

Clinical Policy Title:	Vowst
Policy Number:	RxA.802
Drug(s) Applied:	Vowst
Original Policy Date:	10/19/2023
Last Review Date:	3/15/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Recurrent *Clostridium difficile* Infection (rCDI) (must meet all):

1. Diagnosis of rCDI;
2. Positive stool test for *C. diff.*;
3. Confirmation of at least one (1) CDI recurrence;
4. Confirmation of antibacterial treatment and bowel cleanse prior to first dose;
5. Trial and failure, intolerance, or contraindication to oral vancomycin;
6. Dose does not exceed 4 capsules once daily for 3 consecutive days.

Approval duration

All Lines of Business (except Medicare): 12 days

II. Continued Therapy Approval:

A. rCDI

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

References

1. Kelly, Colleen R. MD, AGAF, FACG1; Fischer, Monika MD, MSc, AGAF, FACG2; Allegretti, Jessica R. MD, MPH, FACC3; LaPlante, Kerry PharmD, FCCP, FIDSA4; Stewart, David B. MD, FACS, FASCR5; Limketkai, Berkeley N. MD, PhD, FCG (GRADE Methodologist)6; Stollman, Neil H. MD, FCG7. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of *Clostridioides difficile* Infections. The American Journal of Gastroenterology 116(6):p 1124-1147, June 2021. DOI: 10.14309/ajg.000000000001278.
https://journals.lww.com/ajg/fulltext/2021/06000/acg_clinical_guidelines_prevention_diagnosis_12.aspx

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	12/19/2023	10/19/2023
Policy reviewed	3/15/2024	10/19/2023

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Corrected:

1. Approval duration

Added:

1. Reauth criteria