Clinical Guideline



Oscar Clinical Guideline: Vowst (fecal microbiota spores, live-brpk) (PG241, Ver. 1)

# Vowst (fecal microbiota spores, live-brpk)

#### Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

## **Summary**

Clostridioides difficile infection (CDI) is a potentially life-threatening gastrointestinal condition caused by toxin-producing *C. difficile* bacteria. CDI commonly occurs after antibiotic use disrupts the normal gut microbiota. Recurrent CDI is a significant clinical challenge, with approximately 20-30% of patients experiencing at least one recurrence after initial treatment. The risk of additional recurrences increases with each episode.

Standard treatment for CDI includes antibiotics such as vancomycin or fidaxomicin. For recurrent CDI, extended antibiotic regimens, fecal microbiota transplantation (FMT), or bezlotoxumab (an anti-toxin monoclonal antibody) may be used.

Vowst (fecal microbiota spores, live-brpk) is a oral microbiome-based therapy approved for the prevention of recurrent CDI in adults. It contains live bacterial spores derived from human fecal matter and is administered as a 3-day course of oral capsules. Vowst aims to restore the diversity and function of the gut microbiome to prevent CDI recurrence.

#### **Definitions**

"Clostridioides difficile infection (CDI)" refers to a symptomatic infection due to toxin-producing C. difficile bacteria, typically characterized by diarrhea.

"Fecal microbiota transplantation (FMT)" refers to the transfer of fecal material containing microbiota from a healthy donor into a recipient's gastrointestinal tract to restore microbial diversity.

"Recurrent CDI" is defined as the occurrence of CDI within 8 weeks following the onset of a previous episode, provided the symptoms from the previous episode resolved with appropriate treatment.

## Medical Necessity Criteria for Initial Authorization

The Plan considers <u>Vowst (fecal microbiota spores, live-brpk)</u> medically necessary when ALL of the following criteria are met:

- The medication is prescribed by or in consultation with an infectious disease specialist or gastroenterologist; AND
- 2. The member is 18 years of age or older; AND
- 3. The member has a diagnosis of recurrent *Clostridioides difficile* infection (CDI), characterized by EITHER of the following:
  - a. at least 3 total episodes of CDI in the past-12 months; or
  - b. at least 2 episodes of severe CDI resulting in hospitalization within the last 12-months; **AND**
- 4. The member is unable to use, or has tried and failed Rebyota (fecal microbiota, live-jslm); AND
- 5. Recent (within the last 30-days) documentation indicating of ALL of the following:
  - a. Presence of diarrhea, defined as passage of 3 or more loose bowel movements within a 24-hour period for 2 consecutive days; **and**
  - b. Positive stool test for C. difficile toxin or toxigenic C. difficile; and
  - c. The member has completed at least 10 consecutive days of standard-of-care antibiotic therapy (e.g., vancomycin, fidaxomicin) for treatment of CDI; **and**
  - d. CDI symptoms are currently under control, defined as <3 unformed/loose stools per day for 2 consecutive days; **and**
  - a. Vowst is being used for the prevention of recurrence of CDI (i.e., NOT for the treatment of CDI); **and**
  - e. Vowst will be initiated 2-4 days after completion of antibiotic therapy for CDI; AND

- 6. Vowst (fecal microbiota spores, live-brpk) is being prescribed at a dose and frequency that is within FDA approved labeling **OR** is supported by compendia or evidence-based published dosing guidelines for the requested indication.
  - o 12 capsules per 3-day treatment course

If the above prior authorization criteria are met, the requested product will be authorized for a onetime 3-day treatment course.

# Medical Necessity Criteria for Reauthorization

The Plan does not authorize reauthorization or repeat courses of Vowst (fecal microbiota spores, live-brpk).

- Vowst is indicated as a one-time, 3-day treatment course for the prevention of recurrent Clostridioides difficile infection (CDI).
- The FDA-approved labeling does not provide guidance on repeat administration or extended use beyond the initial 3-day course.
- Clinical trials supporting the efficacy and safety of Vowst evaluated only a single 3-day course of treatment.
- There is currently insufficient evidence to support the safety or efficacy of repeated courses of Vowst.
- Any consideration for use beyond the initial approved course would be subject to individual case review based on clinical circumstances and emerging evidence.

## **Experimental or Investigational / Not Medically Necessary**

Vowst (fecal microbiota spores, live-brpk) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Administration of multiple courses of Vowst (beyond the initial 3-day course).
- Prophylactic use in members without a history of CDI.
- Treatment of active CDI (Vowst is only approved for prevention of recurrence).
- Use for prevention or treatment of conditions other than CDI (e.g., inflammatory bowel disease, irritable bowel syndrome).
- Use in combination with other microbiome-based therapies.
- Use in members under 18 years of age.

