



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 10, 2011 April 20, 2012, November 16, 2015, September 28, 2021, June 22, 2022

Dificid® (fidaxomicin)

LENGTH OF AUTHORIZATION: Date of Service

INITIAL REVIEW CRITERIA:

- Patient must be \geq 6 months of age.
- 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 (Refer to product labeling <https://www.accessdata.fda.gov/scripts/cder/daf/>)

DOSING AND ADMINISTRATION:

- Refer to product labeling <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as: 200 mg film coated tablets and 40 mg/mL oral suspension.