Original Effective Date: 09/06/2023
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Last P&T Approval/Version: 01/29/2025
Next Review Due By: 01/2026
Policy Number: C25621-A

Vowst (fecal microbiota spores, live-brpk)

PRODUCTS AFFECTED

Vowst (fecal microbiota spores, live-brpk)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Prevention of recurrence of Clostridioides difficile infection (CDI)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. PREVENTION OF RECURRENCE OF CDI:
   1. Documentation member has a positive stool test within the last 30 days for Clostridioides difficile with the capability to produce toxins (e.g., polymerase chain reaction, or enzyme immunoassay) AND

2. Prescriber attestation that member has experienced at least 2 recurrent Clostridioides difficile infections (CDI) (i.e., 3 or more CDI episodes)
   AND
3. Documentation member has completed a full course of antibiotic therapy (e.g., oral vancomycin or fidaxomicin) for the most recent CDI episode. [DOCUMENTATION REQUIRED]
   AND
4. The member's current CDI episode must be controlled (i.e., reduced stool frequency)
   AND
5. Prescriber attests member will receive Vowst (fecal microbiota spores, live-brpk) within 2-4 DAYS of completion of the antibiotic course for CDI treatment and bowel cleanse will occur on the day before the first dose.

CONTINUATION OF THERAPY:
NA

DURATION OF APPROVAL:
Initial authorization: 1 month [1 treatment course (12 capsules)], Continuation of Therapy: NA

PRESCRIBER REQUIREMENTS:
Prescribed by or in consultation with a board-certified infectious disease specialist or gastroenterologist [If prescribed in consultation, consultation notes must be submitted with initial request]

AGE RESTRICTIONS:
18 years of age and older

QUANTITY:
1 treatment course (12 capsules)

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Live Fecal Microbiota (Human)

FDA-APPROVED USES:
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).
Limitation of Use: Vowst is not indicated for treatment of CDI.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
IDSA and SHEA clinical practice guidelines on management of Clostridioides difficile infection in adults (Clin Infect Dis. 2021)
II. In Patients With Recurrent CDI Episode(s), Should Fidaxomicin Be Used Rather Than Vancomycin? Recommendation: I. In patients with recurrent CDI episodes, we suggest fidaxomicin (standard or extended-pulsed regimen) rather than a standard course of vancomycin (conditional recommendation, low certainty evidence). Comment: Vancomycin in a tapered and pulsed regimen or vancomycin as a standard course are acceptable alternatives for a first CDI recurrence. For patients with multiple recurrences, vancomycin in a tapered and pulsed regimen, vancomycin followed by rifaximin, and fecal microbiota transplantation are options in addition to fidaxomicin.

ACG Clinical Guidelines: Prevention, diagnosis, and treatment of Clostridioides difficile infections (Am J Gastroenterol, 2021)
FMT for recurrent CDI Recommendations 14. We recommend patients experiencing their second or further recurrence of CDI be treated with FMT to prevent further recurrences (strong recommendation, moderate quality of evidence). 15. We recommend FMT be delivered through colonoscopy (strong recommendation, moderate quality of evidence) or capsules (strong recommendation, moderate quality of evidence) for treatment of rCDI; we suggest delivery by enema if other methods are unavailable (conditional recommendation, low quality of evidence). 16. We suggest repeat FMT for patients experiencing a recurrence of CDI within 8 weeks of an initial FMT (conditional recommendation, very low quality of evidence)

The efficacy of VOWST was evaluated in a randomized placebo-controlled multi-center study (Study 1). The primary objective was to demonstrate the reduction of CDI recurrence with VOWST. Enrolled participants were 18 years of age or older and had a confirmed diagnosis of recurrent CDI (with a total of ≥3 episodes of CDI within 12 months). CDI episode at the study entry was defined as diarrhea (≥3 unformed stools per day for at least 2 consecutive days) and a positive C. difficile stool sample using a toxin assay. Participants were required to have symptom resolution, defined as <3 unformed stools in 24 hours for 2 or more consecutive days prior to randomization, following 10 to 21 days of standard-of-care antibacterial treatment with vancomycin or fidaxomicin. Participants were stratified by antibacterial received (vancomycin or fidaxomicin) and age (<65 or ≥ 65 years) and randomized 1:1 to receive a dose of VOWST or placebo once daily for 3 consecutive days. The day prior to starting the assigned treatment regimen, participants were required to drink 296 mL (10 oz) of magnesium citrate or based on medical judgment, 250 mL polyethylene glycol electrolyte solution (GoLYTELY, not approved for this use). Participants with impaired kidney function who were unable to take magnesium citrate took 250 mL polyethylene glycol electrolyte solution. All participants fasted for at least 8 hours before taking the first dose of VOWST. Participants were also required to continue fasting for 1 hour after the first day of treatment with VOWST. For Days 2 and 3, VOWST was taken in the morning before breakfast.

