

Clinical Policy Title:	Vowst
Policy Number:	RxA.802
Drug(s) Applied:	Vowst
Original Policy Date:	10/19/2023
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Recurrent *Clostridioides difficile* Infection (rCDI) (must meet all):

1. Diagnosis of rCDI;
2. Positive stool test for *C. diff.*;
3. Confirmation of at least one CDI recurrence;
4. Confirmation of antibacterial treatment and bowel cleanse prior to first dose;
5. Trial and failure, intolerance, or contraindication to oral vancomycin.

#### Approval duration

All Lines of Business (except Medicare): 14 days

### II. Continued Therapy Approval:

#### A. Recurrent *Clostridioides difficile* Infection (must meet all):

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

## References

1. Kelly, Colleen R. MD, AGAF, FACG1; Fischer, Monika MD, MSc, AGAF, FACG2; Allegretti, Jessica R. MD, MPH, FACG3; LaPlante, Kerry PharmD, FCCP, FIDSA4; Stewart, David B. MD, FACS, FASCRS5; Limketkai, Berkeley N. MD, PhD, FACG (GRADE Methodologist)6; Stollman, Neil H. MD, FACG7. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of *Clostridioides difficile* Infections. The American Journal of Gastroenterology 116(6): p 1124-1147, June 2021. DOI: 10.14309/ajg.0000000000001278. [https://journals.lww.com/ajg/fulltext/2021/06000/acg\\_clinical\\_guidelines\\_prevention\\_diagnosis.12.aspx](https://journals.lww.com/ajg/fulltext/2021/06000/acg_clinical_guidelines_prevention_diagnosis.12.aspx). Accessed March 24, 2025.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	12/19/2023	10/19/2023
Policy reviewed 1. Corrected: Approval duration 2. Added: Reauth criteria	3/15/2024	10/19/2023
Policy was reviewed: 1. Removed dosing criteria.	03/24/2025	04/10/2025
Policy reviewed.	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

