

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Fecal Microbiota Transplantation (FMT) Agents

Clinical Criteria Information included in this Document

- [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); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

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

Revision Notes

Annual review by staff

Updated references

**Vowst (Fecal microbiota
spores, live-brpk)****Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas 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



**Vowst (Fecal microbiota
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Clinical Criteria Logic**

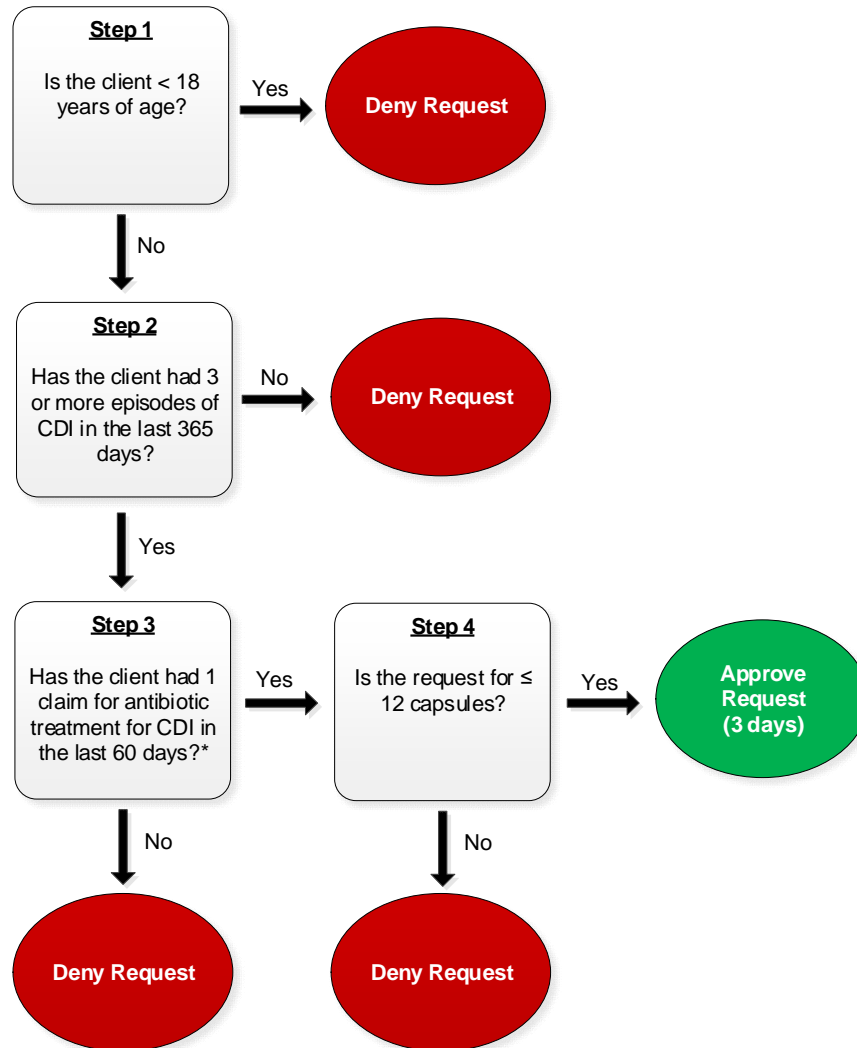
1. Is the client less than (<) 18 years of age?
☐ Yes – Deny
☐ No – Go to #2
2. Has the client had three or more episodes of [Clostridioides difficile infection \(CDI\)](#) in the last 365 days?
☐ Yes – Go to #3
☐ No – Deny
3. Has the client had 1 claim for [antibiotic treatment for CDI](#) in the last 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

*To provide information about inpatient antibiotic treatment for FFS clients, prescribers may call the FFS PA call center at 877-728-3927. For MCO clients, prescribers can access MCO PA call center information at: www.txvendordrug.com/resources/mco-search



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Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 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

Table 3 (antibiotics for treatment of CDI) Required claims: 1 Look back timeframe: 60 days	
GCN	Label Name
30035	DIFICID 200 MG TABLET
47769	DIFICID 40 MG/ML SUSPENSION
41370	VANOCIN HCL 125 MG CAPSULE
41371	VANOCIN HCL 250 MG CAPSULE
41370	VANCOMYCIN HCL 125 MG CAPSULE
41371	VANCOMYCIN HCL 250 MG CAPSULE
42584	ZINPLAVA 1,000 MG/40 ML VIAL



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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on September 30, 2024.
2. 2024 ICD-10-CM Diagnosis Codes, Volume 1. 2024. Available at www.icd10data.com. Accessed on September 30, 2024.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on September 30, 2024.
4. Vowst Prescribing Information. Bridgewater, NJ. Aimmune Therapeutics, Inc. February 2025.
5. Kelly CP, Lamont JT, Bakken JS. Clostridioides difficile infection in adults: Treatment and prevention. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. 2024.



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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	<ul style="list-style-type: none"> Initial publication and presentation to the DUR Board
07/26/2023	<ul style="list-style-type: none"> Updated to include DURB Recommendations Updated question 3 to ask for '1 claim for antibiotic treatment for CDI' Included the following information: *To provide information about inpatient antibiotic treatment for FFS clients, prescribers may call the FFS PA call center at 877-728-3927. For MCO clients, prescribers can access MCO PA call center information at: www.txvendordrug.com/resources/mco-search) Removed metronidazole from Table 3, antibiotics for the treatment of CDI
01/17/2025	<ul style="list-style-type: none"> Annual review by staff Updated references