

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Dificid (fidaxomicin)

Override(s)	Approval Duration
Prior Authorization	One time

Medications
Dificid (fidaxomicin)

APPROVAL CRITERIA

Requests for Dificid (fidaxomicin) may be approved for individuals who meet the following criteria:

- I. Individual has a diagnosis of persistent *Clostridioides difficile*-associated diarrhea; **AND**
- II. Individual has had a trial of or contraindication or intolerance to a course of oral vancomycin* (IDSA 2017).

*NOTE: prior authorization may apply to oral vancomycin.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 6, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Kelly CP, Lamont JT, Bakken JS. Clostridioides (formerly Clostridium) difficile infection in adults: Treatment and prevention. Updated: September 5, 2019. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: September 6, 2019.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. McDonald LC, Gerding DN, Johnson S, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). Clin Infect Dis. 2018;66(7):987-994.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply. CRX-ALL-0475-19

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