



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Vowst (fecal microbiota spores, live-brpk)	Page:	1 of 2
Effective Date:	4/21/2025	Last Review Date:	3/26/2025
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Vowst under the patient's prescription drug benefit.

Description:

Vowst is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI).

Limitations of Use

Vowst is not indicated for the treatment of CDI.

Coverage will not be provided for members requesting Vowst for the treatment of CDI

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Vowst

Policy/Guideline:

Submission of the following information is necessary to initiate the prior authorization review:


- A. Medical records, chart notes, and/or lab test results documenting the following:
 - 1. Recurrent CDI infection
 - 2. Stool test confirming the presence of *C.difficile* toxin or toxigenic *C. difficile*

Criteria for Approval:

Prevention of recurrence of *Clostridioides difficile* infection (CDI)

Authorization of 30 days for a one-time treatment may be granted for prevention of CDI when ALL the following criteria are met:

- A. Member is 18 years of age and older
- B. Member has had three or more episodes of CDI within the past 12 months (including the most recent episode).
- C. Member has a recent episode of recurrent CDI with all of the following:
 - 1. At least 3 unformed stools per day for 2 consecutive days
 - 2. Stool test confirming the presence of *C.difficile* toxin or toxigenic *C. difficile*
 - 3. An adequate clinical response (e.g., resolution of symptoms) following standard of care antibiotic therapy (e.g., vancomycin, fidaxomicin).

AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Vowst (fecal microbiota spores, live-brpk)	Page:	2 of 2
Effective Date:	4/21/2025	Last Review Date:	3/26/2025
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia

Approval Duration and Quantity Restrictions:

Approval Duration: 30 days

Quantity Level Limit: 1 bottle (12 capsules) per 30 days

The dosage of Vowst is 4 capsules taken orally once daily for 3 consecutive days.

References:

1. Vowst [package insert]. Cambridge, MA: Seres Therapeutics Inc; June 2024.