



# MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

## Pharmacy Medical Policy Dificid® (fidaxomicin)

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### Policy Number: 700

BCBSA Reference Number: None

### Related Policies

- N/A

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

**Note:** All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Dificid® (fidaxomicin)	Step Therapy Required

**We may cover** Dificid® (fidaxomicin) for the treatment of Clostridium difficile when **all** of the following criteria are met<sup>1</sup>:

- Eighteen (18) years of age or older;
- AND**
- Prior treatment or failure with vancomycin.

**\*\*Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.**

We do not cover Difucid® (fidaxomicin) for other conditions not listed above.

### **CPT Codes / HCPCS Codes / ICD-9 Codes**

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

#### **CPT Codes**

There is no specific CPT code for this service.

### **Individual Consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

### **Managed Care Authorization Information**

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.  
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

### **PPO and Indemnity Authorization Information**

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.  
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

## Policy History

Date	Action
12/2018	Updated to remove the requirement of metronidazole per P & T Committee.
6/2017	Updated address for Pharmacy Operations.
10/2014	Implementation of Policy.

## References

1. Prescribing Information. Cubist Pharmaceuticals, Lexington MA. 2011
2. Guidelines for Diagnosis, Treatment, and Prevention of *Clostridium difficile* Infections. *Am J Gastroenterol* 2013; 108:478–498; doi: 10.1038/ajg. 2013.4

**To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:**

[http://www.bluecrossma.com/common/en\\_US/medical\\_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf](http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf)