

Clinical Oversight Review Board (CORB) Criteria for Prescribing/  
Criteria-Based Consultation (CBC) Criteria for Coverage

# Fecal Microbiota Suspension (Rebyota)

**Notes:**

- Quantity Limits: Yes

Formulary **Fecal Microbiota Suspension 150mL (Rebyota 150mL)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria:** Formulary **Fecal Microbiota Suspension 150mL (Rebyota 150mL)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a KPNW Infectious Disease Physician
- Patient is 18 years or older with history of 2 or more recurrent *Clostridioides Difficile* Infections (3 or more *C. Difficile* episodes)
- Most recent recurrent *Clostridioides Difficile* Infection is within the prior 8 weeks

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Formulary **Fecal Microbiota Suspension 150mL (Rebyota 150mL)** will be covered on the prescription drug benefit for 2 months when the following criteria are met:

- Prescriber is an Infectious Disease Physician
- Patient is 18 years or older with history of 2 or more recurrent *Clostridioides Difficile* Infections (3 or more *C. Difficile* episodes)
- Patient has received at least 1 dose of Fecal Microbiota Suspension 150mL (Rebyota 150mL) within the prior 8 weeks