



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Services
Prior Authorization Criteria**

**Dificid® (fidamoxicin)
[Prior Authorization Request Form](#)**

DIFICID is a macrolide antibacterial indicated in adult and pediatric patients 6 months of age and older for the treatment of *C. difficile*-associated diarrhea.

Prior authorization requests will be approved for if the following criteria are met:

1. Confirmed diagnosis of *Clostridium difficile* infection with clinically significant diarrhea;
AND
2. Prior treatment with vancomycin for ten (10) to fourteen (14) days with no response.

Recommendations for the Treatment of *Clostridium difficile* Infection in Adults

Clinical Definition	Supportive Clinical Data	Recommended Treatment	Strength of Recommendation/ Quality of Evidence
Initial episode, non-severe	Leukocytosis with WBC count ≤ 15000 cells/mL and a SCr < 1.5 mg/dL	• VAN 125 mg qid x 10 days, OR	Strong/High
		• FDX 200 mg bid x 10 days	Strong/High
		• Alternate if above agents are unavailable: metronidazole, 500 mg tid PO x 10 days	Weak/High
Initial episode, severe	Leukocytosis with a WBC count ≥ 15000 cells/mL or a SCr > 1.5 mg/dL	• VAN 125 mg qid PO x 10 days, OR	Strong/High
		• FDX 200 mg bid x 10 days	Strong/High
Initial episode, fulminant	Hypotension or shock, ileus, megacolon	• VAN 500 mg qid PO or NG. If ileus, consider adding rectal instillation of VAN. Metronidazole (500 mg IV q8h) should be administered together with PO or rectal VAN, particularly if ileus is present.	Strong/Moderate (oral VAN); Weak/Low (rectal VAN); Strong/Moderate (intravenous metronidazole)
First recurrence	...	• VAN 125 mg qid x10 days if metronidazole was used for the initial episode, OR	Weak/Low
		• Use a prolonged tapered and pulsed VAN regimen if a standard regimen was used for the initial episode (eg, 125 mg qid x 10–14 days, bid for a week, qd for a	Weak/Low



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Clinical Definition	Supportive Clinical Data	Recommended Treatment	Strength of Recommendation/ Quality of Evidence
		week, and then every 2 or 3 days for 2–8 weeks), OR	
		• FDX 200 mg bid x 10 days if VAN used for initial episode	Weak/Moderate
Second or subsequent recurrence	...	• VAN in a tapered and pulsed regimen, OR	Weak/Low
		• VAN 125 mg qid PO x 10 days followed by rifaximin 400 mg tid x 20 days, OR	Weak/Low
		• FDX 200 mg bid x 10 days OR	Weak/Low
		• Fecal microbiota transplantation	Strong/Moderate

Abbreviations: FDX – fidaxomicin, VAN – vancomycin, WBC - white blood cell count, SCr - serum creatinine, PO - by mouth, NG - by nasogastric tube, tid - three times daily, qid - four times daily

References

1. LexiComp monograph for fidaxomicin (Dificid) – (reviewed 7/11/2018)
2. Guidelines for diagnosis and management of Clostridium difficile infection (March 2018) - *Clinical Infectious Diseases*, Volume 66, Issue 7, 19 March 2018, Pages e1–e48, <https://doi.org/10.1093/cid/cix1085>