

Fecal microbiota, live-jslm (Rebyota™)

Place of Service

Office Administration

Outpatient Facility Administration

HCPCS: J1440 per 1 ml

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

- [Prevention of recurrence of Clostridioides difficile infection \(CDI\)](#)

AHFS therapeutic class: Gastrointestinal Agents

Mechanism of action: Fecal microbiota suspension

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Rebyota™ (fecal microbiota, live-jslm) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Prevention of recurrence of Clostridioides difficile infection (CDI)

1. Patient is \geq 18 years of age, **AND**
2. Patient has had 3 or more episodes of C.difficile infection, **AND**
3. Patient is completing antibiotic therapy for C.difficile infection before starting Rebyota

Covered Doses

150 mL administered rectally for one dose

Coverage Period

Allow for one-time dose

ICD-10:

A04.71, A04.72

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Rebyota™ (fecal microbiota, live-jslm) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 150 mL single-dose suspension

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Rebyota™ (fecal microbiota, live-jslm) [Prescribing information]. Roseville, MN: Ferring Pharmaceuticals; 11/2022.

(7) Policy Update

Date of last review: 1Q2024

Date of next review: 1Q2025

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*