Mass General Brigham
Health Plan

Rebyota (fecal microbiota, live - jslm)
Effective 07/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

Rebyota 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. Rebyota is not indicated for the treatment of CDI

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Rebyota, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member is 18 years of age or older
2. Member has recurrent CDI infection with ONE of the following:
    a. At least one recurrence after a primary episode and had completed at least 1 round of standard of care oral antibiotic therapy (e.g., metronidazole, vancomycin)
    b. Had at least 2 episodes of severe CDI resulting in hospitalization within the last year
3. Member has a positive stool test for the presence of C. difficile toxis or toxigen C. difficile within 30 days prior to treatment
4. A single, one time 150mL dose will be administered rectally 24 to 72 hours after the last dose of antibiotics.

Limitations

1. Initial approvals will be granted for 30 days

References

1. Rebyota [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc; November 2022.

Review History

04/12/2023 – Reviewed and Created for April P&T; Effective 7/1/23