

| Field Name                            | Field Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Prior Authorization Group Description | <b>Fecal Microbiota</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Drugs                                 | Rebyota (fecal microbiota, live-jslm)<br>Vowst (fecal micromiota spores, live-brpk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Covered Uses                          | Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Exclusion Criteria                    | Treatment of Clostridioides difficile infection (CDI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Required Medical Information          | See “Other Criteria”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Age Restrictions                      | According to package insert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Prescriber Restrictions               | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Coverage Duration                     | If all the criteria are met, the request will be approved for 1 treatment course                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Other Criteria<br><br>Date: 7/2024    | <ul style="list-style-type: none"> <li>Medication is prescribed at an FDA approved dose</li> <li>Diagnosis of at least 1 recurrent episode of CDI (<math>\geq 2</math> total CDI episodes)</li> <li>Current episode of CDI must be controlled (<math>&lt; 3</math> unformed/loose stools/day for 2 consecutive days)</li> <li>Positive stool test for C. difficile within 30 days before prior authorization request</li> <li>Administration will occur 24–72 hours following completion of antibiotic course for CDI treatment</li> <li>For Vowst only: attestation patient will bowel cleanse using magnesium citrate or polyethylene glycol electrolyte solution the day before the first dose of Vowst</li> </ul> <p>*Rebyota and Vowst are limited to 1 treatment course*</p> <p><b>If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.</b></p> |