

Commercial/Healthcare Exchange PA Criteria

Effective: September 1, 2011

Prior Authorization: Dificid

Products Affected: Dificid (fidaxomicin) oral tablets, Dificid 40mg/ml suspension

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 $>15,000/\text{mm}^3$

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
3	Update	Added Difucid 40mg/ml suspension to Products Affected	Products Affected	12/23/2020