Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Dificid™ (fidaxomicin)

Review Criteria

Member must meet all the following criteria:

- Member must have confirmed presence of Clostridioides difficile (C. diff)
- Provider must provide clinical rationale why oral vancomycin cannot be used OR if member is at high risk for relapse for C. diff
- Approval duration will be for 10 days for initial episode and for 10 days for first recurrence

Limitations:
- Maximum daily dose limits are 2.0