



**Drug Name:** Dificid 200mg tablet and Dificid 40mg/ml suspension

**Effective Date:** 12/1/2023

**Reviewed:** 9/2023

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to formulary vancomycin or metronidazole
<b>Quantity Limit:</b>	20 tablets or 136 ml per 10 days, 2 fills per year
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Dificid 200mg tablet and Dificid 40mg/ml suspension will pay if there is at least one paid claim of at least a 10 day supply within the last 365 days of formulary metronidazole tablet (250mg, 500mg), first-metronidazole suspension or vancomycin oral solution (25mg/ml, 50mg/ml)

**Investigational use:** Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use

## References

1. [NHPRI Formulary Management Policy and Procedure](#)