

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Fecal microbiota spores (Vowst)

Notes:

- Quantity Limits: No

Initiation (new start) criteria: Non-formulary **Fecal Microbiota Spores (Vowst)** 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)
- Patient is unable to complete a colonoscopy for fecal microbiota transplant

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **Fecal Microbiota Spores (Vowst)** will be covered on the prescription drug benefit for 2 months when the following criteria are met:

- Prescriber is an Infectious Diseases Physician
- Patient is 18 years or older with history of 2 or more recurrent *Clostridioides Difficile Infections* (3 or more *C. difficile* episodes)

NOTE: If information is not available in Care Everywhere and patient is unable to verify in an interview, the patient or new provider will need to request outside records from previous provider(s).