



**BlueCross
BlueShield**

Federal Employee Program.

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Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Gastrointestinal Agents	Original Policy Date:	June 2, 2023
Subject:	Vowst	Page:	1 of 3

Last Review Date: June 11, 2026

Vowst

Description

Vowst (fecal microbiota, live-brpk)

Background

Vowst (fecal microbiota, live-brpk) is a bacterial spore suspension in capsules for oral administration. Vowst is manufactured from human fecal matter sourced from qualified donors (1).

Regulatory Status

FDA-approved indication: Vowst is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older, following antibiotic treatment for recurrent CDI (1).

Limitation of Use:

Vowst is not indicated for treatment of CDI.

The safety and effectiveness of Vowst have not been established in pediatric patients (1).

Related policies

Rebyota

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Gastrointestinal Agents	Original Policy Date:	June 2, 2023
Subject:	Vowst	Page:	2 of 3

Vowst may be considered **medically necessary** if the conditions indicated below are met.

Vowst may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Recurrent *Clostridioides difficile* infection (CDI)

AND ALL of the following:

- Positive stool test for *C. difficile* toxin or toxigenic *C. difficile*
- Used for the prevention of CDI
- Patient has completed 10 consecutive days of antibiotic therapy with fidaxomicin or vancomycin
- CDI is under control (<3 unformed/loose stools per day for 2 consecutive days)
- Administered 48 to 96 hours following the last dose of antibiotic treatment for CDI

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

None

Prior – Approval Limits

Quantity 12 capsules

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Gastrointestinal Agents	Original Policy Date:	June 2, 2023
Subject:	Vowst	Page:	3 of 3

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Vowst is indicated for the prevention of recurrent CDI in adults following antibiotic treatment for recurrent CDI. The safety and effectiveness of Vowst have not been established in pediatric patients (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Vowst while maintaining optimal therapeutic outcomes.

References

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

Policy History

Date	Action
June 2023	Addition to PA
September 2023	Annual review. Per SME, revised antibiotic therapy requirement to indicate vancomycin or fidaxomicin specifically
June 2024	Annual review
June 2025	Annual review and reference update
June 2026	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.