



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 10, 2011 April 20, 2012, November 16, 2015

## **Dificid<sup>®</sup> (fidaxomicin)**

### LENGTH OF AUTHORIZATION: DATE OF SERVICE

#### REVIEW CRITERIA:

- Patient must be  $\geq 18$  years old
- Must have a diagnosis of Clostridium Difficile - associated diarrhea verified by progress notes, discharge notes, or diagnosis code(s).
- Must have trial and failure of metronidazole or vancomycin within the prescribed dosage range and length of therapy below:
  - metronidazole (Flagyl): 250-500 mg orally/intravenously every 6-8 hours for 10-14 days
  - vancomycin HCl (Vancocin) : 250-500 mg orally four times daily for 10 days  
(Note: Vancomycin is not effective for this condition when given IV)

#### DOSING:

200 mg orally twice daily for 10 days