

VIBERZI (eluxadoline)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Irritable bowel syndrome with diarrhea

AND ALL of the following:

- Inadequate treatment response, intolerance, or contraindication to TWO anti-diarrheal medications
- 2. Average daily stool consistency score (Bristol Stool Scale or BSS) of Type 5 or higher (available at https://www.bladderandbowel.org/help-information/resources/bristol-stool-form-scale/)

AND NONE of the following:

- 1. Biliary duct obstruction or sphincter of Oddi disease
- 2. Alcoholism or drink more than 3 alcoholic beverages per day
- 3. History of pancreatitis, structural diseases of the pancreas, including known or suspected pancreatic duct obstruction
- 4. Severe hepatic impairment (Child-Pugh Class C)
- 5. Gastrointestinal obstruction
- 6. Severe constipation

Prior - Approval Limits

Quantity 180 capsules per 90 days

Duration 12 months

Prior – Approval Renewal Requirements

Age 18 years of age or older



VIBERZI (eluxadoline)

Diagnosis

Patient must have the following:

Irritable bowel syndrome with diarrhea

AND ALL of the following:

1. Reduction in stool consistency score BSS

AND NONE of the following:

- 1. Biliary duct obstruction or sphincter of Oddi disease
- 2. Alcoholism or drink more than 3 alcoholic beverages per day
- 3. Pancreatic duct obstruction
- 4. Severe hepatic impairment (Child-Pugh Class C)
- 5. Gastrointestinal obstruction
- 6. Severe constipation

Prior - Approval Renewal Limits

Same as above