

**Generic Name:** Eluxadoline

**Therapeutic Class or Brand Name:** Viberzi

**Applicable Drugs (if Therapeutic Class):** N/A

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 11/5/2019

**Date Last Reviewed / Revised:** 2/1/2024

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Diagnosis of irritable bowel syndrome with diarrhea (IBS-D)
- II. Documented treatment failure or contraindication to one or more drugs from ALL of the following medication categories:
  - A. Antispasmodic agents (eg, dicyclomine, hyoscyamine)
  - B. Antidiarrheal agents (eg, loperamide, diphenoxylate/atropine)
  - C. Tricyclic antidepressants (eg, amitriptyline, imipramine)
- III. Minimum age requirement: 18 years old.

## EXCLUSION CRITERIA

- History of gallbladder removal.
- Known or suspected biliary duct obstruction or sphincter of Oddi disease or dysfunction.
- Documented consumption of more than 3 alcoholic beverages per day.
- History of pancreatitis or structural diseases of the pancreas
- Severe hepatic impairment (Child-Pugh Class C)
- History of chronic or severe constipation, sequelae from constipation, or known or suspected gastrointestinal obstruction.
- Treatment with other opioid agonists (e.g., hydrocodone, oxycodone, morphine)
- Treatment with other opioid antagonists (e.g., naltrexone, naloxegol)

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- 60 tablets per 30 days.

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes confirming the current medical necessity criteria are met and showing the medication is effective.

## APPENDIX

- N/A

## REFERENCES

1. Lembo A, Sultan S, Chang L, Heidelbaugh JJ, Smalley W, Verne GN. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. *Gastroenterology*. 2022;163(1):137-151. doi:10.1053/j.gastro.2022.04.017
2. Viberzi. Prescribing information. Abbvie; 2020. Accessed September 24, 2022. [https://www.rxabbvie.com/pdf/viberzi\\_pi.pdf](https://www.rxabbvie.com/pdf/viberzi_pi.pdf)

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.