#### References

- Feuerstadt P, Louie TJ, Lashner B, Wang EEL, Diao L, Bryant JA, Sims M, Kraft CS, Cohen SH, Berenson CS, Korman LY, Ford CB, Litcofsky KD, Lombardo MJ, Wortman JR, Wu H, Auniņš JG, McChalicher CWJ, Winkler JA, McGovern BH, Trucksis M, Henn MR, von Moltke L. SER-109, an Oral Microbiome Therapy for Recurrent Clostridioides difficile Infection. N Engl J Med. 2022 Jan 20;386(3):220-229. doi: 10.1056/NEJMoa2106516. PMID: 35045228.
- Kelly, Colleen R. MD, AGAF, FACG1; Fischer, Monika MD, MSc, AGAF, FACG2; Allegretti, Jessica R. MD, MPH, FACG3; LaPlante, Kerry PharmD, FCCP, FIDSA4; Stewart, David B. MD, FACS, FASCRS5; Limketkai, Berkeley N. MD, PhD, FACG (GRADE Methodologist)6; Stollman, Neil H. MD, FACG7. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of Clostridioides difficile Infections. The American Journal of Gastroenterology 116(6):p 1124-1147, June 2021. I DOI: 10.14309/ajg.000000000001278
- Khanna S, Assi M, Lee C, Yoho D, Louie T, Knapple W, Aguilar H, Garcia-Diaz J, Wang GP, Berry SM, Marion J, Su X, Braun T, Bancke L, Feuerstadt P. Efficacy and Safety of RBX2660 in PUNCH CD3, a Phase III, Randomized, Double-Blind, Placebo-Controlled Trial with a Bayesian Primary Analysis for the Prevention of Recurrent Clostridioides difficile Infection. Drugs. 2022 Oct;82(15):1527-1538. doi: 10.1007/s40265-022-01797-x. Epub 2022 Oct 26. Erratum in: Drugs. 2022 Oct;82(15):1539. doi: 10.1007/s40265-022-01805-0. PMID: 36287379; PMCID: PMC9607700.
- Minkoff NZ, Aslam S, Medina M, Tanner-Smith EE, Zackular JP, Acra S, Nicholson MR, Imdad A. Fecal microbiota transplantation for the treatment of recurrent Clostridioides difficile (Clostridium difficile). Cochrane Database Syst Rev. 2023 Apr 25;4(4):CD013871. doi: 10.1002/14651858.CD013871.pub2. PMID: 37096495; PMCID: PMC10125800.
- Peery AF, Kelly CR, Kao D, Vaughn BP, Lebwohl B, Singh S, Imdad A, Altayar O; AGA Clinical Guidelines Committee. Electronic address: clinicalpractice@gastro.org. AGA Clinical Practice Guideline on Fecal Microbiota-Based Therapies for Select Gastrointestinal Diseases. Gastroenterology. 2024 Mar;166(3):409-434. doi: 10.1053/j.gastro.2024.01.008. PMID: 38395525.
- 6. Rebyota (fecal microbiota) [prescribing information]. Roseville, MN: Ferring Pharmaceuticals; November 2022.
- 7. Soveral LF, Korczaguin GG, Schmidt PS, Nunes IS, Fernandes C, Zárate-Bladés CR. Immunological mechanisms of fecal microbiota transplantation in recurrent Clostridioides difficile infection. World J Gastroenterol. 2022 Sep 7;28(33):4762-4772. doi: 10.3748/wjg.v28.i33.4762. PMID: 36156924; PMCID: PMC9476857.
- 8. Soveral LF, Korczaguin GG, Schmidt PS, Nunes IS, Fernandes C, Zárate-Bladés CR. Immunological mechanisms of fecal microbiota transplantation in recurrent Clostridioides difficile infection. World J Gastroenterol. 2022 Sep 7;28(33):4762-4772. doi: 10.3748/wjg.v28.i33.4762. PMID: 36156924; PMCID: PMC9476857.
- Stuart Johnson, Valéry Lavergne, Andrew M Skinner, Anne J Gonzales-Luna, Kevin W Garey, Ciaran P Kelly, Mark H Wilcox, Clinical Practice Guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 Focused Update Guidelines on Management of Clostridioides difficile Infection in Adults, Clinical Infectious Diseases, Volume 73, Issue 5, 1 September 2021, Pages e1029–e1044, https://doi.org/10.1093/cid/ciab549
- 10. Vowst (fecal microbiota) [prescribing information]. Brisbane, CA: Aimmune Therapeutics, Inc; April 2023.

# Clinical Guideline Revision / History Information

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