



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 4, 2018

**VIBERZI® (eluxadoline)**

**LENGTH OF AUTHORIZATION: THREE MONTHS**

**REVIEW CRITERIA:**

Viberzi is indicated in adults for the treatment of irritable bowel syndrome with diarrhea.

- Patient must be  $\geq$  18 years of age
- Patient must have a diagnosis of Irritable Bowel Syndrome (IBS) with diarrhea as the predominant symptom, confirmed with colonoscopic examination within the previous 2 years. (A copy of the colonoscopy results should be submitted or addressed in the MD progress notes)
- Patient must have had a documented trial of **3** of the treatment options listed below:
  1. Lifestyle and dietary modifications:
    - Elimination of caffeine, lactose or fructose from diet **and/or**
    - Addition of fiber to diet **and/or**
    - Use of Probiotics
  2. Antidiarrheals (e.g. loperamide, cholestyramine)
  3. Antispasmodics (e.g. dicyclomine, hyoscyamine)
  4. Tricyclic antidepressants (e.g. desipramine, amitriptyline, doxepin)

**DOSING:**

100 mg taken orally twice daily with food