



## Office of Pharmacy Services Prior Authorization Criteria

### Dificid (fidamoxicin)

Dificid will be prior authorized if the following criteria are met:

1. Diagnosis of \*severe Clostridium difficile infection
2. Prior treatment with vancomycin for 10-14 days with no response  
\**Persistent diarrhea with unchanged clinical symptoms*

#### Treatment Regimens for *Clostridium difficile* Infections<sup>3</sup>

Infection Characteristics	Clinical Status	Treatment Regimen
Initial episode Mild to moderate severity	WBC 15,000 cells/mcL or lower <b>AND</b> SCr less than 1.5 times baseline	Metronidazole 500 mg PO tid x 10 to 14 days
Initial episode Severe	WBC 15,000 cells/mcL or greater <b>OR</b> SCr 1.5 times or greater versus baseline	Vancomycin 125 mg PO qid x 10 to 14 days
Initial episode Severe, complicated	WBC 15,000 cells/mcL or greater <b>OR</b> SCr 1.5 times or greater versus baseline with hypotension/shock, ileus, megacolon	Vancomycin 500 mg PO/NG qid x 10 to 14 days PLUS metronidazole 500 mg IV q8h If ileus, consider adding rectal vancomycin
First recurrence	---	Same regimen as first episode
Second recurrence	---	**Oral vancomycin in tapered regimen (see text below)

*\*\*Metronidazole is not recommended in these patients because of concern of cumulative neurotoxicity*

WBC - white blood cell count, SCr - serum creatinine, PO - by mouth, NG - by nasogastric tube, tid - three times daily, qid - four times daily