



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Viberzi® (eluxadoline)
and alosetron (Lotronex®)
Prior Authorization Request Form

- *Viberzi® is a mu-opioid receptor agonist, indicated in adults for the treatment of irritable bowel syndrome with diarrhea.*
- *Alosetron (Lotronex®) is a selective serotonin 5-HT₃ antagonist indicated **only for women** with severe diarrhea-predominant irritable bowel syndrome (IBS).*

Criteria for initial approval

- 1) Patient must be 18 years of age or older; **AND**
- 2) Must be prescribed by or in consultation with a gastroenterologist; **AND**
- 3) Patient must have a diagnosis of irritable bowel syndrome with diarrhea (IBS-D); **AND**
- 4) Patient must have had trials with inadequate response (or intolerance) to **two** of the following medications in the last 90 days unless contraindicated:
 - a. Loperamide (minimum 14-day trial)
 - b. Lomotil (minimum 14-day trial)
 - c. Antispasmodic (i.e. hyoscyamine, dicyclomine)
 - d. Tricyclic antidepressant (TCAs typically require a 4-week trial for efficacy)
 - e. Xifaxin (minimum 14-day trial)

NOTE: Prior-authorizations will be denied if the patient has constipation or any other contraindication listed in the product package insert.

Brand name Lotronex® requires justification why the patient cannot use generic alosetron.

References

- 1) Viberzi package insert revised May 2015
- 2) Lotronex package insert March 2014
- 3) Lexi-Comp Clinical Application 12/07/2016
- 4) American Gastroenterological Association 2014 Guidelines (Pharmacological Management of IBS)
- 5) The Treatment of Irritable Bowel Syndrome. Therap Adv Gastroenterol. . Lacy et al. 2009 Jul; 2(4): 221–238.