Fidaxomicin (Dificid®)

PO Only

Patients with multiple *Clostridium difficile* infection (CDI) recurrences (i.e. severe or mild-moderate CDI with greater than 2 and 3 recurrences, respectively) or severe, complicated CDI should obtain ID and/or GI consult for optimal therapy

Criteria for Use:

- Patients with a non-severe or severe initial episode of CDI

OR

- Patients with a 1st recurrence of CDI who were previously treated with vancomycin for the initial episode

OR

- Patients with ≥2 recurrences

Unacceptable Uses:

- Treatment of systemic infections
- Treatment of severe, complicated CDI (i.e., life-threatening or fulminant CDI or toxic megacolon)
- Use in combination with PO vancomycin or PO metronidazole

Dosing in Adults:

- Standard dose: 200 mg PO Q12H for 10 days
- No renal or hepatic dose adjustment
- May be given with or without food; systemic absorption is minimal

Considerations for Use:

- The Society for Healthcare Epidemiology in America (SHEA) and Infectious Diseases Society of America (IDSA) Clinical Practice Guidelines for CDI recommend to discontinue therapy with the inciting antimicrobial as soon as possible, as this may influence the risk of CDI recurrence
- Evidence to support using fidaxomicin for multiply recurrent CDI is limited. Fidaxomicin was only studied in patients with an initial episode or 1st recurrence (defined as within 3 months of initial episode). Recurrence rates in both phase III studies were significantly lower in patients treated with fidaxomicin. However, in a subgroup analysis, recurrence rates were NOT significantly lower in fidamoxicin-treated patients who had the hyper-virulent BI/NAP1/O27 strain
- Fidaxomicin is a macrolide antibiotic: use with caution in patients with a reported macrolide allergy

CDI= Clostridium difficile infection; FDA= Food and Drug Administration; GI= gastrointestinal; H= hour(s); ID= infectious diseases; IDSA= Infectious Diseases Society of America; PO= Oral; Q= every; SHEA= Society for Healthcare Epidemiology in America