

## Fidaxomicin (Dificid®)

### Goal(s):

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

### Length of Authorization:

- 10 days

### Requires PA:

- Fidaxomicin from pharmacy claims

### Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

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

P&T / DUR Review: 6/23 (DM); 5/18 (DM); 5/15 (AG); 4/12  
Implementation: 7/1/23; 7/1/18; 10/15; 7/12