

**Policy Name:** Viberzi (eluxadoline)

**Policy#:** 2458P

## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Viberzi (eluxadoline).

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Viberzi (eluxadoline) under the specialty pharmacy benefit if the following criteria are met.

## Criteria

### 1. Coverage Criteria

- 1.1 Member is age 18 years or older
- 1.2 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
- 1.3 Prescribed by a Gastroenterologist (stomach doctor)
- 1.4 Documented failure to respond or contraindication to loperamide
- 1.5 Documented failure to respond or contraindication to at least one bile acid sequestrant (cholestyramine, colestipol, colesevelam)
- 1.6 Documented failure to respond or contraindication to at least one antispasmodic agent (dicyclomine, hyoscyamine)
- 1.7 Documented failure to respond or contraindication to at least one tricyclic antidepressant (amitriptyline, nortriptyline, and imipramine)
- 1.8 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

### 2. Exclusions

- 2.1 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
- 2.2 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
- 2.3 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)
- 2.4 Severe hepatic impairment (Child-Pugh Class C).
  - These patients are at risk for significantly increased plasma concentrations of eluxadoline
- 2.5 History of chronic or severe constipation or sequelae from constipation; mechanical gastrointestinal obstruction (known or suspected)

### 3. Approval Period

3.1 12 months

CPT Codes	

  

HCPCS Codes	

**References**

1. Lembo A, Sultan S, Chang L, et al. AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Diarrhea. *Gastroenterology*. 2022 Jul;163(1):137-151.
2. Barshop K, Staller K. Eluxadoline in irritable bowel syndrome with diarrhea: rationale, evidence and place in therapy. *Ther Adv Chronic Dis*. 2017;8(11):153-160.
3. Viberzi (eluxadoline) [prescribing information]. Madison, NJ: Allergan USA Inc; June 2020.

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**DISCLAIMER**

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