

ALASKA MEDICAID  
Prior Authorization Criteria

**Viberzi™ 75mg, 100mg  
tablets (eluxadoline)**

**EDA INDICATIONS AND USAGE**<sup>1</sup>

VIBERZI is a mu-opioid receptor agonist, indicated in adults for the treatment of irritable bowel syndrome with diarrhea (IBS-D).

**APPROVAL CRITERIA**<sup>1,2</sup>

1. Patient is 18 years of age or older **AND;**
2. Patient has a diagnosis of irritable bowel syndrome with diarrhea (IBS-D) **AND;**
3. Patient is not on concomitant opioids or benzodiazepine **AND;**
4. Patient has trialed at least one TCA or SSRI for a period of 8 weeks **AND;**
5. Patient has trialed at least one antispasmodic agent (i.e. hyoscyamine) **AND;**
6. Patient has trialed at least one antidiarrheal agent (i.e. loperamide)

**DENIAL CRITERIA**<sup>1,2</sup>

1. Patient < 18 years of age **OR;**
2. Patient has a known hypersensitivity, contraindication, or intolerance to Viberzi™ **OR;**
3. Patient has a biliary duct obstruction or sphincter of Oddi dysfunction **OR;**
4. Patient does not have a gallbladder **OR;**
5. Patient has severe hepatic impairment **OR;**
6. Patient a history of severe constipation **OR;**
7. Patient has a history of alcoholism, alcohol abuse, alcohol addiction, or drinks more than 3 alcoholic beverages/day **OR;**
8. Patient has a history of pancreatitis or structural disease of the pancreas

**CAUTIONS**<sup>1</sup>

- Pancreatitis and Sphincter of Oddi Spasm: Monitor patients for new or worsening abdominal pain, with or without nausea and vomiting, or acute biliary pain with liver or pancreatic enzyme elevations; immediately discontinue VIBERZI and seek medical attention if symptoms develop.
- Constipation: Instruct patients to stop VIBERZI and immediately contact their healthcare provider if they develop severe constipation. Avoid use with other drugs that may cause constipation (i.e. opioids).

**DURATION OF APPROVAL**

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months with a reported improvement

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**QUANTITY LIMITS**

- 60 – 75mg tablets per month
- 60 – 100mg tablets per month

**REFERENCES / FOOTNOTES:**

1. Viberzi (eluxadoline) [prescribing information]. Irvine, CA: Allergan; April 2018. Accessed August 2018.
2. Chang L, Lembo A, Sultan. American Gastroenterology Association Institute Technical Review on the Pharmacological Management on Irritable Bowel Syndrome. *Gastroenterology*. 2014; 147(5):1149-1172. Available from: [https://www.gastrojournal.org/article/S0016-5085\(14\)01090-7/pdf](https://www.gastrojournal.org/article/S0016-5085(14)01090-7/pdf). Accessed on August 6, 2018.