In the intent-to-treat population consisting of all 182 randomized participants, 89 were in the VOWST group and 93 were in the placebo group. The participants had a mean age of 65.5 years (range, 18– 100 years), 93.4% were white, 59.9% were female, and 73.1% received vancomycin. The primary efficacy endpoint was CDI recurrence through 8 weeks after completion of treatment. Participants were assessed for recurrence, which was defined as ≥3 unformed stools per day for 2 consecutive days with continued

diarrhea until antibacterial treatment was initiated, a positive C. difficile test on a stool sample determined by a toxin assay, and assessment by the Investigator that the clinical condition of the participant warranted antibacterial treatment.

Through 8 weeks after treatment, CDI recurrence in VOWST-treated participants was lower compared to that in placebo-treated participants (12.4% compared to 39.8%). VOWST met the prespecified success criterion of the upper bound of the two-sided 95% confidence interval of the CDI relative risk lower than 0.83

Table 2: Efficacy Results through 8 Weeks after VOWST Treatment (Study 1, Intent-to-Treat Population*)

	VOWST N=89 n (%)	Placebo N=93 n (%)	Relative Risk (95% CI) †
CDI Recurrence §	11 (12.4)	37 (39.8)	0.32 (0.18; 0.58)

CDI=*C. difficile* infection; CI=confidence interval; n (%)=Number (percentage) of participants in the analysis population meeting the criteria for endpoint; N = Number of participants included in the analysis population

* Intent-to-treat population, consisted of all participants who were randomized. Participants were analyzed according to randomized treatment assignment which differed from actual treatment received for 5 participants (3 participants randomized to placebo received VOWST and 2 participants randomized to VOWST received placebo), which resulted in differing number of participants in each treatment arm for efficacy and safety analyses.

† VOWST divided by Placebo recurrence rate adjusted for stratification based on Cochran-Mantel-Haenszel method. 95% CI based on Greenland-Robins method. VOWST met the pre-specified success criterion of the upper bound of the two-sided 95% CI of the CDI relative risk <0.83.

§ Participants who were lost to follow-up, terminated the study prematurely, or died without a recorded recurrence before the end of the time interval (1 and 2 participants in VOWST and placebo group, respectively) were assumed to have had a recurrence.

Through 12 weeks after treatment, the recurrence rates for VOWST and placebo recipients were 18.0% (16/89) and 46.2% (43/93), respectively with a relative risk of 0.40 (95% CI 0.24,0.65). Through 24 weeks after treatment, recurrence rates for VOWST and placebo recipients were 21.3% (19/89) and 47.3% (44/93), respectively with a relative risk of 0.46 (95% CI 0.30, 0.73).

Vowst is supplied as a bacterial (Firmicutes) spore suspension in capsules for oral administration. Each capsule contains between 1×10^6 and 3×10^7 Firmicutes spore colony forming units in 92 ± 4% (w/w) glycerol in saline.

Vowst is manufactured from human fecal matter sourced from qualified donors and routinely tested for a panel of transmissible pathogens. Regardless of the product selected, stool donors do not have dietary restrictions with respect to potential food allergens; the impact on recipients with food allergies is unknown.

Because VOWST is manufactured from human fecal matter, it may carry a risk of transmitting infectious agents. Any infection suspected by a healthcare provider possibly to have been transmitted by this product should be reported by the healthcare provider to Aimmune Therapeutics, Inc. at 1-833-246-2566.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of VOWST (fecal microbiota spores, live-brpk) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Vowst (fecal microbiota spores, live-brpk) include: no labeled contraindications.

OTHER SPECIAL CONSIDERATIONS:

Prior to taking the first dose: Complete antibacterial treatment for rCDI 2 to 4 days before initiating treatment with Vowst. Drink 296 mL (10 oz) of magnesium citrate on the day before and at least 8 hours prior to taking the first dose of VOWST. In clinical studies, participants with impaired kidney function received polyethylene glycol electrolyte solution (250 mL GoLYTELY, not approved for this use).

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Vowst CAPS

REFERENCES

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8. Peery, A. F., Kelly, C. R., Kao, D., Vaughn, B. P., Lebwohl, B., Singh, S., … Osama Altayar. (2024). AGA Clinical Practice Guideline on Fecal Microbiota–Based Therapies for Select Gastrointestinal Diseases. Gastroenterology, 166(3), 409–434. https://doi.org/10.1053/j.gastro.2024.01.008

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information References	Q1 2025
REVISION- Notable revisions: Prescriber Requirements FDA-Approved Uses Contraindications/Exclusions/Discontinuation	Q1 2024
NEW CRITERIA	Q3 2023