



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 29, 2024

Vowst™ (fecal microbiota spores, live-brpk)

LENGTH OF AUTHORIZATION: Date of service

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of recurrent *Clostridioides difficile* infection (CDI) defined as diarrhea (passage of 3 or more loose bowel movements in ≤ 24 hours) and a positive stool test for toxigenic *C. difficile* from a stool sample collected within 7 days of the prior authorization submission.
- Vowst is prescribed for prevention of recurrent CDI.
- Patient has received antibiotic treatment for at least 10 consecutive days for recurrent CDI.
- Trail and failure, contraindication, or intolerance to the preferred treatment options (e.g., metronidazole, vancomycin).
- CDI is under control (< 3 unformed/loose, i.e., Bristol Stool Scale type 6-7, stools/day for 2 consecutive days) prior to starting Vowst.

Note: Vowst is not indicated for the treatment of CDI.

DOSING AND ADMINISTRATION:

- Available as a capsule (a single dose is 4 capsules).
- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>