

**Texas Prior Authorization Program
Clinical Criteria**

Fecal Microbiota Transplantation (FMT) Agents

Clinical Criteria Information Included in this Document

Vowst (Fecal microbiota spores, live-brpk)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation for the DUR Board



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
VOWST CAPSULE	54053



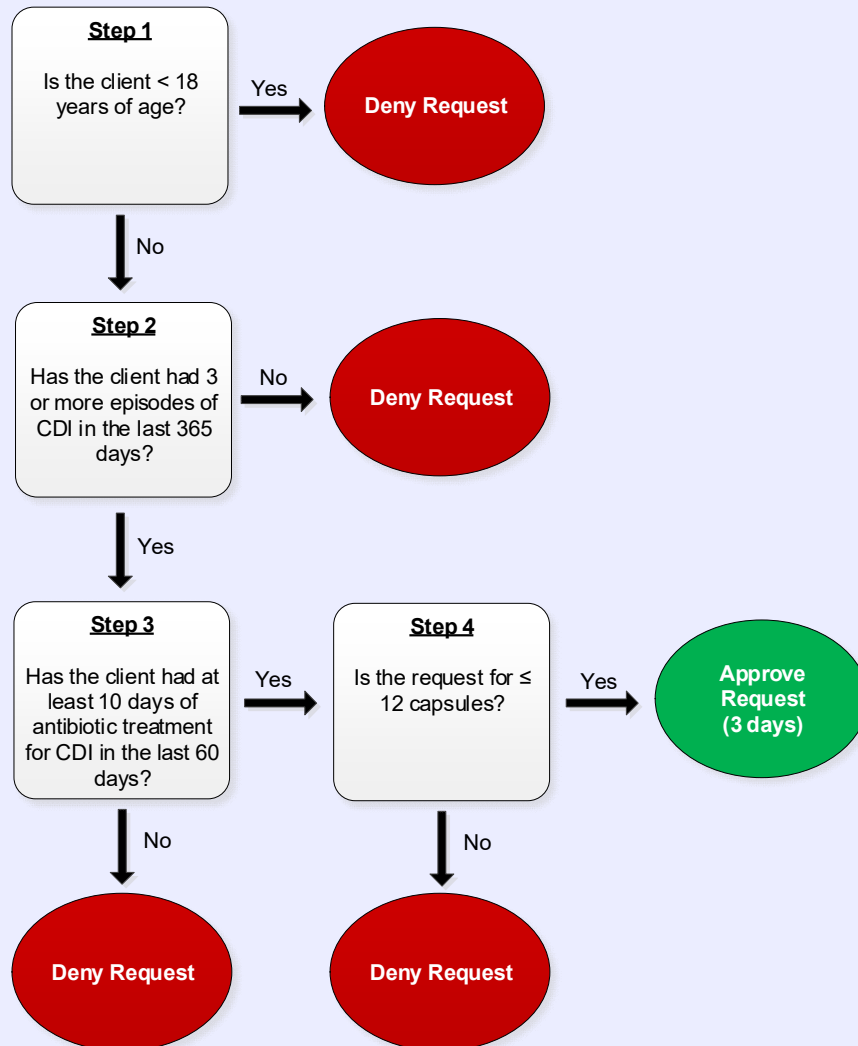
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Clinical Criteria Logic

1. Is the client less than (<) 18 years of age?
 Yes – Deny
 No – Go to #2
2. Has the client had three or more episodes of ***Clostridioides difficile* infection (CDI)** in the last 365 days?
 Yes – Go to #3
 No – Deny
3. Has the client had at least 10 days of **antibiotic treatment for CDI** in the last 60 days?
 Yes – Go to #4
 No – Deny
4. Is the request for less than or equal to (\leq) 12 capsules?
 Yes – Approve (3 days)
 No – Deny



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 2 (diagnosis of CDI)	
Required quantity: 2	
Look back timeframe: 365 days	
ICD-10 Code	Description
A0471	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT
A0472	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, NOT SPECIFIED AS RECURRENT

Step 3 (antibiotics for treatment of CDI)	
Required quantity: 10 days supply	
Look back timeframe: 60 days	
Label Name	GCN
DIFICID 200 MG TABLET	30035
DIFICID 40 MG/ML SUSPENSION	47769
FLAGYL 375 CAPSULE	43035
METRONIDAZOLE 250 MG TABLET	43031
METRONIDAZOLE 375 MG CAPSULE	43035
METRONIDAZOLE 500 MG TABLET	43032
METRONIDAZOLE 500 MG/100 ML	43025
VANCOCIN HCL 125 MG CAPSULE	41370
VANCOCIN HCL 250 MG CAPSULE	41371
VANCOMYCIN HCL 125 MG CAPSULE	41370
VANCOMYCIN HCL 250 MG CAPSULE	41371
ZINPLAVA 1,000 MG/40 ML VIAL	42584



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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on July 21, 2023.
2. 2023 ICD-10-CM Diagnosis Codes, Volume 1. 2023. Available at www.icd10data.com. Accessed on July 21, 2023.
3. Vowst Prescribing Information. Brisbane, CA. Aimmune Therapeutics, Inc. April 2023.



Vowst (Fecal microbiota spores, live-brpk) Publication History

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/21/2023	Initial publication and presentation to the DUR Board