



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 10, 2011 April 20, 2012, November 16, 2015, September 28, 2021

### **Dificid<sup>®</sup> (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 within the prescribed dosage range and length of therapy below:
  - Metronidazole (Flagyl<sup>®</sup>)  
Adults: 500 mg orally/intravenously every 8 hours for 10 days;  
Infants, children and adolescents: 7.5 mg/kg/dose (max: 500 mg/dose) orally/intravenously every 6-8 hours for 10 days
  - Vancomycin HCl (Vancocin<sup>®</sup>)  
Adults: 125 mg orally four times daily for 10 days;  
Infants, children and adolescents: 40 mg/kg/day (max: 2 g/day) orally divided 3 to 4 times daily for 7 - 10 days (Note: Vancomycin is not effective for this condition when given IV)

**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