

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1416-3
Program	Prior Authorization/Notification
Medication	Vowst™ (fecal microbiota spores, live-brpk)
P&T Approval Date	7/2023, 7/2024, 7/2025
Effective Date	10/1/2025

1. Background:

Vowst is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI).

2. Coverage Criteria^a:

A. Authorization

1. **Vowst** will be approved based on **all** of the following criteria:

a. Diagnosis of recurrent *Clostridioides difficile* infection (rCDI)

-AND-

b. Patient is 18 years of age or older

-AND-

c. Patient has completed antibiotic treatment for rCDI 2 to 4 days prior to initiating Vowst

-AND-

d. Vowst is used to prevent the recurrence of CDI

Authorization will be issued for 1 month

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place
- Prior Authorization/Medical Necessity may be in place

4. References:

1. Vowst [package insert]. Bridgewater, NJ: Aimmune Therapeutics, Inc.; February 2025.

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Change Control	
7/2023	New program.
7/2024	Annual review with no changes.
7/2025	Annual review with no changes to coverage criteria. Updated reference.