LOUISIANA BLUE

fecal microbiota spores, live-brpk (Vowst™)

Policy # 00858
Original Effective Date: 12/11/2023
Current Effective Date: 12/09/2024

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider fecal microbiota spores, live-brpk (Vowst™)‡ for the prevention of recurrence of *Clostridioides difficile* infection to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for fecal microbiota spores, live-brpk (Vowst) will be considered when the following criteria are met:

- Vowst is being requested to prevent the recurrence of *Clostridioides difficile* infection (CDI); AND
- Vowst is NOT being requested for the treatment of CDI; AND
- Patient is 18 years of age or older; AND
- Patient has had at least 2 or more recurrences of CDI infection that have been treated with antibiotics; AND
  *(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*
- The patient's current episode of CDI is controlled (<3 unformed/loose stools/day for 2 consecutive days); AND
  *(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*
- Administration of Vowst will occur 2 to 4 days after the last dose of antibiotic treatment; AND
- A bowel cleanse using magnesium citrate or polyethylene glycol electrolyte solution will occur on the day before the first dose of Vowst; AND
- The patient will not use Vowst in combination with bezlotoxumab (Zinplava™)‡ or fecal microbiota, live-jslm (Rebyota™)‡ for or after the same CDI episode.
  *(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*

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When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of fecal microbiota spores, live-brpk (Vowst) when the ANY of following criteria are NOT met to be **not medically necessary**:**

- Patient has had at least 2 or more recurrences of CDI infection that have been treated with antibiotics
- The patient's current episode of CDI is controlled (<3 unformed/loose stools/day for 2 consecutive days)
- The patient will not use Vowst in combination with bezlotoxumab (Zinplava) or fecal microbiota, live-jslm (Rebyota) for or after the same CDI episode

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers fecal microbiota spores, live-brpk (Vowst) for any indication other than the prevention of recurrence of CDI to be **investigational.***

Based on review of available data, the Company considers fecal microbiota spores, live-brpk (Vowst) when the patient selection criteria are not met (EXCEPT those denoted above as **not medically necessary****) to be **investigational.***

Background/Overview

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). It is available as a capsule and is dosed as 4 capsules taken once daily for 3 consecutive days. This product contains live bacteria spores and is not absorbed systemically. Prior to the first dose of Vowst, the following must be completed:

- Complete antibacterial treatment for recurrent CDI 2 to 4 days before initiating treatment with Vowst.
- Drink 296 mL (10 oz) magnesium citrate, on the day before and at least 8 hours prior to taking the first dose of Vowst. In clinical studies, participants with impaired kidney function received polyethylene glycol electrolyte solution (250 mL GoLYTELY, not approved for this use).
- Do not eat or drink, except for small amount of water, for at least 8 hours prior to taking the first dose.

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***Clostridioides difficile* Infection**
Clostridioides difficile is an anaerobic gram positive, spore forming, toxin-producing bacillus that is transmitted through the oral-fecal route. This pathogen is commonly found in healthcare facilities. Symptoms of CDI include abdominal pain or tenderness, watery diarrhea, fever, loss of appetite, and nausea. More severe cases of CDI often include pseudomembranous colitis, toxic megacolon, perforations of the colon, sepsis, and death, which is rarer than those previously mentioned. Recurrent CDIs are common, and the risk of recurrence increases with each successive recurrence. Risk of complications also increases with recurrent CDI. Examples of complications with recurrent CDI include, but are not limited to, intestinal perforation, megacolon, colectomy, sepsis, and death. Recommended treatment for recurrent CDI includes Dificid®‡ (fidaxomicin) and oral vancomycin for first recurrences with bezlotoxumab (Zinplava) being an adjunctive agent and Dificid, oral vancomycin, or fecal microbiota transplantation (FMT) for second and subsequent recurrences, with Zinplava again being recommended as an adjunctive agent. Vowst is the second FDA approved fecal microbiota therapy to treat recurrent CDI.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)
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).

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

The efficacy of Vowst was evaluated in a randomized placebo-controlled multi-center study (Study 1). The primary objective was to demonstrate the reduction of CDI recurrence with Vowst. Enrolled participants were 18 years of age or older and had a confirmed diagnosis of recurrent CDI (with a total of ≥3 episodes of CDI within 12 months). CDI episode at the study entry was defined as diarrhea (≥3 unformed stools per day for at least 2 consecutive days) and a positive C. difficile stool sample using a toxin assay. Participants were required to have symptom resolution, defined as <3 unformed stools in 24 hours for 2 or more consecutive days prior to randomization, following 10 to 21 days of standard-of-care antibacterial treatment with vancomycin or fidaxomicin. Participants were stratified by antibacterial received (vancomycin or fidaxomicin) and age (<65 years or ≥65 years) and randomized 1:1 to receive a dose of Vowst or placebo once daily for 3 consecutive days. The day prior to starting the assigned treatment regimen, participants were required to drink 296 mL (10 oz) of magnesium citrate or based on medical judgment, 250 mL polyethylene glycol electrolyte solution (GoLYTELY, not approved for this use). Participants with impaired kidney function who

were unable to take magnesium citrate took 250 mL polyethylene glycol electrolyte solution. All participants fasted for at least 8 hours before taking the first dose of Vowst. Participants were also required to continue fasting for 1 hour after the first day of treatment with Vowst. For Days 2 and 3, Vowst was taken in the morning before breakfast.

In the intent-to-treat population consisting of all 182 randomized participants, 89 were in the Vowst group and 93 were in the placebo group. The participants had a mean age of 65.5 years (range, 18–100 years), 93.4% were white, 59.9% were female, and 73.1% received vancomycin.

The primary efficacy endpoint was CDI recurrence through 8 weeks after completion of treatment. Participants were assessed for recurrence, which was defined as ≥3 unformed stools per day for 2 consecutive days with continued diarrhea until antibacterial treatment was initiated, a positive C. difficile test on a stool sample determined by a toxin assay, and assessment by the Investigator that the clinical condition of the participant warranted antibacterial treatment.

Through 8 weeks after treatment, CDI recurrence in Vowst-treated participants was lower compared to that in placebo-treated participants (12.4% compared to 39.8%). Vowst met the prespecified success criterion of the upper bound of the two-sided 95% confidence interval of the CDI relative risk lower than 0.83.

Through 12 weeks after treatment, the recurrence rates for Vowst and placebo recipients were 18.0% (16/89) and 46.2% (43/93), respectively with a relative risk of 0.40 (95% CI 0.24,0.65). Through 24 weeks after treatment, recurrence rates for Vowst and placebo recipients were 21.3% (19/89) and 47.3% (44/93), respectively with a relative risk of 0.46 (95% CI 0.30, 0.73).

References

1. Vowst [package insert]. Seres Therapeutics, Inc. Cambridge, Massachusetts. Updated April 2023.
2. Vowst. Drug Evaluation. Express Scripts. May 2023.

Policy History

Original Effective Date: 12/11/2023
Current Effective Date: 12/09/2024
11/02/2023 Medical Policy Committee review
11/08/2023 Medical Policy Implementation Committee approval. New policy.
11/07/2024 Medical Policy Committee review
11/13/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
Next Scheduled Review Date: 11/2025

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*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.