

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

VIBERZI
(eluxadoline)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

FDA-APPROVED INDICATIONS

Viberzi is indicated in adults for the treatment of irritable bowel syndrome with diarrhea (IBS-D).

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in an adult patient

AND

- The patient does not have any of the following: A) A history of cholecystectomy, B) A history of chronic or severe constipation or sequelae from constipation, or known or suspected mechanical gastrointestinal obstruction, C) Known or suspected biliary duct obstruction; or sphincter of Oddi disease or dysfunction, D) A history of pancreatitis; or structural diseases of the pancreas, including known or suspected pancreatic duct obstruction, E) Severe hepatic impairment (Child-Pugh Class C), F) Alcoholism, alcohol abuse or alcohol addiction, or a patient who drinks more than 3 alcoholic beverages per day

REFERENCES

1. Viberzi [package insert]. Madison, NJ: Allergan USA, Inc; June 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed August 31, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed August 31, 2022.