

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 1416-2
Program	Prior Authorization/Notification
Medication	Vowst™ (fecal microbiota spores, live-brpk)
P&T Approval Date	7/2023, 7/2024
Effective Date	10/1/2024

**1. Background:**

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).

**2. Coverage Criteria<sup>a</sup>:**

**A. Authorization**

1. **Vowst** will be approved based on **all** of the following criteria:

a. Diagnosis of recurrent Clostridioides difficile infection (rCDI)

-AND-

b. Patient is 18 years of age or older

-AND-

c. Patient has completed antibiotic treatment for rCDI 2 to 4 days prior to initiating Vowst

-AND-

d. Vowst is used to prevent the recurrence of CDI

**Authorization will be issued for 1 month**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place
- Prior Authorization/Medical Necessity may be in place

#### 4. References:

1. Vowst [package insert]. Cambridge, MA: Seres Therapeutics, Inc.; April 2023.

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<b>Change Control</b>	
7/2023	New program.
7/2024	Annual review with no changes.