

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

DIFICID
(fidaxomicin)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA APPROVED INDICATIONS

Dificid is indicated in adult and pediatric patients aged 6 months and older for the treatment of *C. difficile*-associated diarrhea (CDAD).

Usage

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Dificid and other antibacterial drugs, Dificid should be used only to treat infections that are proven or strongly suspected to be caused by *C. difficile*. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has the diagnosis of *C. difficile*-associated diarrhea (CDAD) confirmed by a positive stool assay

REFERENCES

1. Dificid [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; June 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed September 26, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Accessed September 26, 2022.
4. McDonald L, Gerding D, 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). *Clinical Infectious Diseases* 2018;66 (7): e1-e48. <https://doi.org/10.1093/cid/cix1085>. Accessed September 26, 2022.