

Fidaxomicin (Dificid®)

Goal(s):

- To optimize appropriate treatment of *Clostridium difficile*-associated infection.

Length of Authorization:

- 10 days

Requires PA:

- Fidaxomicin

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Does the patient have a diagnosis of <i>Clostridium difficile</i> -associated infection (CDI)?	Yes: Go to #3.	No: Pass to RPh. Deny; medical appropriateness
3. Does the patient have at least one documented trial of or contraindication to appropriate therapy with vancomycin?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Does the patient have severe, complicated CDI (life-threatening or fulminant infection or toxic megacolon)?	Yes: Pass to RPh. Deny; medical appropriateness	No: Approve for up to 10 days

P&T / DUR Review: 5/18 (DM); 5/15 (AG); 4/12
Implementation: 6/18/18; 10/15; 7/12