

Pharmacy Drug Policy Checklist

POLICY NAME Viberzi (eluxadoline) POLICY # 2458P

Criteria

Cov	erage Criteria
	Member is age 18 years or older
	Documented diagnosis of moderate to severe Irritable Bowel Syndrome with Diarrhea, defined as the presence of loose or watery stools with 25% of bowel movements and hard or lumpy stools with $<$ 25% of bowel movements
	Prescribed by a Gastroenterologist (stomach doctor)
	Documented failure to respond or contraindication to loperamide
	Documented failure to respond or contraindication to at least one bile acid sequestrant (cholestyramine, colestipol, colesevelam)
	Documented failure to respond or contraindication to at least one antispasmodic agent (dicyclomine, hyoscyamine)
	Documented failure to respond or contraindication to at least one tricyclic antidepressant (amitriptyline, nortriptyline, and imipramine)
	Documented failure to respond or contraindication to alosetron, if female patient • If prescribing Gastroenterologist is not a Lotronex prescriber, the member will be exempt from this requirement
Exc	usion Criteria – Any of the following prevents coverage
	Cholecystectomy: known or suspected biliary duct obstruction or sphincter of Oddi disease or dysfunction. • These patients are at increased risk for sphincter of Oddi spasm
	Alcoholism, alcohol abuse or alcohol addiction, or in patients who drink more than 3 alcoholic beverages per day.
	These patients are at increased risk for acute pancreatitis
	A history of pancreatitis; or structural disease of the pancreas, including known or suspected pancreatic duct obstruction
	• These patients are at increased risk for acute pancreatitis (inflammation of the pancreas)
	Severe hepatic impairment (Child-Pugh Class C).

• These patients are at risk for significantly increased plasma concentrations of eluxadoline

History of chronic or severe constipation or sequelae from constipation; mechanical gastrointestinal obstruction (known or suspected)