PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

VIBERZI
(eluxadoline)

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

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

Duration of Approval (DOA):

- 1287-A: DOA: 36 months
- 1271-A: DOA: 12 months

REFERENCES

1. Viberzi [package insert]. Madison, NJ: Allergan USA, Inc; June 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed August 16, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 08/16/2023).