by Medicare and private prescription plans. In many cases, oral vancomycin is approved by the respective drug insurance plan, only after a time-consuming and irritating phone approval process. Not uncommonly, prescription plans pay only part of the tremendously elevated cost of vancomycin capsules, making this an unaffordable but essential medication for many patients.

As Gerding and Johnson note, vancomycin has been shown to be superior for the treatment of CDI. Unlike metronidazole, a broad-spectrum antibiotic that achieves low stool concentrations and causes peripheral neuropathy, oral vancomycin results in
more–than–adequate stool levels and provides well–tolerated narrow–spectrum therapy [2]. Vancomycin, but not metronidazole, is recommended for second or subsequent relapses of CDI [3]. Hospitals commonly provide generic vancomycin as a compounded oral suspension, which has not been approved by the FDA for CDI. A similar outpatient vancomycin formulation is available but remains too expensive for many of my patients. As reported by Vesga et al [4], generic vancomycin products may lack in the expected bactericidal efficacy.

The United States is currently experiencing an epidemic of CDI [5]. Therefore, I urge the Infectious Diseases Society of America to tackle the problem of a lack of Medicare and health insurance coverage of vancomycin capsules, the only FDA–approved antimicrobial for the treatment of this serious and potentially lethal disease. I recommend that this “elephant in the room” be part of the discussion concerning “in the box” management of CDI.

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Alex Studemeister1,2
1Division of Infectious Diseases, San Jose Medical Group, San Jose; 2Division of Infectious Diseases, Stanford University Medical School, Stanford, California

References


Correspondence: Alex Studemeister, MD, 625 Lincoln Ave, San Jose, CA 95126 (iddoc@earthlink.net).

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