



Drug Name: Difucid 200mg tablet and Difucid 40mg/ml suspension

Effective Date: 12/1/2023

Reviewed: 9/2023, 5/2024, 5/2025

Required Medical Information:	The member has trialed and experienced an inadequate treatment response or intolerance to formulary vancomycin or metronidazole
Quantity Limit:	20 tablets or 136 ml per 10 days, 2 fills per year
Coverage Duration:	12 months
Coding Logic for Step Therapy:	Difucid 200mg tablet and Difucid 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), 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. Difucid [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; October 2024. Accessed May 2025.