REBYOTA (fecal microbiota, live - jslm)

Effective Date: 12/01/2023
Date Reviewed: 9/2023, 01/2024, 02/2025
Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

I. LENGTH OF AUTHORIZATION

Coverage will be provided for a one (1) time treatment for one (1) month and may not be renewed.

II. DOSING LIMITS

A. Max Units
- 150 units (1 enema)

III. SUMMARY OF EVIDENCE

Rebyota (fecal microbiota, live-jslm) is indicated for the prevention of recurrence of Clostridioides difficile infection (CDI) in individuals 18 years of age and older, following antibiotic treatment for recurrent CDI (rCDI). The clinical trial that led to Rebyota's approval is the PUNCH CD3 trial, which enrolled 262 adult patients with at least 1 recurrent episode of CDI or at least 2 episodes of severe CDI resulting in hospitalization within the past year. The primary endpoint of treatment success, defined as the absence of CDI diarrhea at 8 weeks, was statistically significantly higher in the Rebyota group at 70.6%, compared with the placebo group at 57.5% (mean treatment effect 13.1% [95% CI: 2.3, 24.0]). However, the difference in sustained clinical response at 6 months was not statistically significant between the Rebyota (65.5%) and the placebo groups (56.5%).

IV. CRITERIA FOR INITIAL APPROVAL

Prevention of recurrence of Clostridioides difficile infection (CDI)

A. Member is 18 years of age and older
B. Medication is prescribed by or in consultation with an infectious disease specialist or gastroenterologist
C. Member has recurrent CDI infection with either of the following:
    1. Member has at least one reoccurrence after a primary episode and has completed at least 1 round of standard of care oral antibiotic therapy (e.g., metronidazole, fidaxomicin))

2. Member has had at least 2 episodes of severe CDI resulting in hospitalization within the past 12 months

D. Member has a positive stool test for the presence of *C.difficile* toxin or toxigenic *C. difficile* within 30 days prior to treatment
E. A single, one-time 150 mL dose will be administered rectally 24 to 72 hours after the last dose of at least 10 consecutive days of antibiotics for CDI treatment
F. Current episode of CDI must be controlled (<3 unformed/loose stools/day for 2 consecutive days)
G. The request is not for the treatment of CDI.
H. MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

Per §§ 42 CFR 422.101, this clinical medical policy only applies to INTEGRITY in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD).

Policy Rationale:
Rebyota was reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use Rebyota according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature. Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more cost-effective options are used first, if applicable and appropriate. For INTEGRITY (Medicare-Medicaid Plan) members, these coverage criteria will only apply in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria. Neighborhood will give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.

V. RENEWAL CRITERIA

Coverage cannot be renewed.

VI. DOSAGE/ADMINISTRATION

Indication	Dose	Maximum dose (1 billable unit = 1 ml)
Prevention of CDI	Administer a single dose of 150 mL rectally of Rebyota 24 to 72 hours after the last dose of antibiotics for CDI.	150 ml (150 billable units)

VII. INVESTIGATIONAL USE

All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

VIII. BILLING CODE

Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

HCPCS Code	Description
J1440	Fecal microbiota, live - jslm, 1 ml

IX. REFERENCES

1. Rebyota [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc; December 2024.
2. McDonald LC, Gerding DN, Johnson S, et al. Clinical practice guidelines for Clostridium difficile infection in adults and children: 2017 updated by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). Clin Infect Dis. March 2018;66(7):987-994.
3. Johnson S, Lavergne V, Skinner AM, et al. Clinical practice guideline by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA): 2021 focused update guidelines on management of Clostridioides difficile infection in Adults. CID 2021; 73 (1 September): e1029-1044.
4. Kelly CR, Fischer M, Allegretti JR, et al. ACG clinical guidelines: Prevention, diagnosis, and treatment of Clostridioides difficile infections. Am J Gastroenterol. 2021; 116: 1124 - 1147.