

## Commercial/Healthcare Exchange PA Criteria *Effective: September 1, 2011*

**Prior Authorization:** Dificid

**Products Affected:** Dificid (fidaxomicin) oral tablets

**Medication Description:** Fidaxomicin is a macrolide antibacterial drug for the treatment of Clostridium difficile-associated diarrhea.

**Covered Uses:**

1. Treatment of clostridium difficile-associated diarrhea in adults

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Diagnosis, confirmed by positive assay
2. Previous medications tried/failed
3. Medical history

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** Prescribed by, or in consultation with, a gastroenterologist or an infectious disease specialist.

**Coverage Duration:** 10 days

**Other Criteria:**

1. Patient has a diagnosis of clostridium difficile-associated diarrhea; AND
2. Patient has had an intolerance to, or treatment failure of, oral metronidazole AND oral vancomycin; OR
3. Patient has severe clostridium difficile, defined as 10 or more unformed bowel movements per day or WBC >15,000/mm<sup>3</sup>

**References:**

1. DIFICID(R) oral tablets, fidaxomicin oral tablets. Merck Sharp & Dohme Corp (per FDA), Whitehouse Station, NJ, 2020

## Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/2011
2	Update	Moved to updated template	All	2/2020

2/7/2020

