

Fecal microbiota spores live-brpk (Vowst)

Pharmacy Benefit Drug Policy

Limited Distribution Drug

Drug Details

USP Category: Class: Miscellaneous Agents **Mechanism of Action:** Oral microbiota from sourced human fecal matter used to replenish gut flora

Condition(s) listed in policy *(see coverage criteria for details)*

• Prevention of recurrence of Clostridioides difficile infection (CDI)

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice:

<u>Prevention of recurrence of *Clostridioides difficile* infection (CDI) (ICD-10: A04.7, A04.71):</u>

- 1. Patient is at least 18 years old, and
- 2. Patient has had 3 or more episodes of *C. difficile* infection, and
- 3. Patient has completed antibiotic therapy before starting Vowst, and
- 4. Dose does not exceed 4 capsules once daily for 3 days.

Coverage Period: one time

Additional Information:

• VOWST contains bacterial spores; therefore, antibacterials should not be administered concurrently with VOWST.

References

1. Vowst prescribing information. Aimmune Therapeutics, Inc. 2023.

Policy Update

Date of initial review: 3Q2023



Date of last revision: N/A

New policy

Blue Shield of California Medication Policy to Determine Medical Necessity Reviewed by P&T Committee