



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Dificid Page: 1 of 2

Effective Date: 4/16/2025 Last Review Date: 3/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Dificid (fidaxomicin) under the patient's prescription drug benefit.

### Description:

Dificid is indicated in adult and pediatric patients aged 6 months and older for the treatment of *C. difficile*-associated diarrhea (CDAD).

### Usage

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Dificid and other antibacterial drugs, Dificid should be used only to treat infections that are proven or strongly suspected to be caused by *C. difficile*. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

### Applicable Drug List:

Dificid 200mg tablet  
Dificid 40mg/mL suspension

### Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has the diagnosis of *C. difficile*-associated diarrhea (CDAD) confirmed by a positive stool assay

#### AND

- The patient requires additional medication to complete a 10-day course of the requested drug for therapy that was initiated in the hospital
- OR**
- The patient has experienced an inadequate treatment response to oral vancomycin
- OR**
- The patient has experienced an intolerance to vancomycin
- OR**
- The patient has a contraindication that would prohibit a trial of vancomycin
- OR**
- The requested drug is being prescribed for a pediatric patient **AND**



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Dificid Page: 2 of 2

Effective Date: 4/16/2025 Last Review Date: 3/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

- The patient has experienced an inadequate treatment response to oral metronidazole  
**OR**
- The patient has experienced an intolerance to metronidazole  
**OR**
- The patient has a contraindication that would prohibit a trial of metronidazole

#### Approval Duration and Quantity Restrictions:

**Approval:** 10 days

#### References:

1. Dificid [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; June 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed November 4, 2024.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 11/04/2024).
4. McDonald L, Gerding D, Johnson S, et al. Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). *Clinical Infectious Diseases* 2018;66 (7): e1-e48. <https://doi.org/10.1093/cid/cix1085>. Accessed November 4, 2024.
5. Johnson S, Lavergne V, Skinner A et al. Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of *Clostridioides difficile* Infection in Adults, *Clinical Infectious Diseases* 2021;73 (5): e1029–e1044. <https://doi.org/10.1093/cid/ciab549>. Accessed November 4, 2024.
6. Kelly CR, Fischer M, Allegretti JR, LaPlante K, et al. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of *Clostridioides difficile* Infections. *Am J Gastroenterol*. 2021 Jun 1;116(6):1124-1147.