



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